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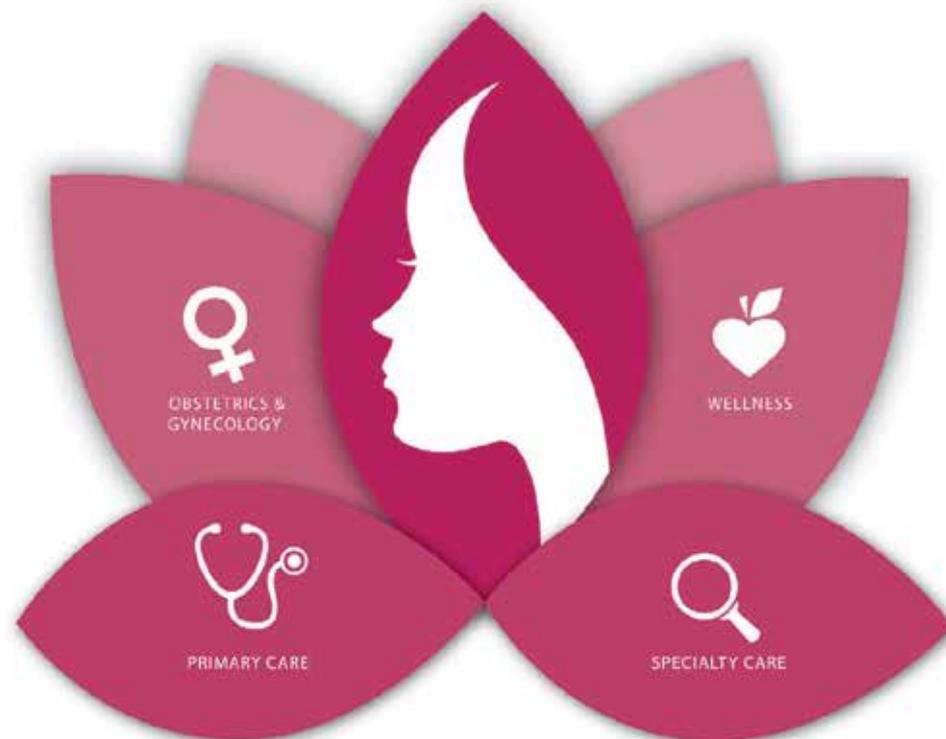
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~ 2017 ~

# MEDICAL JOURNAL

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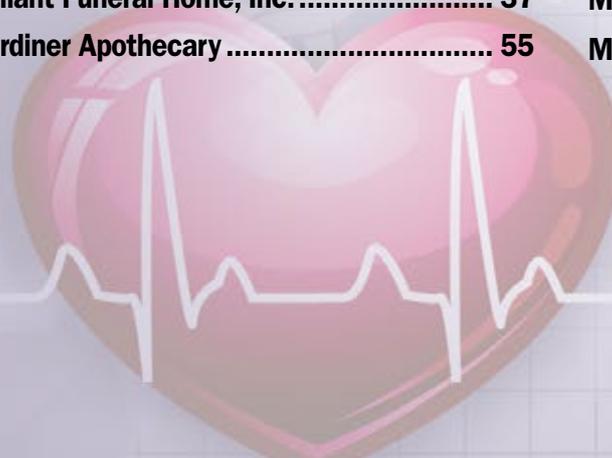
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# Medical Journal 2017

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# Nature deficit disorder: green space matters

*Enjoying the outdoors can improve health, learning*

BY NANCY GALLAGHER  
Correspondent

Mom was right when she sent the kids outdoors to play.

According to an invitation to a recent public talk on Power to Thrive, hosted in Waterville by the Elmina B. Sewall Foundation, a “growing body of evidence demonstrates the critical link between access to ‘green space’ and human functioning and wellness.”

For Skowhegan Family Medicine physician Ann Dorney MD, the take-away was not surprising. “What I learned was the importance of experiencing nature on people’s health,” Dorney said. She posits that “anything you can do is better than nothing . . .” handling soil to planting a garden, or taking a walk in the woods, for example.

In his seminal 2005 book, “Last Child in the Woods,” author Richard Louv coined the phrase “nature deficit disorder,” stating that it “is not a formal diagnosis, but a way to describe the psychological, physical and cognitive costs of human alienation from nature, particularly for children in their vulnerable developing years.”

Turns out that a natural green space has a stronger impact on humans than a formally-landscaped one, according to University of Illinois researcher Frances Ming Kuo, PhD.

“The more natural the ecosystem, the more beneficial for your microbiome,” (the totality of microorganisms and their collective genetic material present in or on the human body,) Kuo said.

Kuo has presented a study of “over 345,000 people living in greener and less green residential surroundings,” revealing that “prevalence of 11 major categories of disease was at least 20 percent higher among the individuals living in less green surroundings.” There was also a dramatic improvement in job satisfaction, relationship success and quality of life: in other words people were happier.



The immune system also benefits substantially through time spent with nature.

“Two, two-hour forest walks on consecutive days increased the number and activity of anti-cancer NK (Natural Killer) cells” by at least 50 percent and remained significantly active for at least a month afterward. . .” 23 percent higher than before the walks,” Kuo said.

In turn, the immune system powerfully affects health. Those “NK cells play important health-promoting roles in fighting viral and other infections, in autoimmune disorders, and in pregnancy,” Kuo said.

“Contact with nature has been linked to a plethora of specific health outcomes; in general, the more contact with nature the better the health outcome, even after controlling for socioeconomic status and other factors.”

For dozens of ailments, including attention-deficit/hyperactivity disorder



“Vegetation filters pollutants from the air...dampens the urban heat island...and appears to reduce violence.”

FRANCES MING KUO, PH.D., FOUNDER OF THE LANDSCAPE AND HUMAN HEALTH LABORATORY, DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL SCIENCES, UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN

kids want to do,” Dorney said.

In her new book, *The Nature Fix: Why Nature makes us Happier, Healthier, and More Creative*, author Florence Williams describes a “nature pyramid” in which a little nature is helpful — adding a house plant, for example. More nature, perhaps a walk on a tree-lined street, is more helpful. “Nature, like other medicines, follows a dose curve,” Williams said.

Maine people are fortunate to be surrounded by forested areas offering ample opportunity for periodic large doses of our nature medicine.

“If a child moves to a school with more green space, grades are better, test scores are better,” Dorney said. The benefit increases if the student remains in that school, but continues even if that student moves to a different school, she said.

With schools looking at test scores these days, “getting kids outside seems to be a good strategy,” Dorney said. “We have all these kids not getting outside, sitting in front of screens hour after hour. Then we have increases in ADHD and obesity. It seems like it would be very easy, if schools recognized this, to do something to get kids outside.”

For detailed research information on this topic, consult the University of Illinois at Urbana-Champaign Landscape and Human Health Laboratory website at [lhlh.illinois.edu](http://lhlh.illinois.edu).

(ADHD), cancer, diabetes mellitus, migraines and respiratory disease, “available evidence points to a favorable impact,” Kuo said.

Another study showed that a 20-minute walk in the forest provided the same effect in children “as a dose of Ritalin (methylphenidate), as far as what they could do for concentration,” said Dorney. “So instead of giving ADHD kids meds with Ritalin, you can take them on a 20-minute walk and they can get the same benefit as 10 milligrams of methylphenidate.”

Kuo has pointed out the importance of unstructured play for children. Mankind has existed for millennia in the outdoors. When children are sent outdoors to play, they will usually either build forts or play hunting and gathering, such as picking blueberries or finding acorns.

“That seems to be something in our structure, in our genes, that that’s what



One woman concerned about memory loss turned out to be taking three kinds of over-the-counter medications — Tylenol PM and Advil PM for sleep and Benadryl, for an allergy, according to Dr. Eileen Fingerman, an Augusta geriatrician and family practitioner. Every one of those drugs contains Diphenhydramine, which in studies has been linked to cognitive decline, falls and confusion.

# Alzheimer's disease is an American epidemic

## *Lifestyle changes could help*

I spend half my day looking for my glasses. Or my phone. Or something that I had in my hand just two seconds ago. Or I get into the car and realize my car keys are on the breakfast bar in the house.

### MY STORY BY TERRI HIBBARD Correspondent

Am I losing my mind? Probably not — because I've been doing these things since I was in my 30s. Still, I worry about my brain health and so should you.

The latest statistics from the Alzheimer's Association are terrifying: 1-in-9 Americans over 65 now has Alzheimer's disease. That's 1-in-9.

By 2050, if things progress as they are now, there could be as many as 7 million people age 85 and older with Alzheimer's disease, meaning that half of all people 65 and older will have Alzheimer's.

There is no cure for Alzheimer's, but there may be ways to prevent it.

Dr. Eileen Fingerman, an Augusta geriatrician and family practitioner, believes and has seen in her practice that certain lifestyles are the best defense against losing brain power.

Fingerman gives her patients the following guidelines to maintain and boost brain power as they age:

1. Be physically active. (The Alzheimer's Research and Prevention Foundation recommends at least 150 minutes per week in a combination of cardio exercise and strength training.)
2. Get adequate sleep. (7-8 hours a night)
3. Manage stress. (Exercise helps, as do meditation and deep breathing.)
4. Maintain social connections.
5. Eat the right foods.

#### Foods to maintain and boost brain power as you age:

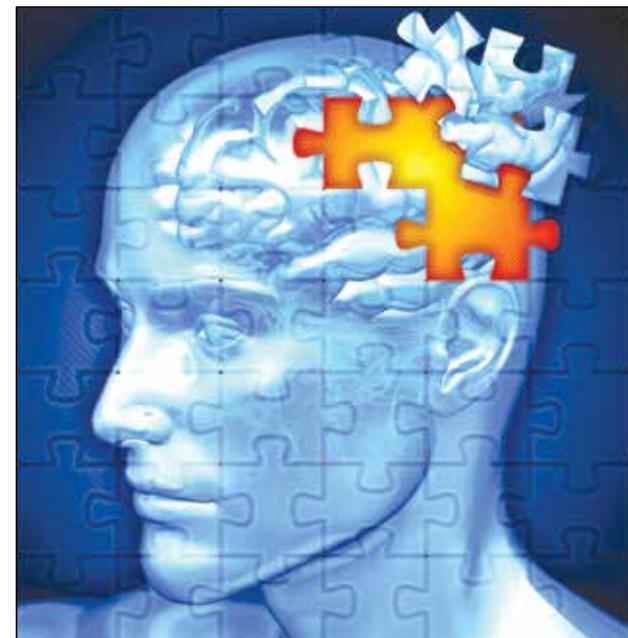
- Nuts and seeds — almonds, hazelnuts, pine nuts, pecans, pistachios, walnuts, sunflower seeds, sesame seeds and flaxseed — all contain the brain-boosting power of Vitamin E. All you need is a handful a day.
- Broccoli, spinach, sweet potatoes, mangoes and avocados also are good sources of Vitamin E.
- Grapes (grape juice), blueberries, strawberries, raspberries, blackberries and cherries have

powerful antioxidants to help improve learning and recall. Antioxidants fight harmful free radicals that can lead to disease.

- Eating green leafy vegetables (kale, cabbage, collards, bok choy, arugula, spinach, Brussels sprouts), beans and other legumes daily will ensure that you are getting adequate folate and B6, two very important brain-protecting vitamins.
- Take a Vitamin B12 supplement each day (2.4 mcg), since it is difficult for people to absorb this vitamin through food.
- Spices, such as turmeric (1 tsp a day), saffron (30mg/day) either in a supplement or in food, and ginger can help maintain brain health.
- Foods to limit:
  - Saturated fats— found in animal products; the more you consume the greater your risk of Alzheimer's disease.
  - Trans Fats – the more you consume, the greater your risk of Alzheimer's disease. (Foods high in trans fats include most cakes, pies, cookies, microwave popcorn, crackers, chips, French fries, margarine etc.. Check labels carefully.)
  - Meats – a plant-based diet can reduce your risk of dementia.

#### Other Brain-Boosting Tips

- Choose vitamins without iron and copper.
  - Choose aluminum-free products like baking powders, antacids, and processed foods.
- That's not so hard is it? As Michael Pollen, author and healthy eating expert says, "If it's a plant, eat it. If it's made in a plant, don't."
- Alzheimer's is sometimes called diabetes of the brain because a diet high in carbohydrates and sugar can lead to dementia. A study of 937 cognitively normal adults aged 70 to 89 years during a period of 3.7 years done by researchers at the Mayo Clinic found that participants with the highest intake of carbohydrates and sugars were more likely to develop brain impairment than those who ate more fat and protein.
- "We think it's important that dietary intake of fats, carbohydrates and protein is balanced, because each of these macronutrients has a specific role in the body," said Dr. Rosebud Roberts, lead author of the study.
- According to the National Institutes of Health,



some, but not all, studies suggest that diets high in LC omega-3s (found in fatty fish and fish oils) are associated with a reduced risk of cognitive decline, Alzheimer's disease and dementia.

Inhabitants of the Blue Zones®, areas in the world where people live exceptionally long and healthy lives, eat a plant-based diet, much less meat than Americans and more fish. Blue Zones® food guidelines ([Blue-Zones-Food-Guidelines-2015-2.pdf](#)) recommend wild-caught salmon or smaller fish such as sardines, trout, snapper, cod and anchovies.

Fingerman also teaches healthy cooking classes at MaineGeneral's Alford Center for Health in Augusta. The hospital offers cooking classes in several communities. For more information, check [mainegeneral.coursestorm.com/category/healthy-eating-cooking](#) or call 872-4102.

Finally, if you're doing all the right things and you're still worried that you're losing brain power, Fingerman recommends a comprehensive check-up.

"I frequently see folks for geriatric evaluations, which is a very comprehensive visit where we look at many factors: sleep, mood, medications, alcohol intake, and so on," she said. "I look at all aspects of their cognition, not just memory, but their ability to plan and organize, whether they pay attention, are they getting lost, having trouble using gadgets, etc. I ask them to bring in everything they're taking — medications, supplements and over-the-counter drugs."

One woman concerned about memory loss turned out to be taking three kinds of over-the-counter medications— Tylenol PM and Advil PM for sleep and Benadryl, for an allergy, Fingerman said. Every one of those drugs contains Diphenhydramine which in studies has been linked to cognitive decline, falls and confusion.

There may also be underlying causes for memory loss, such as depression, alcohol or drug abuse, vitamin or mineral deficiency, thyroid problems, and other factors. Many can be reversed with the right treatment.

More information about preventing Alzheimer's disease is available online at [alzheimersprevention.org](#), [brainhealth.gov](#), [alz.org/brain-health](#), [bluezones.com](#), [nutritionfacts.org](#).

# Delays in development put children behind in skills

## *Woodfords Family Services offers early intervention*

BY WANDA CURTIS  
Correspondent

Childhood is a time of constant development and learning. A baby's brain doubles in size during the first year of life. The part of the brain referred to as the cerebellum — which controls coordination and balance — triples in size.

By age three, a child's brain has reached about 80 percent of its adult volume. Important skills such as walking, talking, and relating to other people are learned during that time period.

While many children develop normally, some experience developmental delays. A developmental delay means that a child is continually behind in skills that other children his or her age have mastered, according to an online article "What You Need to Know About Developmental Delays" by Amanda Morin.

Developmental delay differs from a developmental disability, in that a developmental delay can often be corrected with early intervention, Morin writes. A child with a developmental disability can also make progress with early intervention, but he or she usually will have a more permanent deficit.

Researchers report that developmental delays can be caused by short-lived issues such as hearing loss from ear infections, which can affect speech development. Delays also can be caused by other issues, such as exposure to drugs or alcohol during pregnancy, malnutrition, lead poisoning, genetic disorders, physical illness, difficult family situations and issues related to pregnancy or childbirth.

One of the Maine agencies that addresses both developmental delays and disabilities is Woodfords Family Services. It provides support services for children and adults living with developmental delays, developmental and intellectual disabilities, autism, and mental health diagnoses.

According to Director of Development Kerry deBree, Woodfords operates three preschools in Oakland, Topsham and Westbrook for children ages 2 to 5 with autism and other special needs.

She said they serve 155 children and provide direct services to more than 1,500 people annually.

"The program uses the evidence-based curriculum of Applied Behavior Analysis



**"As children become more independent, services adapt accordingly, and children learn and play in 2-to-1 or 3-to-1 settings."**

**KERRY DEBREE, DIRECTOR OF DEVELOPMENT AT  
WOODFORDS FAMILY SERVICES**

(ABA), and includes intensive clinical instruction in 1-to-1 student to teacher ratios to help children reach their highest potential and function successfully in home, community and school settings," said deBree.

"As children become more independent, services adapt accordingly, and children learn and play in 2-to-1 or 3-to-1 settings," deBree said. Many children progress to an inclusion classroom, where children with autism and typically-developing children learn alongside one another, forming friendships and mimicking typical kindergarten classroom settings."

Woodfords Family Services specializes in early intervention services for children with autism, which is characterized by varying degrees of difficulty with social interaction, verbal and nonverbal communication and attention and motor coordination, as well as repetitive behaviors.

"Today, 1 in 68 children is diagnosed with autism," said deBree. "This is a 10-

fold increase in the last 40 years and a 30 percent increase since 2012, making it the fastest-growing developmental disorder in the United States. Boys are five times more likely than girls to be diagnosed."

While autism is often diagnosed by age 3, it's a lifelong condition, de Bree said.

As with all developmental delays or disabilities, she stressed that early intervention is critical in helping children achieve their highest potential. She said the American Academy of Pediatrics has reported that the benefits of early intervention in the treatment of autism have been well documented.

She said that, according to the Academy, "Children who receive early intensive behavioral treatment have been shown to make substantial, sustained gains in IQ, language, academic performance and adaptive behavior, as well as some measures of social behavior."

If a parent or caregiver suspects that a child has a developmental delay or disability, deBree advises them to contact the

child's pediatrician as soon as possible. She said the physician can then make appropriate referrals to specialists, if needed. She said that if families have questions about the service delivery system, they can also call Woodfords and the agency can help them access care.

"Woodfords offers an array of clinical, educational, family support, and training programs," deBree said.

Woodfords' services are funded primarily through Maine Care, the Department of Health and Human Services and Child Development Services. The agency also raises funds through grants and individual donors to supplement programming, according to deBree.

Parents or caregivers who have concerns about possible developmental delays in their child can access the website at [www.cdc.gov/ncbddd/actearly/concerned.html](http://www.cdc.gov/ncbddd/actearly/concerned.html). For more information about services offered by Woodfords, see [www.woodfords.org](http://www.woodfords.org) or call (800) 439-0314.

# Shingles: Victims suffer painful rash

## *Vaccine, early detection are important*

So, you've got shingles!  
Yes, I do. Caused by stress, no doubt.  
Or living alone in Maine in winter  
with record-setting snowfalls and no  
snowplow.

**MY STORY**  
BY SUSAN VARNEY  
Correspondent

Shingles is a painful rash caused by the Herpes zoster virus, which usually appears

along the path of the affected nerve in a strip or small area on one side of the face or body, according to health providers and internet resources.

Mine stretched from the left side of my neck past the ear, along the hairline beside the cheek and onto my scalp underneath my hair and behind the ear.

The shingles actually started under my hair and neither my friends — nor I — could identify it. So five days passed before I saw a health care provider. OUCH!

According to medical reports, shingles is more common in older adults and people who have weakened immune systems from stress, injury, certain medicines — such as steroids, transplant anti-rejection medications, or injections for autoimmune conditions such as rheumatoid arthritis or Crohn's disease, and some medical conditions such as cancer.

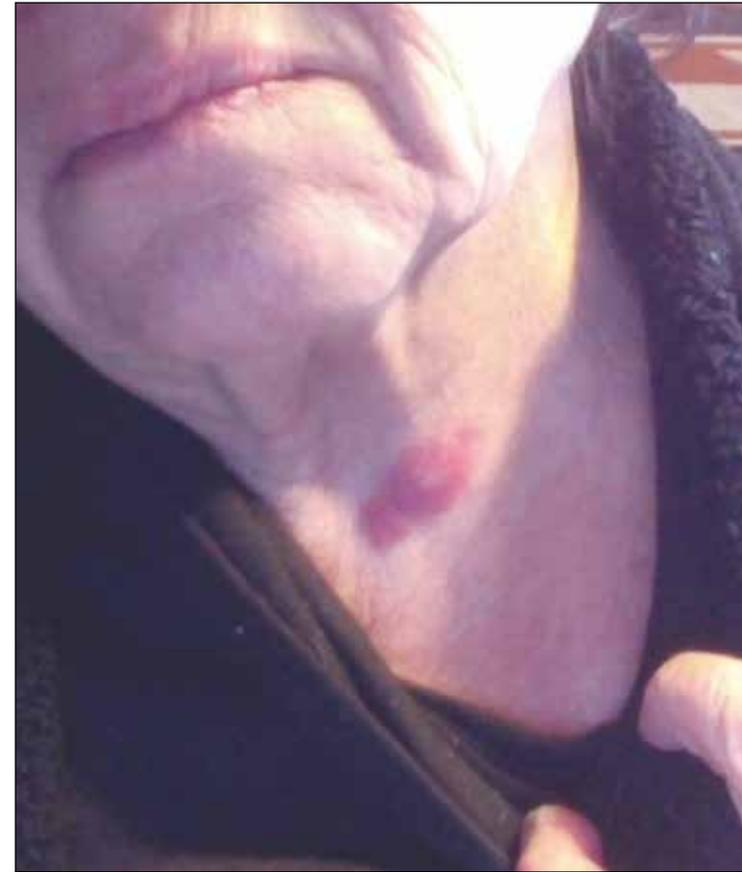
Most people who get shingles will get better and will not develop shingles again, my health care providers said.

But, it is possible to get shingles more than once, so the vaccination is recommended, according to Poonam Dabbas, a pharmacist at Rite Aid in Fairfield, where I fill my prescriptions.

"You can get it anywhere, but with the vaccination the severity and frequency is less," she said.

Did you have chickenpox as a kid? I did, along with all those childhood ailments . . . After you recover from chickenpox (the primary infection,) the Herpes zoster virus "sleeps" in your nerve roots, I learned. In some people, it stays dormant forever. In others, the virus "wakes up" when disease, stress, or aging weakens your body's natural defense system to fight infections.

"When the virus is reactivated, an immune and inflammatory response occurs in the nerve causing nerve damage and scarring," said Theresa Bonsey, a pharmacist at MaineGeneral Health. "This secondary reaction is shingles, and the skin reaction tends



Photos by Susan Varney

Shingles started out with a red, itchy rash. Five days later more area was red with a rash and developing blisters on neck, face and ear.

to follow the nerve that was affected."

It is not clear why the virus becomes active again. But after the virus becomes active again, it will cause shingles, not chickenpox, in that individual, according to online reports.

You can't catch shingles from someone with an active case of shingles, but there is a chance that a person with shingles can infect another person who is not immune to chickenpox, with chickenpox, health providers said.

"The fluid from the lesions is infectious, either by direct touch or by inhaling, until the lesions crust over," Bonsey said.

The varicella vaccine for children is given when the child is at least 12 months old, and again between 4 and 6 years old, according to the current Center for Disease Control (CDC) immunization recommendations.

"Any infant who has not received the varicella vaccine could develop chickenpox from exposure to active,

uncrusted shingles lesions," Bonsey said.

"It is best to avoid travel and being around kids," my healthcare provider said.

### SHINGLES STAGES

Shingles symptoms happen in three stages, according to Bonsey.

At first you may have a headache or be sensitive to light. You may also feel like you have the flu, or occasionally a fever. You may feel itching, tingling, or pain during this first phase, which lasts 48 to 72 hours.

The second phase is the eruption of the shingles. That's where a band, strip or small area of rash may occur. The rash turns into clusters of blisters that fill with fluid, leak their contents, ulcerate and then crust over.

It usually takes 10 to 15 days for the blisters to heal, and sometimes up to a month. They may leave scars. You might have severe and debilitating pain, or very little pain. Or you may

get a mild rash.

The third phase is the post-herpetic neuralgia, or chronic phase. This is pain can be severe, occurring months, even years, after the shingles rash is gone. Typically the pain occurs in the area where the shingles originally appeared.

### HOW IT CAN START

My shingles started under my hair on the left side of my head behind the ear . . . A very difficult area to see, so I asked friends to take a look and tell me what was going on. No one knew. About five days later, with weepy blisters and shooting pains I saw my health care provider and learned it was shingles.

Did I feel dizzy or weak? my doctor asked. A couple of other health care providers looked at me and finally I was prescribed Tramadol tablets for pain and Capzasin-HP cream. The

More SHINGLES, PAGE 9

## Shingles

CONTINUED FROM PAGE 8

Tramadol was ineffective in relieving my pain, and the Capzasin was OK as long as I used it when I wasn't having a major pain attack — "It is to desensitize you to the pain," I was told. It was like spreading pepper on a rash! OW!

A few days later I returned to the doctor complaining of severe pain and was prescribed seven days of Acyclovir, an antiviral medicine, and a prescription of Oxycodone for pain.

I had a rash on my face and when it got near my eye I was sent to an ophthalmologist to make sure it wasn't threatening my vision. The face and ear rash developed into tiny blisters; the rash on my neck itched and developed one blister. My left ear and the area behind the ear was hit the worst. It's been two months and the ear and area behind it remain a bit sensitive, but continues to improve.

Take it from me, call your doctor now if you think you may have shingles. It's best to get early treatment, ideally within three days. Medicine can help

**"When the virus is reactivated, an immune and inflammatory response occurs in the nerve, causing nerve damage and scarring. This secondary reaction is shingles, and the skin reaction tends to follow the nerve that was affected."**

**THERESA BONSEY, MAINEGENERAL HEALTH PHARMACIST**

your symptoms get better sooner. And if you have shingles near your eyes, ear or nose, see your doctor right away. Shingles that gets into the eye can cause permanent eye damage. There can be lasting effects on your hearing as well. Starting antiviral medicine right away can help your rash heal faster and be less painful, and may prevent or minimize post-herpetic chronic pain. And you may need prescription pain medicine if your case of shingles is very painful.

### CARE AND TREATMENT

Good home care also can help you feel better faster. Take care of skin sores, and keep them clean but don't pick or scratch them. Wash your hands frequently to prevent spread of the virus to others and secondary bacterial infections on the lesions. Let blisters crust over and fall off naturally. Take

your medicines as directed.

I used a damp towel when I slept on the side of my face to cool down the heat of the blisters and rash. I had a favorite soft cotton scarf I used around my neck to keep clothing from rubbing on the rash and blisters and irritating it further.

Anyone who has had chickenpox can get shingles, according to health care providers. You have a greater chance of getting shingles if you are older than 50 or if you have a weak immune system.

A shingles vaccine for adults is available by prescription. The Herpes zoster vaccination lowers your chances of getting shingles and prevents long-term pain that can occur after shingles. Current CDC recommendations are for most adults 60 years or older to receive it one time. "And if you do get shingles, having the vaccine

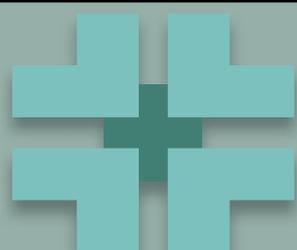
makes it more likely that you will have less pain and your rash will clear up quicker. Get the vaccine once the shingles areas are not sensitive," said Dabbas at Rite Aid Pharmacy.

Using nonprescription pain medicines such as acetaminophen or ibuprofen help reduce pain during an attack of shingles or post-herpetic neuralgia. This pain can be a tingling, burning or stabbing sensation, even like an electric shock.

Some people obtain relief from Capsaicin topical products, which flood the nerve pathways with the stimulation from the "hot pepper" derivative in the product, thus preventing the herpetic pain impulses from traveling along the nerve, according to information supplied on [webmd.com](http://webmd.com).

Over-the-counter products are available. If you already are taking a prescription pain medicine, talk with your doctor before using any over-the-counter pain medicine. Read and follow instructions on the label.

If home treatment doesn't help with pain, talk with your doctor. Controlling the pain right away may prevent nerve damage that may cause pain for months, even years, later. Minimize the long-term effects with a prescription antiviral as soon as possible.

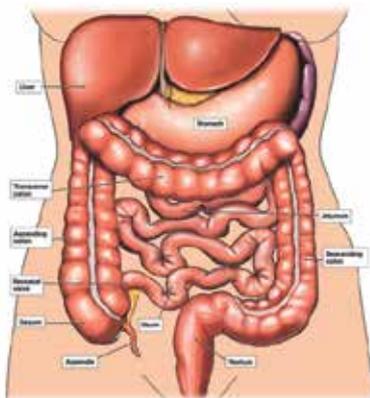


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Central Maine Primary Hemorrhoid Center

# Nurse delivers medical care to Maine's remote islands

## *Floating clinic carries high-tech medical gear*

BY AMY SUTHERLAND  
Special to the Medical Journal

Just a hair past 5 a.m. on a November morning, nurse Sharon Daley leans over a Matinicus lobsterman and with the smallest of motions, slides a syringe into the soft crook of his arm. The lobsterman, who has the puffed eyes of a boxer and a head of mussed, black hair, doesn't flinch.

Outside, night is still hard upon the harbor. At this hour, he would usually be speeding across the blue-black waters to his lobster traps. In fact, he was tempted to skip his blood test this morning, but with Daley here on the island and willing draw blood this early to accommodate his and the other lobstermen's early-bird schedules, he didn't.

"She would have tracked me down no matter," he booms.

In the past, a cholesterol test was almost a luxury for islanders, one they often did without. To get any kind of blood test, not to mention have a persistent cough checked or an aching shoulder examined, meant grabbing a ferry or a plane. The 10-minute ride on the twin-engine mail plane costs \$60 one-way if a person is able to secure one of the few seats available to passengers, and more if a flight has to be scheduled.

The ferry is cheaper, but runs only monthly in the winter and requires an overnight on the mainland. Add the price of a motel room to losing a day, maybe two, of work. If it's the lucrative, but brief lobstering season, a day without hauling costs plenty.

And so, many islanders skipped regular checkups and things like cholesterol tests, flu shots and prostate cancer screening. They waited out bad coughs and lived with infected ingrown toenails and suspiciously dark moles. Then Sharon Daley, a lean woman with intense eyes, stepped onto their docks nearly 17 years ago.

The seemingly indefatigable Daley is the sole health care provider who regularly visits Matinicus, Isle au



Contributed photos

The Maine Seacoast Mission's director of Island Health, Sharon Daley, R.N., (right) and her assistant, Margaret Snell, review the day's schedule on a recent trip out to one of Maine's outer islands.

Haut and Frenchboro. She arrives aboard the Sunbeam V, the stalwart 75-long icebreaker run by the non-denominational Maine Seacoast Mission. She screens for diabetes and cardiac problems. She examines patients for skin cancer, organizes AA meetings and serves as a school nurse. Daley is equal parts nurse, educator, diplomat and master planner. Daley is also at the forefront of a growing international trend called telenursing.

Armed with high-tech equipment, nurses can now effectively bring doctors to the most remote areas, even those miles out to sea. Daley's examining room toward the bow is crammed with ampoules, blood pressure cuffs and bursting file folders,

as well as cutting-edge technology that makes her floating clinic possible.

Via a TV screen over her teeny, corner desk, she and a patient can consult with doctors ashore. She can transmit up-close images, such as the spiraling depths of a patient's ear or the slick, rosy back of their throats, in real time. She can even hold an electronic stethoscope to a patient's heart, the soft thump of which the doctor can hear across the water.

"I'm kind of (the doctor's) hands," Daley says.

Daley and the rest of the Sunbeam crew climb aboard the boat in Northeast Harbor and steam out to the three islands every other week.

The Maine Seacoast Mission has sent some kind of boat to the islands since its founding in 1905 by two pastor brothers who, with the help of a sloop, led services on islands without churches.

Over the years, the mission has added more and more programs, becoming a de facto social service agency for the handful of Maine's remaining island communities.

The telemedicine program was added in 2000 to improve the islanders' overall health. The mission has no study to demonstrate that it has, but the islanders tell them so all the time.

One of those islanders is Natalie of Matinicus Island, who estimates a visit with Daley saves her \$250 to \$300. When her younger son was born prematurely, weighing a mere 4 pounds, she visited the boat to cut down on doctor's visits on the mainland.

Daley can make the job of an island nurse look straightforward, but it's anything but. Each trip to the island requires immense planning. The longtime nurse not only considers the doctors' and counselors' schedules on the mainland, but also must check a tide chart before penciling a patient in.

Given its bulk, the Sunbeam has to leave the island harbors within two hours of a high or low tide. And after all that strategizing, high winds can dash Daley's plans, like the time she rounded up dentists and dental hygienists and arranged a long list of appointments on the islands. She had to cancel that trip.

Today the seas are calm and the Matinicus lobstermen, one after the other, board the Sunbeam in the pre-dawn hours. By the time the sun lights the harbor, Daley has drawn blood and given flu shots to nearly the entire fleet. She makes a note of the few who didn't come down to the boat. Daley will call them to remind them to come to the boat next time. She'll be back.

*Note: An earlier version of this story ran in Down East Magazine in April 2011.*



Daley is the sole health care provider who regularly visits Matinicus, Isle au Haut and Frenchboro. She arrives aboard the Sunbeam V, the stalwart 75-long icebreaker run by the non-denominational Maine Seacoast Mission. She screens for diabetes and cardiac problems. She examines patients for skin cancer, organizes AA meetings and serves as a school nurse. Daley is equal parts nurse, educator, diplomat and master planner. Daley is also at the forefront of a growing international trend called telenursing.

Sharon Daley checks the blood pressure of an island resident.



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# Alfond Center for Cancer Care continues supportive role

## *Patients, staff reflect on 10-year history*

BY JOHN D. BEGIN

*Communications Specialist  
MaineGeneral Health's Marketing  
and Communications Dept.  
Special to Medical Journal*

It's been nearly 10 years since the Harold Alfond Center for Cancer Care (HACCC) in Augusta began treating patients in a new, state-of-the-art facility featuring expert oncology care and cutting-edge technology in a beautiful tranquil setting.

Oncologists, nurses and other staff have come and gone. Technology has advanced, as have approaches to treating cancer. Yet, while the Center has changed, patients and staff agree that one aspect hasn't — a truly compassionate level of care.

Waterville resident Sally Derosby has an extensive cancer history dating back to January 2003 when she was diagnosed with a gastrointestinal stromal tumor and began treatment at the former oncology unit at the Thayer Center for Health (TCH).

Now 70, and currently being treated by medical oncologist Dr. Robin Locke, Derosby said she has been blessed by the consistent, high-quality care she has received.

"The care I get is still the same. They're like family," Derosby said. "When patients go to the cancer center, the staff knows them by their first names and you know they really care. The people and the service they provide are what really matter."

Hartland resident Randy Butler, 49, was diagnosed in August 2004 with small lymphocytic lymphoma, a slow-growing cancer. He was 37 at the time, married and the father of two young sons.

Butler said the love of his family and friends, his employer's support and his faith helped him get through the challenges of a cancer diagnosis and treatment. He also credits the expert care he received from MaineGeneral's oncology staff. Like Derosby, Butler's cancer care began at the Thayer Center for Health and has continued at the Harold Alfond Center for Cancer Care. The deep relationships he developed with staff are similar.

"I have a good camaraderie with everyone. It's comforting to talk to people and have things in common and

**"The care I get is still the same. They're like family. When patients go to the cancer center, the staff knows them by their first names and you know they really care. The people and the service they provide are what really matter."**

**WATERVILLE RESIDENT**

**SALLY DEROSBY, A PATIENT AT THE  
CENTER DATING BACK TO 2003**



**LELAND CLARK**

not just talk about cancer-related stuff," Butler said. "Faith is a big component in my life and I share that in common with (clinical nurse navigator) Andrea Martelle, who has been on my care team since 2004, and several other people there."

Radiation therapists Anne Chase and Barbara Martin collectively have 75 years of experience at MaineGeneral and have seen tremendous changes in the field of radiation oncology and how it is applied.

What keeps Chase and Martin continually inspired are the patients they treat and their families.



**DAWN AND RANDY BUTLER**

"I love the work and the patients," said Chase, now a patient care coordinator. "I educate radiation oncology patients, plus do a hundred other things. If they need anything, I can get them help. What more can I ask for?"

Martin added that relationships extend well beyond the patient receiving treatment.

"Going through cancer treatment is a tough thing. It's life-changing for the patient and the whole family, so we try to include the family throughout the treatment process," she said. "That's what keeps me going. I think — and I hope — that we make a difference."

Jillian Savage was fresh out of nursing school when she took a job as an oncology nurse on the inpatient unit at the Thayer Center for Health. She has worked at the cancer center since it opened. Though she now has a new role as a nurse practitioner, years of experience and a broader perspective, Savage is proud to remain part of a team that puts patients first.

"With more knowledge in the oncology field and with my advanced education I've become more sympathetic and empathetic," Savage said. "My patients continue to inspire me. Whether it's a good day for them or a bad day. I love seeing their smiling faces, even though I know inside they're probably feeling terrible and fighting for their lives."

The care the HACCC staff provides often has transcended individual patients whose valiant but unsuccessful fights have inspired their families, in memory of their loved ones, to help others dealing with cancer. Tami Clark of Benton and her family are among them.

Clark's husband, Leland, was a well-known, self-employed central Maine contractor whose cancer journey began in October 2000 when he was diagnosed with stage 3 Hodgkin and non-Hodgkin lymphoma. He started cancer treatment at the Thayer Center for Health and later received treatment at HACCC before succumbing to his disease in February 2008.

Using money from Leland's life insurance policy, the Clarks established the L.N. Clark Inspiration Network in June 2008, a nonprofit that assists cancer patients and their families in a variety of ways, including gas and supermarket cards, lodging, utility bills and medical bills, and prescription assistance.

Like others, Tami Clark is effusive in her praise of the cancer program staff.

"I couldn't have asked for a more supportive team of oncology people. It 'takes a village' in many things in life and it takes a village in a cancer patient's journey as well. We certainly had a tremendous village — and I think that's why Leland survived eight years."

To learn more about the Harold Alfond Center for Cancer Care, visit [www.maine-general.org/cancer](http://www.maine-general.org/cancer) or call 621-6100. To learn more about the L.N. Clark Inspiration Network, visit [www.lnclark.org/](http://www.lnclark.org/) or call 453-2553.

# New insoles promoted for foot comfort

*Contributed by Pine Tree Orthopedic Lab  
Special to Medical Journal*

Traditional foot orthotics have been widely used to manage pain.

Sensomotoric insoles have been developed to try to fix the root cause of a problem.

Traditionally, the thinking around the management of the foot has been bio-mechanical. This bio-mechanical focus on the bones has been around since the 1960s and hasn't changed much in the intervening decades.

Sensomotoric insoles take a different approach. They have been developed to fix the root cause of the problem. The philosophy involves the consideration of the connective tissue of the foot. They are designed to stimulate this connective tissue to aid in the repositioning of the bones.

With sensomotoric insoles, the connective tissue is encouraged to move into desired positions. The connective tissue moves the bone rather than having the orthosis repositioning the bone. In this way, the orthotic correc-

tion becomes part of the patient's continuous sensory and proprioception (*the reception of stimuli produced within the organism*), as opposed to only affecting the patient while they are wearing the orthosis.

As doctors begins to evaluate whether or not sensomotoric insoles might be suitable for certain patients, looking at the rehabilitation goals, the potential and the outcome desired should give them the guidelines as to the best course of treatment.

As with anything new, practitioners will have to accept a new learning curve and perhaps a new focus. The delivery of sensomotoric insoles does require an evaluation of more of the kinetic chain and a more thorough biomechanical review of the foot for potential range of motion. It is based on foot function as opposed to foot shape, so existing techniques are used in a different way.

The use of sensomotoric insoles in the treatment of children is a particularly useful study to consider the effectiveness of these devices. In

addition to the standard patient information, such as age, pain and any previous or concurrent therapies, the use of sensomotoric insoles requires the practitioner to study the shape of the foot, posture and gait of the patient both still and in motion. Recording a patient's movements on a video camera is especially useful. The foot should also be palpated to determine the sensitivity of the muscle reactions and the capacity for correction.

Furthermore, sensorimotoric insoles must be adjusted to the patient's shoes, sensitivity and anticipated activity level. When the treatment goals have been determined and the appropriate measures taken, the information is used to model the insole on the computer. The insole is then created on a CAD milling machine. The most important aspect is the need to adjust the standardized foot bedding to the subjective needs and measurements of the patient. Regular follow-up is recommended so that the insoles can be adjusted as the patient's foot continues to correct itself over time.

The results so far have been very promising, with good candidates. The insoles allow the child's feet to re-learn the functions of the foot that may have been disturbed. The foot can now become an organ for grasping.

Through the sensation of the skin and the subject's proprioception, the tissues pull the bones into the correct location and allow the brain to adjust itself into the perception that this new, corrected position is, in fact, the correct one.

Pine Tree Orthopedic Lab is proud to be chosen as the first U.S. distributor for Sensomotoric Insoles and the Exclusive manufacturer and distributor for the Northeast. These insoles are currently being manufactured by Springer, one of the oldest and most respected orthopedic manufacturer's, in Germany. By March 15, Pine Tree Orthopedic will have over-the-counter Sensomotoric Insoles in stock and will be working to have the capability of manufacturing Custom Sensomotoric Insoles as soon as possible.

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From left to right: Dr. Mohammed Imam and Dr. Shafiulla Khan

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# Inland Hospital offers 3-D mammograms

## *Improved image helps with early detection*

BY WANDA CURTIS  
Correspondent

Inland Hospital is home to a new technology for detecting breast cancer.

Imaging Services Director Tina Hintz said the hospital is now offering 3-D mammograms to all patients who have their mammogram at Inland. She said that the 3-D mammograms offer a much better image.

"We're offering them to all women, but not every insurance covers them," Hintz said. "We're the only hospital in central Maine that offers them to every woman. We're now performing about 200 additional mammograms at Inland each month since we started offering the 3-D mammograms in October." Hintz said the hospital offers walk-in mammograms — with a doctor's order — between 8 a.m. and 3:30 p.m.

Hintz said Inland also has a new imaging center that is adjacent to Inland Women's Health Care. She said that the new center offers a lot more privacy to women than the previous imaging center, which was located in the main hospital. She said hospital administrators wanted to make it possible for women to have most of their services completed in the same area of the hospital and that they are working closely with Inland Women's Health Care to coordinate services. Hintz said they also perform mammograms on men at the imaging center, but that most of their mammogram patients are women.

Radiologist Dr. Thomas Cubberley said that the new mammograms are similar to CAT scans because they can view the breast tissue in slices. He explained that the new equipment allows them to better focus on a specific area. He said that it's like taking a loaf of bread and removing the slice above and below the particular slice that is being examined in order to get a clearer picture of the particular slice without interference.

A woman's risk of developing breast cancer over her lifetime is 9 to 10 percent, according to Cubberley, who said that will vary somewhat with age.



Tina Hintz, Imaging Services Director, demonstrates the 3D (Tomo) Mammography exam.

He said that the screening mammogram used on asymptomatic women for the past few decades allowed doctors to detect 2 out of 1,000 cancers. Initial studies show that 3-D mammograms make it possible for them to detect 3 out of 1,000 breast cancers, Cubberley said. He added that, as more data becomes available, when more sites start using this technology, those numbers could change.

According to Cubberley, mammograms are important because they make it possible to detect breast cancer early, so women have a better prognosis because the cancer is less likely to have spread to the liver or bones. Early detection can also mean that a woman will need less radical treatment.

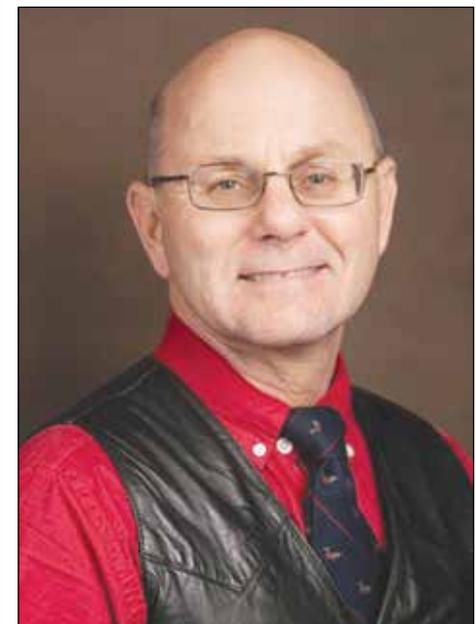
"Some women now just have a lumpectomy if the tumor is very small," Cubberley said.

Physician Assistant Elizabeth Held-Dobos said that she advises her female patients at Inland Family Care in North Anson to have annual screening mammograms beginning at age 40. She said that risk factors for breast cancer include a family history of a first degree relative — such as mother or sister — with breast cancer, a known gene mutation for breast cancer, or a history of radiation therapy to the chest.

Held-Dobos encourages women to practice a healthy lifestyle to help prevent breast cancer. She said that smoking cessation, eating a healthy diet, protection from sun exposure and reduction or elimination of

"Some women now just have a lumpectomy if the tumor is very small."

RADIOLOGIST DR. THOMAS CUBBERLEY,  
INLAND HOSPITAL



DR. THOMAS CUBBERLEY

alcohol all help to reduce the risk of cancer.

According to Held-Dobos, warning signs for breast cancer include:

- A lump, hard knot or thickening in the breast, chest or under the arm;
- A change in the size or shape of the breast;
- Dimpling, puckering or redness of the skin of the breast;
- Itchy or scaly sores or rashes on the nipple;
- Pulling in (also known as inversion) of the nipple;
- Nipple discharge;
- A new pain in one spot of the breast that does not go away.

Anyone who experiences one or more of these symptoms should contact their physician immediately.



## Annual health exams protect the future

Annual health exams are a key component of maintaining a healthy lifestyle. A person may not see the need to visit the doctor if he or she is feeling well, but not every disease or condition manifests itself in a way that men and women can detect.

According to the Unity Point Clinic in Iowa, nearly one-third of the 133 million Americans living with a chronic disease are unaware of the presence of their conditions. Routine physical exams can detect serious illnesses before they do much damage.

No two physical exams will be exactly alike, but many will share some general features.

**Health history:** A crucial element of a physical exam will include a thorough health history if the physician doesn't already have one on file. The doctor will take time to ask questions about family history of illness, health habits, any vices (smoking, drinking alcohol, etc.), exercise schedule and diet. If there is a possible hereditary health condition running through the family, the doctor may suggest certain testing and make note of potential signs to look for in the future.

**Current ailments:** After discussing a patient's history, the doctor may ask if a patient is having any problems he or she cannot explain. These can include changes in eating or sleeping patterns; aches and pains; lumps or bumps and other abnormalities. Again, the presence of symptoms may be indicative of illness or physical changes, but not all diseases produce obvious symptoms.

**Vital signs:** A doctor will check a patient's vital signs during the physical. Areas the doctor will look at include, but are not limited to:

- **Heart rate:** This measures the speed at which the heart is pumping. Normal resting heart rate values range from 60 to 100 beats per minute.

- **Blood pressure:** A blood pressure cuff (sphygmomanometer) will measure systolic and diastolic pressure. Systolic pressure measures the force with which the blood is pushing through the arteries. The diastolic blood pressure is the pressure in the arteries between beats, when the heart rests. The systolic (top number) should be below 120, while the bottom should be less than 80, according to the Mayo Clinic.

- **Respiration rate:** The doctor will measure the number of breaths taken in a minute. WebMD says between 12 and 16 breaths per minute is normal for a healthy adult. Breathing more than 20 times per minute can suggest heart or lung problems.

- **Pulse oximetry:** Johns Hopkins School of Medicine says pulse oximetry is a test used to measure the oxygen level (oxygen saturation) of the blood. It is a measure of how well oxygen is being sent to the parts of your body furthest from your heart. Normal pulse oximeter readings usually range from 95 to 100 percent. Values under 90 percent are considered low.

**Physical exam:** The examination will also include physical components. The doctor will perform a visual inspection of the skin and body for any abnormalities, such as the presence of skin cancer. The physician may feel the abdomen to check that internal organs are not distended. Females' physical examinations may include breast and pelvic exams.

**Comprehensive testing:** In addition to the exam at the office, the physical may include an electrocardiogram, or EKG, to check electrical activity of the heart; blood count and cholesterol checks through blood work; body mass index testing; X-rays or MRIs and bone-density tests. Physical exams remain an important part of staying healthy. Consult with a doctor for more preventative maintenance tips.

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# Two doctors partner with Franklin Memorial Hospital

## *Orthopaedics, urology departments get a boost*

BY VALERIE TUCKER  
Correspondent

Dr. Jay Naliboff, Franklin Memorial Hospital's vice president of medical affairs, recently announced the addition of orthopaedic surgeon Dr. Joseph E. Noonan, Jr. to Franklin Health Orthopaedics through a specialty service partnership with MaineGeneral Orthopaedics.

Noonan joins colleagues Zachary Blakeman, DPM; Thomas Pulling, MD; Steven Coates, PA-C; and Sharon Fournier, RNFA, at Franklin Health Orthopaedics, offering quality orthopaedic, podiatric and sports medicine services.

Noonan received his medical degree from St. Louis University School of Medicine. He then completed a four-year orthopaedic residency at St. Louis University Hospitals, followed by a shoulder-and-elbow fellowship at W. B. Carrell Memorial Clinic in Dallas, and a sports medicine fellowship at Pennsylvania Hospital in Philadelphia.

Noonan provides experienced specialized care in sports medicine, treatment of diseases of the shoulder and elbow and general orthopaedics. He also performs knee arthroscopy and anterior cruciate ligament (ACL) reconstruction. Before joining Franklin Health Orthopaedics, he provided health care at Crossroads Orthopaedic Sub Specialists, LLC, in Waterford, Connecticut for four years.

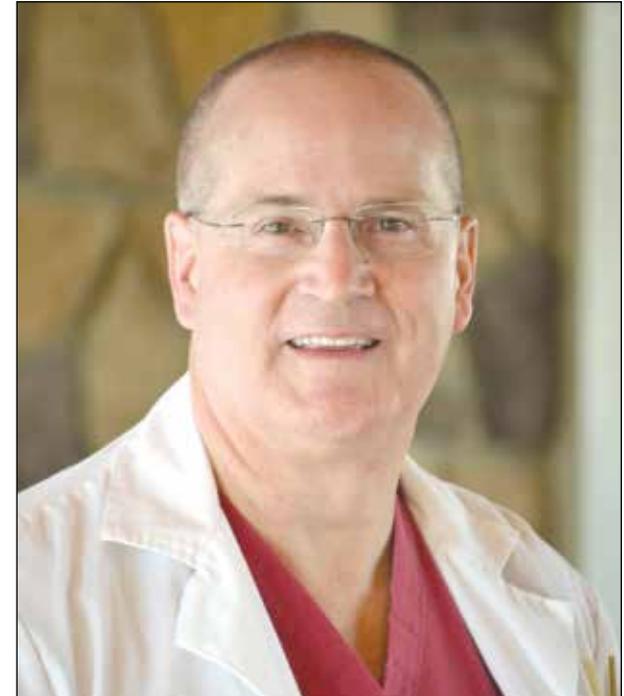
Franklin Health Orthopaedics is located on the second floor of the Franklin Health Medical Arts Center on the Franklin Memorial Hospital campus. For appointments, call 778-9001.

Naliboff also announced that Dr. Richard Batstone has recently rejoined the medical staff of Franklin Health Urology. Batstone is a urologist and surgeon who has been in private practice in Farmington since 2011.

"This change will help stabilize access to urology services for our community," Naliboff said. "This allows patients to receive the same high quality urologic care that Dr. Batstone and his physician assistant, Isaac Ball, have provided for several years."

The practice will remain at 126 Middle Street in Farmington with no interruption of services, Naliboff said.

Batstone is a Fellow of the Royal College of Surgeons of England in Urology, a Fellow of the Royal Australasian College of Surgeons and a Fellow of the Royal College of Physicians and Surgeons of Canada in Urology. He received his medical degree at Cambridge University in England. Before his advanced training in urology, his training also included orthopaedics, neurosurgery, emergency care, general surgery and research on the immunology of prostatitis at the University of Cam-



*Contributed photo*

Franklin Memorial Hospital recently welcomed orthopaedic surgeon Dr. Joseph Noonan, and surgeon and urologist, Dr. Richard Batstone, to its staff. Both come to the Franklin Community Health Network family with extensive expertise and experience in their respective fields, according to Dr. Jay Naliboff, the hospital's vice president of medical affairs.

bridge, culminating in a Medical Ph.D degree.

Franklin Health Urology offers treatment for a full range of urological disorders and conditions for men, women, and children, including: urology surgery; prostate and bladder cancer treatment and vasectomy reversal.

The practice also includes treatment of male infertility, urinary incontinence, prostate disease and kidney stones. Treatment includes using day-case flexible ureteroscopy, including very large renal stones that ordinarily would require more invasive surgery.

Benign prostatic hyperplasia, according to a Johns Hopkins University report, is a noncancerous enlargement of the prostate gland and is the most common benign tumor found in men. BPH produces symptoms by obstructing the flow of urine through the urethra.

Symptoms related to BPH are present in about one in four men by age 55, and in half of 75-year-old men. However, treatment is only necessary if symptoms become bothersome. By age 80, about

20 to 30 percent of men experience BPH symptoms severe enough to require treatment. Surgery was the only option until the recent approval of drugs that can relieve symptoms either by shrinking the prostate or by relaxing the prostate muscle tissue that constricts the urethra.

Batstone's practice offers a hospital-based, minimally invasive surgical procedure called holmium laser enucleation of the prostate (HoLEP), which uses a high-power laser to remove obstructive tissue from a small to massively enlarged prostates, as an outpatient day-case surgery.

The recovery period is very short, and the re-operation rate is virtually non-existent compared to two other traditional prostate surgical methods, transurethral resection of the prostate (TURP) and GreenLight Laser Photoselective Vaporization of the Prostate, according to research.

Franklin Health Urology is located at 126 Middle Street in Farmington and is open from 7.30 a.m. to 4.30 p.m., Monday through Friday. To schedule an appointment, call 779-1977.

# Diabetes can impact vision

Diabetes affects 23.6 million people in the United States and nearly three million people in Canada. While diabetes can be accompanied by many different symptoms, some people are surprised to learn that diabetes can affect the eyes and vision. Changes in vision are sometimes the earliest warning signs of the presence of diabetes or pre-diabetes.

Diabetic eye disease is its own stand-alone condition, and the National Eye Institute points out that diabetic eye disease comprises a group of eye conditions that affect people with diabetes.

These may include retinopathy, macular edema, cataracts and glaucoma.

All forms of eye disease can potentially cause severe vision loss or blindness. Those with diabetes also can experience xanthelasma, or yellowish collections of cholesterol around the eye area. What's more, diabetes can put individuals at risk of developing conjunctival bacterial infections (pink eye), as well as corneal erosions, corneal defects and subsequent dry eyes.

According to the American Diabetes Association, people with diabetes are at a 40 percent greater risk of suffering from glaucoma than people without diabetes. The longer someone has had diabetes, the more common glaucoma is.

Diabetics also are 60 percent more likely to develop cataracts. Vision checkups and care are an important



Routine eye examinations can help doctors diagnose diabetes early. Such examinations also are important in the management of the disease and the prevention of vision loss.

part of living with diabetes. Routine eye examinations can head off potential vision problems and have been known to alert doctors to the presence of diabetes before patients know they have it.

During a comprehensive dilated eye exam, eye doctors will examine all areas of the eye to check for illness. Pressure on the eye will be tested, as glaucoma can cause elevated pressure. The doctor also will check for any clouding of the eye lens.

When an eye is dilated, doctors can examine the retina at the rear of the eye. Points that will be checked include:

- Changes to blood vessels, including any leaking blood vessels or fatty deposits;
- Swelling of the macula;
- Damage to nerve tissue;
- Health of the retina, and whether there are any tears or detachments.

While many of the vision loss problems associated with diabetes are irreversible, early detection and treatment can reduce the risk of blindness by 95 percent, advises the NEI. Controlling diabetes slows the onset and worsening of visual symptoms. People with diabetes may need to see their eye doctors more frequently and have a greater number of dilated exams to ensure eyes are still in good health.

To keep diabetes in check, follow a doctor-recommended diet, monitor your blood-sugar levels and get plenty of exercise. Eye doctors and primary care providers can work together to ensure that all symptoms of diabetes — whether visual or otherwise — are treated effectively.

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# Behavioral Health Homes: Working together toward healthier living

BY ELIZABETH KEANE  
Kennebec Behavioral Health  
Special to Medical Journal

Maine has seen changes to mental health care during the past year, including a shift in focus toward encompassing physical and mental health through a coordination of services. Behavioral Health Homes (BHH) was born out of this need for more integrated care; its purpose is to help the people who are served to live longer.

Health care providers, such as Kennebec Behavioral Health (KBH), work with many partners to help improve the overall wellness and welfare of the residents they serve. This is especially important for people experiencing mental illness because physical health risks are greater for those with a behavioral challenge than it is with the general population.

Research shows that, on average, people living with serious mental illnesses live 10 to 25 fewer years than people without a mental health diagnosis. Preventable risks become more common in people with mental illness due to the challenges they face in trying to achieve wellness goals.

BHH's solution: integrated care, or the coordination of mental health, substance use disorder and primary care services.

"BHH is a very effective way of providing services to children, adults and families," said Tom McAdam, chief executive officer of KBH. "It's not a physical 'home,' as the

**"It's not a physical 'home,' as the name (Behavioral Health Homes) suggests, but a model whereby a team of providers care for the individual or family. Together they address and coordinate a range of services the family may need."**

**TOM MCADAM, CHIEF EXECUTIVE OFFICER OF KENNEBEC BEHAVIORAL HEALTH**

name suggests, but a model whereby a team of providers care for the individual or family. Together they address and coordinate a range of services the family may need."

They partner with others who deliver primary care, with local hospitals and across programs within KBH as an integral part of BHH service delivery. The agency approaches the program through the lens of the health population to help find the best outcomes and deliver the appropriate services to the individuals KBH serves.

Kennebec Behavioral Health, early on, adopted the relatively new service for people experiencing a combination of significant physical health issues and chronic conditions, as well as behavioral challenges.

KBH was designated as a provider of Behavioral Health Homes effective April 1, 2014 as part of the state's Health Home initiative for Medicaid enrollees. Since the incorporation of the new service, the agency has seen a shift in where the people served are placed, and has had to organize a large transfer of clients due to

changes in eligibility.

"Fiscal year 2015 focused on several key areas of development to help transform the care we deliver through BHH," said Carla Stockdale, clinical director at KBH. "We implemented a team-based approach to care, which includes a KBH nurse case manager and KBH peer or family support specialist who works closely with primary care providers. However, the most significant change came this past year with the altering eligibility for Community Integration Services (CIS)."

Maine's Department of Health and Human Services sent out letters notifying MaineCare enrollees about changes to MaineCare Section 17, or Community Support Services. KBH case managers and providers discussed these changes with clients and were able to transfer many of the clients who did not meet the new eligibility requirements for CIS into the Behavioral Health Home Services.

Due to the complexity of developing a new service, the BHH transfer process involved all departments within the organization, including IT, finance, senior management, middle management and

case management.

"The transition to BHH continues today as the provider and client communities gain knowledge of the benefits associated with integrated care," said Scott Brown, director of Case Management Services.

According to Brown, "BHH services are currently provided to 70 percent of our adult case management population and 50 percent of our child population. We anticipate an increase."

Today, KBH continues to improve BHH and its coordination with partners. The agency is an active member of the Behavioral Health Home Learning Collaborative and partners with Quality Counts around ongoing development.

"Moving forward, we want to further foster a sense of self-sufficiency, dignity and respect in people who are using BHH services," said Stockdale, KBH clinical director.

McAdam, KBH's chief executive officer, praised the concept.

"Programs like BHH allow the agency to promote the physical health and wellness of clients as a result of their improved mental health," McAdam said. "With strong collaborative efforts, clients will be more able to achieve their health goals."

Serving more than 13,000 people, Kennebec Behavioral Health operates community-based clinics in Augusta, Winthrop, Skowhegan and Waterville. More information about KBH programs can be found online at [kbhmaine.org](http://kbhmaine.org) or by calling 888-322-2136.

# Silent strokes offer subtle warning signs

The brain is a complex organ responsible for controlling many different bodily functions. When working at optimal capacity, the brain is a wonder to behold. When illness or trauma affects the brain, various parts of the body may not work as they should.

One of the more devastating things that can affect the brain is stroke. Stroke describes a sudden stoppage of blood from reaching the brain. Harvard Medical School states that if a large number of brain cells are starved of blood supply, they can die. With their demise, a person's memory and ability to speak and move can be compromised.

While many strokes come on suddenly, certain factors may indicate a person is at risk. Such factors may include prior heart attacks, genetics, high blood pressure, smoking, or a prior stroke. However, in a particular type of stroke — a "silent stroke" — symptoms are far subtler and difficult to spot. Silent cerebral infarction, often referred to as "SCI" or "silent stroke," is a brain injury likely caused by a blood clot interrupting blood flow to the brain, according to the American Stroke Association. Silent strokes increase risk for other strokes and can be a sign of progressive brain damage.

A silent stroke is typically only noticed as a side component of an MRI of the brain. Many times patients do not recall having a stroke and never felt any symptoms. Silent strokes should not be mistaken for mini-strokes. Mini-stroke is a brief but discrete and memorable event, with symptoms appearing for a few minutes or a few hours.

According to a study on silent stroke, titled "Functional and Cognitive Consequences of Silent Stroke Discovered Using Brain Magnetic Resonance Imaging in an Elderly Population," and published in the *Journal of American Geriatrics Society*, silent strokes are quite common and can have serious consequences.

Researchers have found that silent stroke is associated with impairments in tests of cognitive function rather than movement-oriented performance tests such as rising from a chair.

Almost 50 percent of studied silent strokes affected frontal circuit components of the brain, such as the frontal cortex, basal ganglia and thalamus. Lesions in these brain structures compromised executive functions and were related to vascular dementia.

Another study showed associations between silent stroke and visual field deficits, weakness in walking on heels, history of memory loss, migraines and lower scores in cognitive function tests. The "silent" part of a silent stroke also refers to the areas of the brain that the stroke affects. Experts at Harvard Medical School explain that, during a silent stroke, an interruption in blood flow destroys areas of cells in a part of the brain that is "silent," meaning that it doesn't control any vital functions.

Researchers say that, over time, the damage from silent strokes can accumulate, leading to more and more problems with memory. Collectively, silent strokes become silent no longer. There are certain ways to reduce the risk of any type of stroke. These include:

- Managing high blood pressure and high cholesterol levels;
- Quitting smoking;
- Reducing the risk of diabetes and effectively treat the condition if it is present;
- Losing weight to prevent obesity;
- Exercising and avoiding a sedentary lifestyle;
- Taking a low-dose aspirin or a drug that prevents blood clots.

Silent strokes largely go unrecognized but can lead to significant brain injury. Getting the facts can help men and women reduce their risk for silent stroke.



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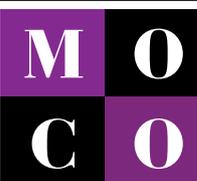
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# Bone density test can predict likelihood of breaks

## *Technicians require additional training*

BY VALERIE TUCKER  
Correspondent

**“When you have signs or symptoms of osteoporosis, it’s important to get a bone density scan.”**

**DIRECTOR OF DIAGNOSTIC SERVICES JENNIFER CASTONGUAY, RT,CT AT SEBASTICOOK VALLEY HEALTH IN PITTSFIELD**

A bone density test determines if a man or woman has osteoporosis — a disease that causes bones to become more fragile and more likely to break, according to the Mayo Clinic.

In the past, osteoporosis could be detected only after the individual broke a bone. By that time, however, bones could be dangerously weak.

Today’s bone density tests alert physicians and their patients if there is a risk of breaking bones. A bone density scan uses X-rays to measure how many grams of calcium and other bone minerals are packed into a segment of bone. The bones that are most commonly tested are in the spine, hip and forearm.

A radiologist analyzes the patient’s images and sends a report to the specialist or the primary care physician, who will discuss the results with the patient.

A clinician may review the scan while assessing the presence of clinical risk factors, such as rheumatoid arthritis, chronic renal and liver disease, respiratory disease or inflammatory bowel disease. Results reveal the amount of bone the individual has, compared with a same-gender young adult with peak bone mass and estimates the risk of developing a fracture.

The screening equipment that Franklin Memorial Hospital had used for many years needed to be replaced. Fortunately, the Franklin Community Health Network has a strong support group, according to Communications Relations Director Jill Gray.

In 2016, the hospital’s Auxiliary presented a check for \$19,000 towards the purchase of the Dual-Energy X-Ray Absorptiometry (DXA) machine. Tammy Frost, RT (registered technologist,) performs both bone density scans and mammograms at the hospital’s Martha B. Webber Breast Care Center. She started in the medical technology field, which provides a base for students who may choose different career specialties.

“I was always interested in the health care field,” she said. “After a semester at (the University of Maine) Orono, I decided I didn’t want to be a lab pathologist.”

Instead of a career looking through microscopes, she chose the radiology field. Maine schools offer the required courses,



starting with an associate degree, and offer certification exams to operate the equipment. Radiology technologists (RT), Frost explained, complete a degree program, attend densitometry seminars and take rigorous certification exams. Frost got her degree from the Maine College of Health Professions in Lewiston.

Sebasticook Valley Health in Pittsfield also offers this essential bone density imaging service. Director of Diagnostic Services Jennifer Castonguay, RT,CT, is in charge of all imaging modalities, as well as the laboratory and respiratory departments. She explained that both men and women can have bone loss and medical issues.

“When you have signs or symptoms of osteoporosis, it’s important to get a bone density scan,” she said.

Castonguay said others who take prednisone or steroid-type drugs or plan to begin this treatment, or a person diagnosed with primary hyperparathyroidism also may require more frequent bone

density scans.

Lyra Collard is a family nurse practitioner (FNP) at MaineGeneral Orthopaedics. She sees patients in the Osteoporosis Clinic at the Musculoskeletal Center in Augusta. A member of MaineGeneral Medical Center’s Professional Services Staff, Collard is certified by the American Academy of Nurse Practitioners and previously worked for MGMC as a clinical quality improvement specialist.

“We see patients who have been referred by their primary care physicians,” she said.

With several imaging sites in the Kennebec Valley region, staff can schedule patients at a location close to them. MaineGeneral’s Imaging Scheduling and Central Scheduling departments have merged into a single department, staffed from 7:30 a.m. to 5 p.m., Monday through Friday. Scanning locations can make accommodations for the hearing impaired and for interpreter services.

- Oakland: FirstPark, 107 FirstPark Drive
  - Augusta: Harold Alfond Center for Cancer Care, 361 Old Belgrade Road  
Alfond Center for Health, 35 Medical Center Parkway
  - Gardiner: MaineGeneral Campus, 150 Dresden Ave.
  - Waterville: Thayer Center for Health, 149 North St.
  - Winthrop: Winthrop Commerce Center, 16 Commerce Plaza, 2nd Floor
- The Medicare website ([medicare.gov](http://medicare.gov)) provides and explains coverage options for bone density screening. A density scan is covered every two years. Most women are scheduled for a mammogram and bone density screening at the same appointment. A woman whose doctor determines she’s estrogen deficient and at risk for osteoporosis or related issues based on medical history and other findings may schedule a screening more often to see if a treatment plan is working.

# Get to the truth about dieting and weight loss

Weight loss is a popular resolution come the new year. But in spite of that popularity, the resolution to lose weight is no small task.

When resolving to lose weight, men and women will encounter an abundance of information about dieting and weight loss. It's difficult to know who to believe and to determine which plans will be effective.

Research published by Shape magazine says nearly one in three young people embark on a new diet each month, but 45 percent give up after one week, and about half abandon their goals within a month.

Data released in the Daily Mail in 2013 said that although 1-in-7 (13 percent) women in the United Kingdom stick to a diet for 13 weeks or more, nearly 1-in-5 (19 percent) succumb to their favorite food cravings after a month.

What's the magic formula for weight loss? Experts advise that there isn't any. Weight-loss strategies that require fad dieting or restrict certain foods may not produce long-term success. Rather, a lifestyle overhaul is often the most effective weight loss strategy.

• **Recognize that quick fixes do not work.** Drastic weight loss approaches may produce immediate results, but such plans are not sustainable. Drastic plans include certain detoxes and cleanses; diets that eliminate all but a few foods; some prepackaged foods and food-replacement strategies. Feelings of deprivation or boredom may make people following these diets unsuccessful in the long run. Losing weight means

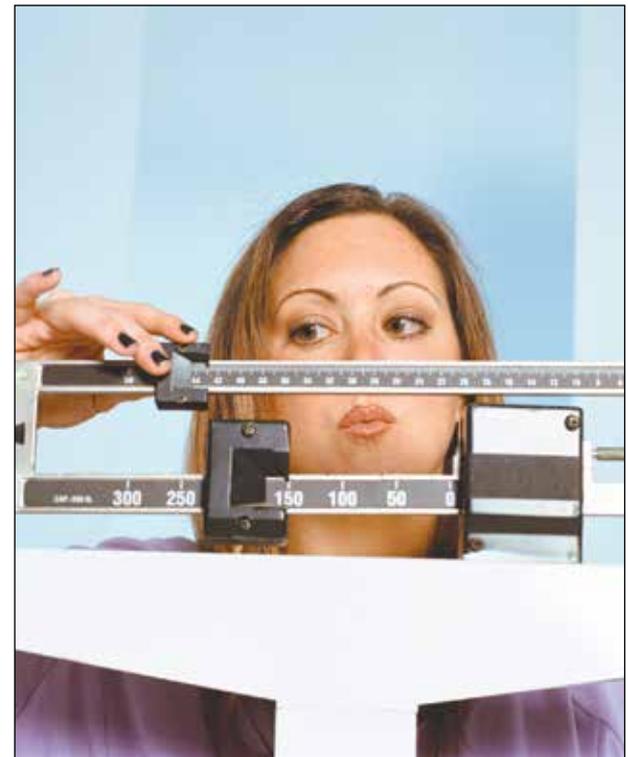
changing one's food and exercise plans over the long haul.

• **Eat in regular intervals.** Researchers at the National Weight Control Registry say that spacing food evenly throughout the day is the key to successful, long-term weight loss. People who eat healthy food at regular intervals are better nourished, think more clearly and report fewer mood swings than those who eat erratically.

• **Recognize that not all carbs are bad.** People trying to lose weight often hear that they should increase protein consumption and drastically reduce their intake of carbohydrates. While it's smart to reduce consumption of processed carbs and those that are made largely of white flour, there are some healthy carbohydrates, including beans, whole grains, fruits and vegetables.

• **Be flexible.** As a person's body ages, his or her metabolism will change. Men and women should revisit their recommended caloric intake every few years. In addition, men and women can routinely revisit their exercise routines to determine the efficacy of those routines and alter their workouts to reflect the physical changes their bodies are going through as they age.

A person's first step before dieting or attempting to lose weight should be to consult their physician, who can help men and women achieve their weight loss goals in a way that's healthy and easy to maintain for years to come.



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# New program at SVH helps cancer patients navigate the system

## Advocate assists with health care choices

BY VALERIE TUCKER  
Correspondent

Patients recently diagnosed with cancer must make life-altering decisions while learning the many intricacies of health care. The stress of coping with a life-threatening diagnosis can be reduced through Sebecook Valley Health's new advocacy program.

This central Maine hospital in Pittsfield, which is part of the state-wide EMHS health delivery system, is taking proactive steps to help area residents find services and resources during a particularly challenging time in their lives.

Sebecook Valley Health, in collaboration with a grant from the Maine Cancer Foundation, has established a cancer resource program for area communities. The free resource is available to help those patients either diagnosed with cancer or at a high risk of cancer navigate the health care system by eliminating barriers to care.

Patient Navigator Beth Ann Platt helps those patients find resources, including primary care, health care coverage, medications, treatments and general resources in the community.

She may have to help solve insurance problems, communicate with doctors, explain treatment and care options, go with patients to visits, advise caregivers and help manage medical paperwork. Platt also is available to assist the patient's family members.

Sometimes, patients may be completely new to the health care system and the hospital, or even to the greater Pittsfield area. The community already knows her from her lengthy association with Sebecook Valley Health, so they trust her as their advocate, she said. The personal attention she gives each patient is something that comes naturally.

"I really get to know the people I help," Platt said. "I love my job."

So many health conditions, including obesity, diabetes and tobacco use, can lead to a cancer diagnosis, so working with the at-risk population is a critical component, accord-

**"Later in the process, patients can get lost. They often are depressed and afraid and overwhelmed."**

**PATIENT NAVIGATOR BETH ANN PLATT, SEBASTICOOK VALLEY HOSPITAL, PITTSFIELD**



Contributed photo

Sebecook Valley Health's Patient Navigator Beth Ann Platt helps patients recently diagnosed with cancer find resources, including primary care, health care coverage, medications and treatments. She solves insurance problems, communicates with doctors, explains treatment and care options, accompanies patients to visits, advises caregivers and helps manage medical paperwork. Platt also is available to assist the patient's family members.

ing to Platt.

Platt acknowledges that she has a lot of responsibility, but her main focus is ensuring care coordination and being an advocate for her patients. She said confidentiality is always a priority, and she ensures that patients are always treated with

utmost compassion and respect.

When someone initially is diagnosed with cancer, the medical community focuses on specific treatment goals, but all patients have their own unique questions and concern.

"Later in the process, patients can get lost," Platt said. "They often are

depressed and afraid and overwhelmed."

Her job is to make sure she advocates and communicates with everyone involved. Before an individual begins treatment, she usually receives a referral from a primary care physician, but not every patient has that option. She usually contacts the individual within the next 24 hours to make arrangements for an initial conversation about the services she can offer and the questions and concerns the patient may have.

Some people may be resistant at first, because a cancer diagnosis may be the most frightening news they ever have faced. Patients may not want to talk, may become depressed, or even retreat into a state of denial. Helping them plan ways to share the news with family and friends may be the hardest task of all. That important piece of the critical link with a Patient Navigator can't be overemphasized, according to administrators.

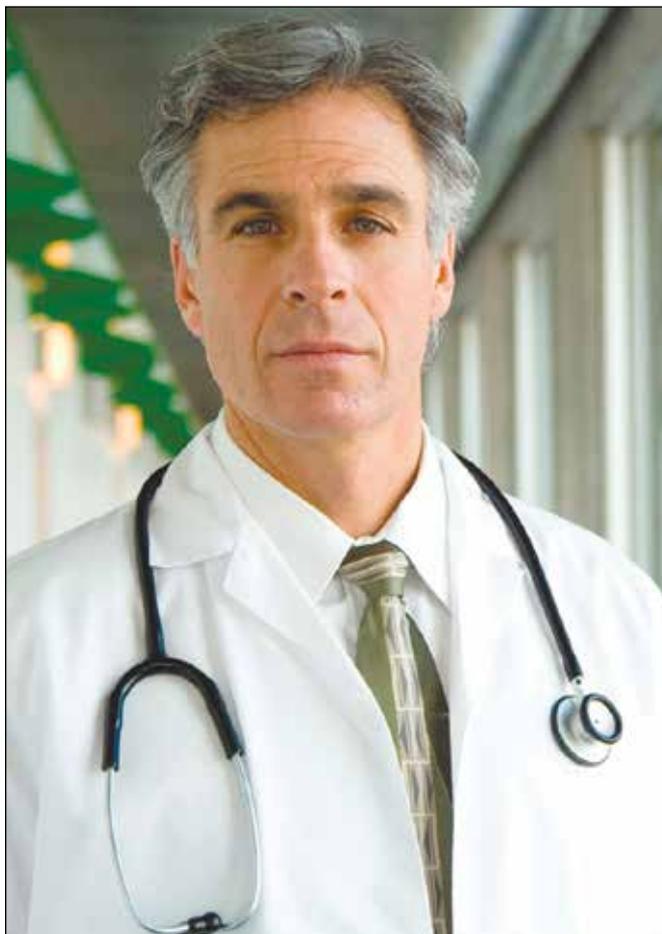
"Here at SVH, we want to give our patients easy access to their care, as well as answers to their questions, or get them to someone who can provide those answers," SVH President Terri Vieira said.

Research supports the importance of the Patient Navigator role.

"Patient navigators remove barriers to care," said Rian Rodriguez, MPH, director of the American Cancer Society's Patient Navigator Program. "They ensure that patients don't fall through the cracks so they can complete their treatment and have a more successful health outcome."

Platt said anyone is welcome to access the services of the Patient Navigator Program, and she will work around their schedules, including evening appointments. For more information or to make an appointment, call her at 487-6411.

Accredited by the Joint Commission, Sebecook Valley Health comprises a progressive 25-bed, critical access hospital and a wide range of outpatient services throughout the region. The hospital is a member of EMHS and was voted one of the top 10 to be named as 2016 Best Places to Work in Maine.



# Health savings accounts have tax advantage

Navigating health insurance plans can be confusing. One health insurance product that's relatively easy to understand is a health savings account, or HSA. This type of account can help account holders save money on the costs associated with their health care.

What is an HSA? HSAs are like any other savings account, except they can be used for medical, vision and dental expenses. HSAs are tax-advantaged, meaning that income can be deposited into an HSA before it is taxed. HSAs can only be opened and used in conjunction with a high-deductible health insurance plan, or those with a deductible of at least \$1,300 for an individual or \$2,600 for a family.

**HSA details and eligibility requirements.** Although HSAs have contribution limits, they're advantageous in that the savings accumulated can be used to pay for non-covered, qualified medical expenses, such as co-pays, vision and dental care and even deductibles. HSAs may be established through an employer-sponsored insurance plan or through a bank or other financial institution.

To qualify, a person must be under the age of 65 and have a high-deductible health insurance plan.

**What are the advantages and disadvantages of HSAs?** HSA account holders can control how their saved money is spent, and there's no risk of losing the money at the end of the year because it rolls over.

Taxes are not paid on money going into the HSA. In addition, employers can contribute to HSAs, and account holders do not lose their balances when they change jobs.

Disadvantages include the challenge of setting aside money to put into the HSA, especially if finances are tight. One who has certain medical situations that are urgent may find that budgeting for an HSA is impractical.

**A retirement saving vehicle.** In addition to the other benefits mentioned, HSAs can be used as a way to invest in retirement. The resource NerdWallet, which offers financial tools and objective advice to help people understand their options and make the best possible decisions, says an HSA is a good retirement savings option, especially for high-income earners who can't make deductible contributions to a traditional IRA or any contributions to a Roth IRA. HSAs can help offset health care costs and even help with long-term financial planning.

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# Maine 5-2-1-0 Let's Go! promotes healthy eating for children

## *Hundreds participate from three counties*

BY VALERIE TUCKER  
Correspondent

The Maine 5-2-1-0 Let's Go! program has spread the word about healthy eating and active living to 48 schools, 26 out-of-school programs, 26 health care practices and 41 child care programs in three central Maine counties.

"This is the fifth year we've officially recognized sites for their hard work," said Dr. Victoria Rogers, director of the Let's Go! program. "I couldn't be more proud of the progress these sites have made."

Sites are providing healthy, high energy snack choices and finding fun, creative ways to increase activity levels, and many have removed televisions from their spaces, Rogers said. Local program coordinators encourage everyone to find fun and free ways to get more exercise, even during long Maine winters.

"All of the Franklin County Let's Go! sites are committed to creating a space and culture that encourages children to be healthy, and the recognized sites are going the extra mile," said Molly Clark, the program's coordinator at the Healthy Community Coalition of Greater Franklin County.

Participants' goals can start with simple steps, such as going for a family walk after dinner. Make family vacations a chance to do some canoeing, hiking, swimming or biking. Join a charity fun run, fun walk or car wash. Get a family membership at the local gym or community recreation center. Play volleyball, softball, basketball, tennis or golf. Offer to help maintain local parks or hiking trails. Make indoor and outdoor chores a family effort, and start a family garden.

Established in 2012, the Let's Go! Recognition Program identifies, supports and celebrates schools, out-of-school programs, child care programs and health care practices for their commitment to improving children's health.

Let's Go! has five priority strategies:

- Limit unhealthy choices for snacks and celebrations, provide healthy choices;

- Limit or eliminate sugary beverages, provide water;

- Prohibit the use of food as a reward;

- Provide opportunities for children to get physical activity every day;

- Limit recreational screen time.



Photo by Valerie Tucker

From left, Strong Elementary School students Christina Thorndike, Skylar Thurlow and Halo Dustin take a helping of fresh vegetables from the new salad bar in the school cafeteria. The RSU 58 school district, partnering with the Healthy Community Coalition and the statewide "5-2-1-0 Let's Go!" program, encourages young people to get at least five servings of fruits and vegetables a day. This newest part of the lunch program has been a big hit, according to Principal Felecia Pease. "The kids love it," said cafeteria staff member Judy Romano.

Each year of the program, participation has increased, according to Caitlin Loveitt, public relations and marketing manager for the program. In 2016, a total of 657 sites were recognized, representing a 43 percent increase from 2015.

The program's challenging but achievable goals offer recognition that both young people and adults appreciate. Sites receive the Bronze award for making the Let's Go! programs part of the children's awareness. The Silver level of achievement goes to participants who get the whole family involved. Those who incorporate the five strategies into their site policies get the coveted Gold recognition.

Health care sites make the program's goals part of a daily message to their patients. They start by helping parents understand the importance of healthy

weight, compared to height, for all children aged two and older, and they have conversations about nutrition, activity and lifestyles. Program coordinators said simple steps can bring positive results.

"At the beginning of the year, some children brought in donuts and chocolate milk on a daily basis," said Donna Cairnie, site coordinator of Fairfield Primary Childcare. "I sent home some brochures and a newsletter stating that we promote healthy eating and explained the Let's Go! program."

After that, Cairnie said parents responded, and their children started to bring in healthy choices.

"I was thrilled, because parents read it and supported the cause," she said.

Somerset County's Carrabec High School updated the last remaining school vending machine, so now it offers only

**"All of the Franklin County Let's Go! sites are committed to creating a space and culture that encourages children to be healthy, and the recognized sites are going the extra mile."**

**MOLLY CLARK, PROGRAM COORDINATOR AT HEALTHY COMMUNITY COALITION OF GREATER FRANKLIN COUNTY**

foods and beverages that fit within the new guidelines of the school nutritional standards.

"This was an opportunity to help kids learn about healthier food choices and how readily available they are for us here in Maine," said Kirk Robinson, physical education and fitness teacher and coach at the District Champion Carrabec Community School in North Anson.

A list of all 2016 Let's Go! recognized sites is available at [www.lets-go.org](http://www.lets-go.org). The three county coordinators will help those who would like to get involved in the 5-2-1-0 Let's Go! program.

Somerset County: Kristie LeBlanc, [kleblanc@rfgh.net](mailto:kleblanc@rfgh.net)

Kennebec County: Baylee Doughty, [bdoughty@emhs.org](mailto:bdoughty@emhs.org)

Franklin County: Molly Clark, [mclark@fchn.org](mailto:mclark@fchn.org)

# Restful night's sleep boosts energy levels, health

## 10 percent in U.S. suffer from chronic insomnia

Adequate sleep is an essential element of a healthy lifestyle. But as beneficial as a good night's rest is, restful sleep is proving elusive for millions of people across the globe.

According to the American Academy of Sleep Medicine, 10 percent of adults in the United States have a chronic insomnia disorder. That translates to roughly 32 million people in the United States alone who struggle to fall asleep or stay asleep at least three times per week for at least three months.

Sufficient sleep boosts energy levels and makes it easier to focus and concentrate, while insomnia contributes to poor memory, disturbs mood and leads to daytime sleepiness.

But insomnia is not just harmful to individuals.

The AASM notes that researchers estimate that insomnia costs an estimated \$63 billion in lost work performance each year in the U.S. Combating insomnia is no small task, but the following healthy sleep habits may help men and women overcome their bouts of insom-

nia and get more restful sleep.

- **Avoid too many beverages before bedtime.** Drinking water or beverages that include caffeine or alcohol too close to bedtime can interrupt sleep or make it difficult to fall asleep. Too much water before going to bed may lead to nightly bathroom breaks that interrupt your sleep. Along those same lines, alcohol consumed too close to bedtime may make it easy to fall asleep fast, but you're likely to wake up once the effects of the alcohol wear off, which can be very soon after your head hits the pillow. In addition, avoid caffeinated beverages in the late afternoon or evening, as caffeine stimulates the central nervous system and may compromise your ability to fall asleep. Nicotine also serves as a stimulant, so smokers fighting insomnia should avoid tobacco products in the hours before they plan to go to bed.

- **Get out of bed if you can't fall asleep.** The AASM recommends getting out of bed if you haven't fallen asleep within 20 minutes of lying down. The longer you lay in bed without falling

asleep, the more likely you are to dwell on your sleeping problems. If you need to get out of bed, spend some quiet time reading a book in another room before returning to bed.

- **Dim the lights inside your home.** Two to three hours before bedtime, dim the lights in your home. Dim lighting signals to your brain that it should begin making melatonin, a hormone that is closely associated with sleep.

- **Eliminate potentially distracting sounds.** A poor sleep environment can contribute to insomnia, and distracting sounds can make it hard to fall asleep. Fix distractions such as leaky faucets and close bedroom windows if nearby traffic is compromising your ability to fall asleep at night. If necessary, use a white noise machine that blocks out distractions but contributes to a consistent sleep environment.

- **Use your bed only for sleep and sex.** Resist the temptation to finish watching a movie, television show or ballgame in bed, using your bed only for sleep and sex. If you grow accustomed

to working in bed or watching television in bed, you may have trouble falling asleep once you turn the lights off and close your eyes.

More information about combating insomnia is available at [www.sleepeducation.org](http://www.sleepeducation.org).



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# Lyme disease conference hosts top-notch speakers

## *Cases on the rise in Maine*

**MIDCOAST LYME DISEASE  
SUPPORT & EDUCATION**  
*Special to Medical Journal*

An impressive array of educators, researchers, speakers and physicians will be on hand at the 3rd Annual Midcoast Lyme Disease Support & Education Conference April 29 at the Wiscasset Community Center on 242 Gardiner Road.

The conference will host the Lyme Disease Association, Igenex, Mainely Ticks and a full panel of Lyme Literate Physicians. Other highlighted guests include Lori Dennis, psychologist; Brandi Dean of the Dean Center for Tick-borne Illness and Jordan Fisher Smith, actor, author and speaker — all under one roof, all on the same day, at absolutely no cost.

Add the more than 40 Lyme and tick-related vendors and this event, from 8 a.m. to 5 p.m., is an epic Lyme Disease Conference that is free and open to the public. No tickets are required; doors will open for registration at 7:30 a.m.

Paula Jackson Jones and Angele Rice, co-founders of Midcoast Lyme Disease Support & Education, are no strangers to hosting epic Lyme Disease events in Midcoast Maine. Their last conference brought over 475 people through the doors from throughout Maine, New England and across the U.S.

Midcoast Lyme Disease Support & Education is a nonprofit organization that serves the needs of Midcoast Maine's Lyme community and beyond. A Maine partner of the national Lyme Disease Association and members of Maine's CDC Vector-borne Work group, their efforts are focused on raising awareness, fostering education, advocating for state and local change while providing resources and support to those affected by Lyme and tick-borne diseases.

They are active year round, holding monthly awareness events and prevention talks, quarterly educational workshops for medical providers and yearly Lyme Disease conferences, bringing in local and nationwide expert speakers and vendors.

Leading researchers, laboratories, heads of national Lyme organizations and medical providers who are well educated and experienced in diagnosing and treating Lyme and tick-borne disease have participated at their conferences, educating other medical providers and networking with patients.



Paula Jackson Jones and Angele Rice, co-founders of Midcoast Lyme Disease Support & Education.

So why gather experts and resources under one roof year after year?

According to the Federal Center for Disease Control (CDC), Maine is soon to be classified as an endemic state for Lyme Disease. In the past 10 years, not only has the state seen a rise in the number of new Lyme cases, but it also has experienced the presence of other tick-borne diseases, such as Anaplasmosis and Babesia.

With more than 14 different species of ticks capable of carrying more than one disease, Maine doctors need to know what they are looking for and not rely on outdated information.

Controversy exists surrounding adequate testing and treatment, which is why these free conferences and year-round workshops and events are important in

the effort to offer continued education for Maine's providers, according to organizers.

"We need Maine's providers to be up-to-speed where Lyme and tick-borne disease is concerned," said president and co-founder Jackson Jones, a survivor of late stage neurological Lyme Disease complicated by four co-infections (Babesia, Bartonella, RMSF and Ehrlichiosis).

"We need our providers to be able to understand how complex this disease is and how complicated it can present itself, oftentimes being misdiagnosed as Fibromyalgia, Chronic Fatigue, MS (Multiple Sclerosis) and even ALS (amyotrophic lateral sclerosis)," Jackson Jones said. "Lyme Disease is called The 'Great Imitator' because it can invade any organ of

"We need Maine's providers to be up-to-speed where Lyme and tick-borne disease is concerned."

**PRESIDENT AND CO-FOUNDER PAULA JACKSON JONES, A SURVIVOR OF LATE STAGE NEUROLOGICAL LYME DISEASE**

the body, including the brain and nervous system, muscles, joints and the heart, and mimic many other diseases. It because of this that it is many times misdiagnosed."

By offering free conferences, workshops and year-round awareness events and prevention talks, providers as well as the public at large can learn, not only about preventing a tick encounter but also what to do if they discover they have been bitten by a tick.

Fewer than 50 percent of people recall a tick bite before they experience the onset of symptoms.

"In an endemic state, you have to rule it out before you move on, otherwise you risk complicating someone's health," said Jackson Jones, who spent two years and went to 23 medical providers and specialists before she received her official diagnosis, which led to a five years of treatment. She is now three years into remission.

She and fellow co-founder Rice — also a Lyme survivor who was misdiagnosed as a teen and now, in her late 30s, is still in treatment — travel all over the state sharing their personal stories and educating the public.

"Treatment is only as effective as when it's administered at the right time. You cannot treat a chronic case with acute protocols; it just doesn't work," Jackson Jones said.

Keynote speaker at this year's conference is Dr. Kenneth Liegner, a Board Certified Internist with additional training in Pathology and Critical Care Medicine, who practices in Pawling, New York.

Liegner has been actively involved in diagnosis and treatment of Lyme disease

More LYME, **PAGE 27**

# Natural ways to reduce Lyme disease risk

The great outdoors can be a wonder to behold. Parks, nature preserves or even some time spent in the backyard can help men, women and children reconnect with nature.

While there is plenty to enjoy about the great outdoors, certain hazards are lurking. Ticks can be both a nuisance and a danger, potentially contributing to illnesses such as Lyme disease. Recognizing the dangers of ticks and how to avoid tick bites can help people reduce their risk for contracting Lyme disease.

The U.S. Centers for Disease Control and Prevention note that, after hatching from eggs, ticks must eat blood at every stage to survive. It can take up to three years for a tick to complete its full life cycle, meaning it needs quite a few hosts to feed on.

Ticks are part of the arachnid family, but unlike spiders, ticks attach to the skin of an animal and suck its blood. Ticks can be found just about anywhere, but they tend to gravitate toward wooded areas or tall grasses, which offer them protection and good vantage points to find an animal host. Dog owners have no doubt encountered ticks in their lifetimes, as ticks are routine problems for dogs and pets that are not properly protected. But ticks also prey on humans.

Ticks and their bites are relatively painless, which can make it difficult for people to detect when they have been bitten. Many tick bites are harmless and do not require treatment. However, if bitten by a tick that is carrying Lyme disease or Rocky Mountain spotted fever, people may need to take an antibiotic to prevent any lasting health effects. As a result, people should always visit a doctor if they are bitten by a tick.

Pesticide repellants are some of the more effective and well-known methods that can prevent tick bites and subsequent side effects. Many repellants can be used without negative side effects, but people who prefer to go a more natural route can take the following precautionary measures.

**Watch habitats.** Steer clear of grassy, wooded and brushy areas. Ticks also prefer humid conditions.

**Stick to trails.** Stay on trails when hiking or walking to avoid brushing up against areas where ticks may be hiding out. Wear proper clothing. Light-colored clothing makes it easier to spot ticks that may have made their way onto a person. Tuck pants into socks, as ticks tend to climb onto hosts from the ground up. Bare ankles provide easy access.

**Protect hair and heads.** Wear a hat and/or keep long hair contained so that it isn't an attractive hiding spot for ticks.

**Shower immediately.** After coming in from areas known for ticks, shower and launder clothing immediately. While showering, do a spot inspection looking for ticks on your body. Remember to look in hidden areas like under the arms, in and around the ears, inside the belly button, on the back of the knees, in and around the hair, between the legs and around the waist.

**Clean up the yard.** Make your yard less habitable to ticks by mowing the grass regularly and removing leaf litter and trimming shrubs. Also, use wood chips or gravel to serve as a barrier between lawns and wooded areas of the property.

**Use natural oils.** Ticks may not like the smell of garlic, lemon, eucalyptus, lavender and rosemary, among others. Dotting your body with these infused oils may make you less attractive to ticks.

## Lyme

CONTINUED FROM PAGE 26

and related disorders since 1988. He has published articles on Lyme disease in peer-reviewed scientific journals and has presented poster abstracts and talks at national and international conferences on Lyme disease and other tick-borne diseases.

Liegner has cared for many seriously-ill people with chronic and neurological Lyme disease. His work has focused on

the serious morbidity and (occasional) mortality that can eventuate from this aspect of the illness. He has emphasized the urgent need for widespread clinical availability of improved methods of diagnostic testing, and for development of improved methods of treatment for Lyme disease in all its stages.

Liegner holds the first U.S. patent for a proposed application of acaricide to deer for area-wide control of deer-tick populations as a means of reducing the incidence of Lyme disease.

For more information about this conference, visit the website at [www.mldse.org](http://www.mldse.org) or email [info@mldse.org](mailto:info@mldse.org)

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- **Phone:**  
(207) 777-7740 or 1-800-482-7412
- **Web:** www.ahch.org
- **Email:** executive@ahch.org
- **President and Chief Executive:**  
Kenneth Albert, RN, Esq.
- **Founded:**  
1966
- **Employees:**  
410
- **Hours:**  
Mon.-Fri. 8 a.m.-4:30 p.m.  
24-hour on call service

• **About Us:** Androscoggin Home Care & Hospice remains true to its independent roots that were firmly planted more than 50 years ago. We continue to put our patients first and have never turned a patient away due to an inability to pay. Services include home care, hospice care and the Hospice House. Our caring, compassionate staff and our commitment to the 131 communities we serve across seven Maine Counties in Central and Western Maine is what sets us apart.



### ANNE PRATT GIROUX AUDIOLOGY

- **Contact Information:**  
124 Silver Street,  
Waterville, ME 04901  
and Redington-Fairview General  
Hospital Outpatient Clinic
- **Chief Executive:**  
Dr. Anne Pratt Giroux
- **Founded:** 2000
- **Phone:** (207) 872-0320
- **Employees:** 3

• **About Us:** Private practice audiology with 42 years of experience. General Audiology, with special testing equipment for infants and children, and expertise in geriatrics, CAOHC certification courses, Community presentations, Aural Rehabilitation including Lip Reading lessons, Assistive Listening Devices, Hearing Aids and hearing aid related services. We specialize in developing individual plans for improvement in communication situations. We know that better hearing improves life. We can help.

### THE CANNABIS HEALING CENTER

- **Contact Information:**  
184 Water St.  
Hallowell, ME 04347
- **Phone:**  
(207) 248-7849
- **President:**  
Derek Wilson
- **Founded:** 2012
- **Employees:** 1
- **Hours:**  
10 a.m.-7 p.m. Wed. thru Sunday

• **About Us:** Providing premium organic marijuana to Maine patients since 2012



### CEDAR RIDGE CENTER

- **Contact Information:**  
23 Cedar Ridge Drive  
Skowhegan, ME 04976
- **Phone:** (207) 474-9686
- **Web:** www.genesisihcc.com
- **Chief Executive:**  
Mike McDougall
- **Founded:**  
July, 1989
- **Employees:** 120

• **About Us:** Cedar Ridge Center offers skilled rehabilitation programs, as well as nursing services in a lively, caring environment. Recovery from hospitalizations or elective surgery like joint transplants proceed smoothly with the assistance of rehab therapists. Cedar Ridge Center is part of Genesis HealthCare.

## MEDICAL JOURNAL PROFILES 2017



### DFD RUSSELL MEDICAL CENTERS

- **Contact Information:**  
180 Church Hill Road, Leeds  
11 Academy Road, Monmouth  
7 South Main Street, Turner
- **Phone:** (207) 524-3501
- **Web:** www.dfdrussell.org
- **Medical Director:**  
Kevin Cowell, DO
- **Founded:** 1974
- **Employees:** 50
- **Hours:** 24 hour on call Provider  
Evening and weekend hours for established patients.

• **About Us:** DFD Russell Medical Center is a leader in Maine, standing apart as a nationally recognized Patient-Centered Medical Home and offering pioneering, patient-centered primary care services to the people of Central Maine. Our model of care is centered around education, prevention and treating the whole person.



### DELTA AMBULANCE

- **Contact Information:**  
29 Chase Avenue  
Waterville, ME  
(207) 861-4244
- **Chief Executive:**  
Timothy A. Beals, MBA, EMTP
- **Email:** info@deltaambulance.org
- **Web:** www.deltaambulance.org
- **Founded:** 1972
- **Employees:** 140
- **Hours:** 24 hours a day,  
7 days a week.

• **About Us:** Delta Ambulance is the leading provider of high quality, compassionate emergency services, and non-emergency medical transportation in central Maine, as well as an important regional resource for emergency care, health and safety education and a strong supporter of the community. Winner: Margaret Chase Smith Maine State Quality Award - 2000; Kennebec Valley Chamber of Commerce President's Award - 2010; Department of Defense/ESGR Pro Patria Award - 2011; MidMaine Chamber of Commerce - Business of the Year Award - 2012.



### EVERGREEN DENTAL, LLC

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281 Western Avenue  
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- **Phone:**  
(207) 622-0861
- **Web:**  
www.evergreendental.net
- **Chief Executives:**  
Heather S. Harper, D.D.S.  
Peter R. Shumway, D.M.D.  
Maegan E. Beinoras D.D.S.
- **Founded:** 1977
- **Employees:** 26
- **Hours:** Mon.-Fri. 7 a.m.-4 p.m.

• **About Us:** Preventive Dentistry, Cosmetic Dentistry, Veneers, Periodontal Therapy, Restorative Dentistry, Root Canal Therapy, Tooth Whitening, Crowns & Bridges, Dental Implants, Digital Impressions, Surgery & Extractions, Treatment of Halitosis, and Nitrous Oxide. Look for us on Facebook and Google.



### EYE CARE OF MAINE

- **Contact Information:**  
325A Kennedy Memorial Dr.  
Waterville, ME 04901
- **Phone:** (207) 873-2731  
(800) 660-3403
- **Web:** www.Maine2020.com
- **Founded:** 1922
- **Doctors:**  
Steve R. Witkin, M.D.  
Peter C. Kohler, M.D.  
James R. Putnam, M.D.  
Marc B. Daniels, M.D.  
Helen Bell-Necevski, O.D.  
Lorie Lepley Parks, O.D.  
Michael C. Parks, O.D.  
Ian M. Jones, O.D.

• **About Us:** Eye Care of Maine is an ophthalmology referral and general eye care practice. We provide the most current and comprehensive services in eye care. We also have a stand-alone surgery center.



### FRANKLIN MEMORIAL HOSPITAL

- **Contact Information:**  
111 Franklin Health Commons  
Farmington, ME 04938
- **Phone:**  
(207) 778-6031  
(800) 398-6031
- **Web:** www.fchn.org
- **Chief Executive:**  
Timothy Churchill,  
Interim President/CEO
- **Founded:** 1929
- **Employees:** Approximately 605

• **About Us:** Franklin Memorial Hospital is a progressive, not-for-profit community general hospital whose mission is to provide high quality, cost-effective, patient-centered health care to residents and visitors of West Central Maine. The hospital is fully qualified and accredited to handle a broad range of medical, surgical, pediatric, women's care, and diagnostic services. Franklin Memorial Hospital has 11 medical and surgical practices. Franklin Memorial Hospital became a member of the Maine-Health system on October 1, 2014.

### HAIRBUILDERS

- **Contact Information:**  
653 Oak Grove Rd.  
No. Vassalboro, ME 04989
- **Phone:** (207) 873-3688
- **Web:** www.hairbuildersme.com
- **Founded:** 1989
- **Employees:** 2
- **Chief Executive:**  
Beth Morse
- **Hours:**  
Tues., Thurs, Fri. 8 a.m. - 5 p.m.  
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## MEDICAL JOURNAL PROFILES 2017



### HEALTHREACH COMMUNITY HEALTH CENTERS

- **Contact Information:**

10 Water St., Suite 305  
Waterville, ME 04901  
• **Phone:** (800) 299-2460  
• **Email:** HRCHC@HealthReach.org  
• **Web:** HealthReachCHC.org  
• **Founded:** 1975  
• **Employees:** 240

- **Chief Executive:**

Connie Coggins, President/CEO  
• **Hours:** Waterville administrative offices are open 8 a.m.-5 p.m. Closed on major holidays. Health Centers are open Mon.-Fri. with hours varying by location. Some offer evening, Sat. and walk-in hours.

- **About Us:** HealthReach Community Health Centers is a system of eleven Federally Qualified Health Centers located in Central and Western Maine which deliver high-quality, affordable healthcare to medically underserved residents in over 80 rural communities. HealthReach is a private, non-profit organization with a 42-year history, funded by patient fees, grants and individual donations. Health Centers are located in Albion, Belgrade, Bethel, Bingham, Coopers Mills, Kingfield, Livermore Falls, Madison, Rangeley, Richmond and Strong. Dental services are offered at Bingham and Strong.



### HOMETOWN VETERINARY CARE

- **Contact Information:**

51 Western Ave.  
Fairfield, ME 04937  
• **Phone:** (207) 453-7387  
• **Web:** www.yourhometownvet.com  
• **Email:** hometownvet@myfairpoint.net

- **Chief Executive:**

Matthew Townsend, DVM  
• **Employees:** 23  
• **Hours:** Mon.-Thurs. 7:30 a.m.-6:30 p.m.  
Fri. 8 a.m.-5 p.m.  
Sat. 8 a.m.-12 p.m.

- **About Us:** Hometown Veterinary Care, a mixed animal practice, is an ever-expanding facility where modern medicine meets hometown values. Our spacious building houses 4 exam rooms, surgical suite, well-equipped lab for in-house diagnostics, digital and dental x-ray, large treatment area, isolation ward, fully-stocked pharmacy, as well as roomy dog kennels and kitty condos for our patients who are spending the day with us. We also provide services for a wide variety of large animal clients in the area. We are committed to promoting responsible pet ownership, preventative health care, and health-related educational opportunities for our clients. The Hometown team strives to provide the highest standards of care for your pet, not only during your visit, but year-round, by providing 24-hour emergency services for our established clients.



### HOSPICE VOLUNTEERS OF WATERVILLE AREA

- **Contact Information:**

304 Main St.  
Waterville, ME 04901  
• **Phone:** (207) 873-3615  
• **Web:** www.hvwa.org  
• **Email:** hospiceinfo@hvwa.org

- **Chief Executive:**

Susan Roy  
• **Founded:** 1980  
• **Employees:** 7  
• **Hours:** Mon.-Thurs. 8:30 a.m.-4:30 p.m.  
Friday 8:30 a.m.-2 p.m.

- **About Us:** Hospice Volunteers of Waterville Area (HVWA) is a non-profit organization founded in 1980 that serves 27 communities in Central Maine. It exists to provide non-medical support to individuals and their families during the last phases of life, to loved ones throughout the grieving process, and to educate the community regarding issues related to death and grieving. Bereavement services are available to anyone who has sustained loss either through illness or unexpectedly. HVWA is volunteer based and community funded.



### INLAND HOSPITAL

- **Contact Information:**

200 Kennedy Memorial Drive  
Waterville, ME 04901  
• **Phone:** (207) 861-3000  
• **Web:** www.inlandhospital.org  
• **Founded:** 1943

- **Chief Executive:**

John Dalton, President/CEO  
• **Provider Finder Service:** 1-800-914-1409  
inlandproviderfinder@emhs.org  
• **Employees:** 750

- **About Us:** Inland is a dynamic healthcare organization where patients and their families always come first. Services include: compassionate and respectful care, primary care providers in Waterville, Oakland, Madison, North Anson and Unity, private inpatient rooms, a full range of outpatient and diagnostic services, family birthing center, cardiology, neurology, general surgical services, OMT, podiatry, rheumatology, wound care, diabetes and nutrition services, OB/GYN care, emergency care with on-site helipad, orthopedics, rehabilitation, and infusion services. Lakewood, located on the Inland campus offers skilled nursing, dementia and long-term care. Inland is a member of EMHS.



### KENNEBEC BEHAVIORAL HEALTH

- **Contact Information:**

67 Eustis Parkway  
Waterville, ME 04901  
• **Phone:** (207) 873-2136 or  
1-888-322-2136

- **Chief Executive:**

Thomas J. McAdam  
• **Founded:** 1960  
• **Employees:** over 400  
• **Web Address:** www.kbhmaine.org

- **About Us:** Kennebec Behavioral Health's mission is to promote the well-being of children, adults and families who experience mental illness, emotional difficulties or behavioral challenges. Founded in 1960, Kennebec Behavioral Health (KBH) offers clinic-based services in Waterville, Augusta, Winthrop and Skowhegan and provides community-based services throughout a seven-county service area. KBH's nationally recognized vocational rehabilitation program features High Hopes Clubhouse in Waterville, Capitol Clubhouse in Augusta and Looking Ahead Clubhouse in Lewiston. KBH is CARF (Commission on Accreditation of Rehabilitation Facilities) accredited and is well known for its high-quality, strengths-based approach to its mission.



### KENNEBEC MEDICAL CONSULTANTS

- **Contact Information:**

13 Railroad Square  
Suite 2  
Waterville, ME 04901  
• **Phone:** (207) 877-9562  
Fax: (207) 877-9560  
• **Web:** www.kennebecmedical.com

- **Chief Executive:**

Jerald E. Hurdle, DO  
• **Founded:** 2011  
• **Employees:** 4  
• **Hours:** Mon.-Thurs. 8 a.m.-3 p.m.  
Fridays: 8 a.m.-12 p.m.  
Appts. within 24 hours available.

- **About Us:** **Dermatology:** Acne, Skin Cancer, Psoriasis, Eczema, Atypical Moles, Hair Disease, Nail Disease, Blu-u Therapy, Botox, Laser Treatment  
**Colorectal/Proctology:** Hemorrhoids, Genital Warts, Rectal Bleeding, Irritable Bowel Disorder, Inflammatory Bowel Disease, Pelvic Floor Rehabilitation, Colonoscopy and Constipation.  
We are accepting new patients and accept Medicare and all major insurance plans.



## MEDICAL JOURNAL PROFILES 2017

### KENNEBEC VALLEY COMMUNITY COLLEGE



- **Contact Information:**  
92 Western Ave.  
Fairfield, ME 04937
- **Phone:**  
(207) 453-5822
- **Web:**  
www.kvcc.me.edu
- **Founded:** 1969

- **President:**  
Dr. Richard Hopper
- **Employees:** 206  
100 full-time  
106 part-time
- **Hours:**  
Mon.-Thurs. 8 a.m.-5 p.m.  
Fri. 9 a.m.-4 p.m.

• **About Us:** Offering two-year associate degrees and one year certificate programs, unique programs, opportunities to transfer credits to four-year colleges and universities, online classes, professional development courses and customized workforce training.

### KENNEBEC VALLEY YMCA



- **Contact Information:**  
31 Union St.  
Augusta, ME 04330  
40 Granite Hill Rd.  
Manchester, ME 04351
- **Web:** www.kvymca.org
- **Founded:** 1914
- **Employees:** 110

- **CEO:** Tom Warren
- **Hours:**  
Augusta: Mon.-Fri. 5 a.m.-9 p.m.  
Sat. 7 a.m.-5 p.m.  
Sun. 7 a.m.-2 p.m.  
Manchester: Mon.-Fri. 5 a.m.-8 p.m.  
Sat. 7 a.m.-2 p.m.  
Sun. CLOSED

• **About Us:** The Kennebec Valley YMCA is an enduring community partner in the Capital region. The Kennebec Valley YMCA's Healthy Living Program includes LIVESTRONG at the YMCA, National Diabetes Prevention Program, pediatric referral programs, and a variety of classes designed to meet individual needs regardless of their fitness level. The Kennebec Valley YMCA is a charitable nonprofit organization, providing more than \$220,000 in scholarship funds annually, ensuring open doors to all.

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### LOVEJOY DENTAL CENTER



- **Contact Information:**  
7 School St. #2  
Albion, ME 04910  
(207) 437-2100
- **Web:**  
LovejoyDentalCenter.com

- **Chief Executive:**  
Allen S. Goldey, D.D.S.
- **Founded:** 2006
- **Employees:** 7
- **Hours:**  
Mon., Tues., Thurs., Fri.  
8 a.m.-4 p.m.

• **About Us:** We are a privately owned Family/General Practice Dental Office. Services include placement and restoration of implants, extractions, root canals, fillings, crowns, bridges, whitening, veneers, dentures, dental hygiene, and more. We can usually make you an appointment within a few days, often the same or next day. Most insurance plans are accepted.

### MAINE CENTER FOR DENTAL MEDICINE



- **Contact Information:**  
59 Pleasant St.  
Skowhegan, ME 04976
- **Phone:**  
(207) 474-9503
- **Web Address:**  
www.dental-holistic.com
- **Email:** info@mainecdm.com

- **Chief Executives:**  
Mohammed Imam, DDS  
Shafiulla Khan, DDS
- **Founded:** 2012
- **Employees:** 13
- **Hours:** Mon.-Wed. 8 a.m.-5 p.m.  
Thurs. 8 a.m.-4:30 p.m.  
Friday - Closed

• **About Us:** Welcome to the Maine Center for Dental Medicine, where holistic dental care benefits the whole family! Wellness is at the center of our Skowhegan dental office. We focus on helping you enjoy the best quality of life using appropriate materials and procedures for your smile. To enhance your oral health and your comfort, we combine minimally invasive techniques with holistic principles and the latest technologies. Each staff member in our practice has completed extensive training. We are just as enthusiastic about learning as we are about providing top-level personal attention to patients of all ages. When you visit us, you will be made to feel right at home by a friendly team who consider it an honor to partner with you for optimal oral health.

### MAINE FIRE EQUIPMENT CO., INC.



- **Contact Information:**  
25 South Factory St.  
Skowhegan, ME 04976
- **Phone:** (207) 474-2992
- **Email:** tsmith@mainefire.net
- **Web:** www.mainefire.net

- **Chief Executive:**  
Todd Smith
- **Founded:** 2003
- **Employees:** 4
- **Hours:**  
Mon.-Fri. 8 a.m.-4:30 p.m.

• **About Us:** We are a full service fire safety equipment dealer; specializing in on-site Annual Inspection and Recharging of fire extinguishers. We also sell and embroider uniforms, including scrubs, Sanita Footwear, and medical tools from Prestige Medical. Get your name embroidered FREE on all scrub top purchases.

### MAINEGENERAL HEALTH



- **Contact Information:**  
35 Medical Center Parkway  
Augusta, ME 04330  
149 North Street  
Waterville, ME 04901

- **Chief Executive:** Chuck Hays
- **Email:** public@mainegeneral.org
- **Web:** www.mainegeneral.org
- **Founded:** 1898
- **Employees:** 4,429
- **Hours:** 24 hours a day, 7 days a week

• **About Us:** The state's third-largest health care system, MaineGeneral is an integrated not-for-profit organization with a range of services that includes: a 192-bed acute care medical center in Augusta; a comprehensive outpatient center in Waterville; a cancer treatment center which was the first center in Maine to earn the Quality Oncology Practice Initiative (QOPI®) certification; primary care and specialty physician practices; mental health and substance abuse services; long-term care facilities; rehabilitation; home health care and hospice services; special care for patients with memory loss; community outreach; and retirement living options.



## MEDICAL JOURNAL PROFILES 2017



### MEDICAL MARIJUANA CAREGIVERS OF MAINE

- **Contact Information:**  
662 Stanley Rd.  
Winthrop, Maine 04364  
• **Phone:** (207) 596-3501  
• **Email:** info@mmcm-online.org
- **Board Chair:**  
Catherine Lewis
- **Founded:** 2010
- **Employees:** 3
- **Web:** www.mmcm-online.org

• **About Us:** Located in the Homegrown Health Alternative Wellness Apothecary and Learning Center, Medical Marijuana Caregivers of Maine (MMCM) is Maine's Medical Marijuana Trade Association, providing legislation, education and advocacy for Caregivers and Patients. MMCM holds educational classes to help patients, caregivers and health care professionals better understand Maine's medical marijuana laws, and to learn how to safely access marijuana for medical use. We host the largest Medical Cannabis Trade Show in New England annually. To find out more information, email info@mmcm-online.org.



### MIDCOAST LYME DISEASE SUPPORT & EDUCATION

- **Contact Information:**  
4 Mills Rd. #120  
Newcastle, Maine 04553  
• **Phone:** (207) 446-6447  
(207) 841-8757  
• **Web:** www.mldse.org
- **Co-Founders:**  
Paula Jackson Jones, President  
Angele Rice, Vice President
- **Founded:** 2014
- **Employees:** All Volunteer
- **Email:** info@mldse.org

• **About Us:** Midcoast Lyme Disease Support & Education (MLDSE) is a nonprofit 501(c)3 organization that serves the needs of Midcoast Maine's Lyme community. A Maine partner of the national Lyme Disease Association, their efforts are focused on raising awareness, fostering education, advocating for state and local change while providing resources and support to those affected by Lyme and tick-borne diseases. Midcoast Lyme Disease Support & Education is available year round for prevention and educational talks. For more information about MLDSE, visit their website at www.mldse.org. To request a prevention talk for your group, please send an email to info@mldse.org.



### MK ORTHODONTICS

- **Contact Information:**  
16 Industrial Drive  
Augusta, ME 04330  
(207) 621-0033  
  
325 Kennedy Memorial Dr., Bldg. C  
Waterville, ME 04901  
(207) 621-0033  
• **Email:**  
office@mkorthodontics.com
- **Chief Executive:**  
Dr. Michal Kleinlerer
- **Founded:**  
2008
- **Employees:** 8
- **Hours:**  
Mon.-Thurs. 7:30 a.m.-4:15 p.m.
- **Web:**  
www.mkorthodontics.com

• **About Us:** MK Orthodontics provides orthodontic treatment (braces and Invisalign) in a very personalized, caring environment. We help create beautiful smiles for people of any age, and are honored to be a part of this important process!



### BRIAN J. MORIN, DMD, MMSc, PA

- **Contact Information:**  
325-D Kennedy Memorial Drive  
Waterville, ME 04901  
• **Phone:** (207) 872-2094  
• **Web:** www.morinorthodontics.com
- **Chief Executive:**  
Brian J. Morin, DMD
- **Founded:** 1994
- **Employees:** 4

• **About Us:** Quality orthodontic treatment for children and adults. Other locations are Skowhegan and Farmington.

### MOUNT SAINT JOSEPH RESIDENCE & REHABILITATION

- **Contact Information:**  
7 Highwood St.  
Waterville, ME 04901  
• **Phone:** (207) 873-0705
- **Chief Executive:**  
Diane Sinclair - Administrator
- **Founded:** 1966
- **Employees:** 240

• **About Us:**  
Nursing facility: Specializing in skilled and rehab services; Physical, occupational and speech therapies; 24 hour nursing services; Committed to getting you home.

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### NALE LAW OFFICES

- **Contact Information:**  
58 Elm St.  
Waterville, ME 04901  
(207) 660-9191
- **Partners:**  
John E. Nale, Esq.  
Mark J. Nale, Esq.
- **Web:**  
www.nalelaw.com  
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• **About Us:** Nale Law Offices provides long term care, estate planning and related legal services to clients of all ages, with a focus on the needs of older and disabled individuals and their families. These services include long term care and estate planning, MaineCare/Medicaid Evaluation and Planning, Financial and Medical Powers of Attorney, Trust and Probate Estate Administration, Guardianship and Conservatorship Services.



## MEDICAL JOURNAL PROFILES 2017



### NORTHEAST LABORATORY SERVICES

- **Contact Information:**  
227 China Rd.  
Winslow, ME 04901
- **Phone:** (207) 873-7711  
(800) 244-8378
- **Branch Office:**  
120 Main St.  
Westbrook, ME 04092

- **Chief Executive:**  
Rodney "Beau" Mears
- **Email:** info@nelabservices.com
- **Web:** www.nelabservices.com
- **Founded:** 1972
- **Employees:** 70
- **Hours:**  
Mon.-Fri. 8 a.m.-5 p.m.

• **About Us:** Biotechnology, environmental and food analytical services. Provides microbiological products to pharmaceutical, biotech, food and clinical markets. Provides comprehensive biological and radiological analysis to individuals, industries and government agencies.



### OAK GROVE CENTER

- **Contact Information:**  
27 Cool St.  
Waterville, ME 04901
- **Phone:** (207) 873-0721
- **Web:** www.genesisihcc.com

- **Chief Executive:**  
Sara Sylvester, RN - Administrator
- **Founded:** 1962
- **Employees:** 130

• **About Us:** At Oak Grove, we believe care is about more than state-of-the-art equipment: it's about quality of life. Providing you or your loved one with the personalized attention needed to achieve the highest quality of life is our daily concern. We offer skilled care and subacute programs for people making that recovery transition between hospital and home. Physical, occupational, speech and respiratory therapies, wound care and IV therapies assist in timely recuperation. Oak Grove Center is part of Genesis HealthCare. We have been selected for the Silver-Achievement Quality Award for Outstanding Performance by the American Healthcare Association.



### PINE TREE ORTHOPEDIC LAB

- **Contact Information:**  
175 Park St.  
Livermore Falls, ME 04254  
(207) 897-5558
- **Web:**  
www.pinetreeorthopedic.com
- **Email:**  
info@pinetreeorthopedic.com

- **Chief Executives:**  
Bruce MacDonald  
Todd MacDonald
- **Founded:** 2006
- **Employees:** 20
- **Hours:** Mon.-Fri. 8 a.m.-5 p.m.  
Saturday 8 a.m.-2 p.m.  
Evenings by Appointment

• **About Us:** We manufacture custom AFO's, custom orthotics, custom shoes, custom articulating braces, and we do all types of shoe modifications. Our retail store specializes in comfort shoes with sizes from 5-18 and widths from AA to 9E available. Our friendly staff includes three certified Pedorthist that have helped thousands of people with foot problems. We also have a 40-foot safety shoe trailer that calls on businesses throughout Maine. Take a drive today to Livermore Falls and visit the most unique shoe store in Maine.



### REDINGTON-FAIRVIEW GENERAL HOSPITAL

- **Contact Information:**  
P.O. Box 468  
46 Fairview Avenue  
Skowhegan, Maine 04976
- **Phone:** (207) 474-5121

- **Chief Executive:** Richard Willett
- **Web:** www.rfgh.net
- **Founded:** 1952
- **Employees:** 550
- **Hours:** 24 hours, 7 days a week

• **About Us:** RFGH is an independent, non-profit, critical access, community hospital serving Somerset County. We provide a full range of quality, comprehensive inpatient and outpatient health care services including: internal medicine, family medicine, pediatrics, OB/GYN, geriatrics, endocrinology and Diabetes education, anesthesiology/pain management, oncology, orthopedics, general surgery, gastroenterology, neurology, urology, cardiac rehab, pulmonary rehab, respiratory care, emergency medicine, and comprehensive inpatient and outpatient rehabilitation (physical therapy, occupational therapy, speech language pathology, and more).



### SEBASTICOOK VALLEY HEALTH

- **Contact Information:**  
447 N. Main St.  
Pittsfield, ME 04967
- **Phone:** (207) 487-4000  
TTY: (207) 487-4590
- **Web:** www.sebasticookvalleyhealth.org

- **Chief Executive:**  
Teresa P. Vieira, President
- **Founded:** 1963
- **Employees:** 335
- **Hours:**  
Hospital - 24/7

• **About Us:** Not-for-profit critical access hospital with Surgical Services (general, trauma, laparoscopic, and specialty surgeries), Diagnostics (CT, MRI, Nuclear Medicine, Ultrasound, Digital Mammography, Bone Density Screening), Full Service Laboratory, SVH Family Care practices in Clinton, Newport, and Pittsfield, Women's Health Center, Outpatient Specialty Services, Emergency Services (emergency department, ambulance service, helipad), Rehabilitation Centers in Pittsfield and Newport, Surgical Services, Urology Services, Cardiopulmonary Services, SVH Courtesy Van, Community Health and Education, Diabetes and Nutrition Clinic, Business Health Services, EMHS member.



### UNIVERSITY OF MAINE AT AUGUSTA

- **Contact Information:**  
46 University Drive  
Augusta ME 04330
- **Phone:** (877) UMA-1234

- **President:**  
James F. Conneely, Ph.D.
- **Web:** www.uma.edu
- **Founded:** 1965

• **About Us:** The University of Maine at Augusta transforms the lives of students of every age and background across the State of Maine and beyond through access to high-quality education, excellence in student support, civic engagement, and professional and liberal arts programs. Best known for its long-term expertise in online and distance learning, and service to veterans and military personnel, UMA serves approximately 6,200 students at campuses in Augusta and Bangor, through eight University College centers located throughout the state of Maine, and through its signature online programming.



# MEDICAL JOURNAL PROFILES 2017

## UNIVERSITY OF NEW ENGLAND

### College of Osteopathic Medicine

- **Contact Information:**  
11 Hills Beach Rd.  
Biddeford, ME 04005
- **Phone:** (207) 283-0171
- **Web:** www.une.edu/
- **Vice President for Health Affairs and Dean:**  
Jane E. Carreiro, DO,  
Dean of the College of  
Osteopathic Medicine
- **Founded:** 1978
- **About Us:** The UNE College of Osteopathic Medicine (UNE COM) is dedicated to the training of physicians to care for the people of Maine, New England, and the Nation. We foster health care leaders across the continuum of undergraduate, predoctoral, graduate, and continuing medical education, to advance exceptional osteopathic healthcare nationally and globally through clinical practice, scholarship, education and community service. *UNE COM has trained more physicians to care for the people of Maine than any other medical school in New England.*

## WATERVILLE PEDIATRICS

- **Contact Information:**  
159 Silver St.  
Waterville, ME 04901
- **Phone:** 873-KIDS (5437)
- **Web:** www.watervillepediatrics.com
- **Employees:** 43
- **Hours:** Waterville: Mon.-Fri. 8 a.m.-8 p.m.  
Same day appts. available. Sat., Sun. and most holidays  
Madison: Mon.-Fri. 8 a.m.-5p.m.
- **Founded:** 1996
- **Providers:**  
Jeffrey Stone, D.O. F.A.A.P.  
Charles Danielson, M.D. F.A.A.P.  
Lorien Batt, M.D. F.A.A.P.(coming June 2017)  
Melissa Taylor, D.O. F.A.A.P.  
Robin LeBlond, M.D. F.A.A.P.  
John Hickey, M.D. F.A.A.P.  
Kathleen Hickey, M.D. F.A.A.P.  
Emily Davis, RN, CPNP  
Whitney Lutz, RN, CPNP  
Kristy Mitsui, RN, CPNP  
Alyssa Paton, RN, CPNP
- **About Us:** We are a private pediatric practice specializing in newborn care through adolescence. We offer comprehensive well child care including immunizations, developmental and dental screenings. We deliver ongoing management of a variety of health concerns including asthma and ADHD. We have a new Healthy Steps nutrition education program as well as offer hypnosis services. We provide walk-in care at both locations Mon.- Fri. 8 a.m.-8:30 a.m. for same day illness visits.

## WINSLOW, UNITY, FAIRFIELD, OAKLAND PHARMACIES

- **Contact Information:**  
Main office:  
66 Western Ave.  
Fairfield, ME 04937
- **Phone:**  
(207) 453-4411
- **Chief Executives:**  
Shane Savage, R.Ph.  
John Savage, R.Ph.
- **Founded:** 2004
- **Employees:** 35
- **Hours:** Mon.-Fri. 8 a.m.-6 p.m.  
Sat. 8 a.m.-2 p.m.
- **About Us:** Locally owned and operated Independent Pharmacy serving all of your prescription and over the counter and compounding needs. We accept all major prescription cards including Medicare Part D. We carry a full line of vitamins, 50% off greeting cards and first-aid items. We now have a robotic system for faster and safer prescription refills. We also offer free prescription delivery and bubble packing services for assisted living and nursing homes.

## WOODFORDS FAMILY SERVICES



- **Contact Information:**  
2 Seton Center Drive  
Waterville, ME 04901
- **Phone:** (207) 859-8778
- **Web:** www.woodfords.org
- **Email:** development@woodfords.org
- **Chief Executive:**  
Mark Eves
- **Founded:** 1967
- **Employees:** 487
- **Hours:**  
Mon.-Fri. 8 a.m.-4:30 p.m.
- **About Us:** Woodfords Family Services is committed to the support and inclusion of people with special needs and their families in Maine communities. The agency provides an array of clinical, educational, family support and training programs across the state to children and adults living with autism, developmental disabilities, intellectual disabilities or mental health diagnoses. Woodfords' vision is that all people with special needs may reach their highest potential, be active and contributing members of their communities, maintain positive, enriching relationships, live in safety and security, and lead lives allowing for choice. Woodfords is accredited by the Council on Accreditation (COA), whose program of quality improvement is designed to identify providers that have met high performance standards and have made a commitment to their stakeholders to deliver the very best quality services.



# Feeling chilly can be from the natural aging process

## Tips offered for keeping warm

As people age, many report feeling chilly even when the temperature outside is warm. Studies have shown that older people are more likely to have slightly colder body temperatures than their younger counterparts.

Feeling cold can be the result of the natural aging process, or it may be symptomatic of a medical condition. Understanding the reasons behind chilliness can help people take proper action.

Aging adults can feel cold for various reasons. As people age, their metabolisms slow down, leading to decreased energy. During times of low energy output, one can feel cold. The American Geriatric Society Foundation for Health suggests that individuals with slower metabolisms may not produce enough heat from their own bodies to stay warm.

Circulation issues also may be a concern. As people age, the walls of their blood vessels may lose their elasticity, negatively affecting circulation as a re-



It's not uncommon for older adults to feel colder.

sult. Vasoreceptors also may no longer be as quick to direct blood vessels in order to constrict to keep body temperature up.

Inadequate fat storage may also be a contributor. Older people generally have less subcutaneous fat stores and muscle mass, both of which can insulate their bodies from cold weather. As a result, they may have trouble regulating body temperature. Exercise and healthy eating may help remedy this situation.

Certain medical conditions or medications may be to blame, too.

SUNY Upstate Medical University reports that some drugs, like beta blockers, can decrease heart rate, which can reduce circulation to the extremities. High cholesterol levels can impair blood flow. Hypothyroidism, or an underperforming thyroid, also can affect a person's ability to regulate body temperature.

It's imperative that people speak with their doctors to rule out any medical

conditions or medication issues that may be contributing to their feelings of being cold.

The following are some additional steps aging men and women can take to stay warm.

- Make sure you are at a healthy weight for your gender and age.
- Get the cardiovascular system pumping by exercising more.
- Layer clothing until you feel comfortable so that you are not adjusting the thermostat as frequently.
- Wear a vest to keep your chest warm to prevent heat being drawn from the extremities. Often the body will sacrifice heat in the hands and feet to keep its core warm.
- Invest in wool socks and blankets, as wool will help wick away moisture from the body.
- Feeling cold is usually nothing out of the ordinary when a person gets older. Fortunately, there are ways that older men and women can stay warm.

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# How to help seniors in your area



The elderly population is on the rise in many countries. Advancements in health care and a growing emphasis on healthy lifestyles means people are living longer than ever before.

Age is often accompanied by wisdom, but men and women may also find that feelings of isolation, loneliness and depression may also settle in as they grow older.

The Journal of Primary Prevention published "A Review of Social Isolation," which observed how social isolation has been linked to numerous detrimental health effects in older adults. Some of these ailments may include increased risk for mortality, re-hospitalization, falls, and dementia.

Individuals looking to give back to their communities may want to consider helping seniors in their area. Although it can be difficult to see seniors with diminished physical or mental capabilities, the rewards of interacting and helping seniors can be immeasurable. There are plenty of ways to help seniors avoid isolation and continue to live fulfilling lives.

• **Provide transportation.** A Place for Mom, a senior housing placement resource, notes that lack of adequate transportation is a main cause of social isolation among seniors. Voluntary or necessary cessation of driving makes getting to and from appointments or even recreational outings more difficult. Where public transportation

is unavailable or challenging to come by, volunteers can help shuttle seniors to and from grocery stores, doctor's offices and any other places they need to go. Getting out regularly and seeing new faces can help seniors overcome feelings of loneliness.

• **Participate in hobbies together.** Give seniors a sense of purpose by encouraging them to participate in hobbies or activities. Book clubs are one activity that can interest people of different age groups.

• **Encourage exercise.** Physical exercise keeps the body fit and improves mental health. Seniors can benefit from physical activity because it promotes strong bones and a healthy cardiovascular system. In addition, seniors who enroll in exercise classes at gyms or local senior centers can meet like-minded adults, helping them overcome their feelings of isolation even further.

• **Provide meals and companionship.** Older adults may not be getting all they need to maintain healthy weights and bodily functions. Cooking and shopping for healthy foods may be difficult. Provide seniors with healthy meals when possible, and take the time to share those meals. This can foster conversations that keep seniors' minds sharp and also may help prevent social isolation.

Seniors can benefit from many different forms of support, and helping older adults is a worthy volunteer initiative.

## Local Meals on Wheels needs help

BY JOHN E. NALE

Board Member, Spectrum Generations  
Special to Medical Journal

As Elder Law attorneys we know our clients all want to remain in their homes for as long as possible. The Meals on Wheels program helps to do just that.

Spectrum Generations, our local Area Agency on Aging, with the help of more than 200 volunteers, prepares and delivers more than 4,500 meals per week — and the need continues to grow.

And now, because of a shortage of funds, there is a growing wait list. According to the National Foundation to End Senior Hunger, 17 percent of Maine seniors experience food insecurity. As the Baby Boomer generation gets older, the number of people in need will only get larger.

Spectrum Generations' dedicated volunteer drivers deliver twice a week, bringing older or disabled homebound adults a hot, nutritious and flavorful meal for the date of delivery and two frozen meals for other days.

In addition to delivering the meals, the drivers provide a safety check, social contact and a link to other services the elder may need, such as fuel assistance, home-care and other services needed to keep them at home and independent.

Research from Meals on Wheels America shows that 83 percent of Meals on Wheels recipients experience improved health, enabling them to remain in their homes and out of the hospital or nursing home. This is a win not only for the elder, but the taxpayer as well. The cost to provide one year of Meals on Wheels is less than one day in the hospital or one week in the nursing home.

Meals on Wheels is not only for low-income seniors. Anyone 60 or older who is homebound, unable to prepare nutritious meals and is able to receive the meals when delivered, is eligible.

The Meals on Wheels program is a public-private partnership supported with federal, state and private funds. In spite of our best private fundraising efforts, our local Meals on Wheels program will now have a wait list. These people need your help. We need your help, and here's how you can give it.

Help us avoid the wait list; help us deliver nutritious meals, friendly visits and safety checks that enable seniors to live nourished lives with independence and dignity in their own homes. Your support is greatly appreciated.

For more information, contact John Nale at 660-9191 or [john@nalelaw.com](mailto:john@nalelaw.com)



# How to encourage children to care for their teeth

Parents of young children know that getting kids to brush their teeth can sometimes feel like pulling teeth. Children have a long history of disliking dental care, which can frustrate parents who know the importance and long-lasting benefits of proper dental hygiene.

While many youngsters may never excitedly run to the bathroom to brush their teeth, parents can try various approaches to get kids to embrace proper dental care.

- **Start early.** Parents should not hesitate to begin cleaning a child's teeth once the first tooth appears. The earlier dental care is part of a child's routine, the more likely he or she is to accept it as part of everyday life. The American Academy of Pediatric Dentistry recommends

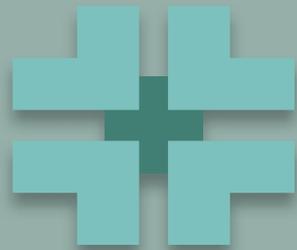
using a soft-bristled brush with a small head. Ideally, use a toothbrush designed for infants, brushing teeth once per day at bedtime. The AAPD advises taking kids to visit a pediatric dentist when the first tooth appears, or no later than the child's first birthday.

- **Make it a group effort.** Young children love to imitate their parents' actions and behaviors, and moms and dads can use that adoration to their advantage when trying to get kids to brush their teeth. Brush teeth together as a family, making it seem like an enjoyable twice-daily activity. Get down on kids' level and show them how to brush. If kids are resistant, engage them in conversation while brushing so they don't even realize they're

cleaning away.

- **Involve kids in choosing their dental care products.** While parents should be mindful of the type of toothbrush their children use, always sticking with products recommended by their child's pediatric dentist, let youngsters choose their toothbrush and toothpaste. Kids might prefer a particular flavor of toothpaste, and a colorful toothbrush with a favorite film or television character might make kids more enthusiastic and less fussy about brushing.

- **Compliment kids after positive dental appointments.** When pediatric dentist appointments go well, compliment children and express your pride in them for taking dental hygiene as seriously as they do.



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## HOTLINES/CRISIS NUMBERS

### NAMI Maine Help Line

1-800-464-5767. Support, education and advocacy for anyone with questions about mental health concerns. [www.namimaine.org](http://www.namimaine.org). [helpline@namimaine.org](mailto:helpline@namimaine.org)

### Poison Control Center

1-800-222-1222 (Voice) 711 (Maine Relay). The Northern New England Poison Center is the regional poison center for Maine, New Hampshire and Vermont. It is available 24/7 to provide immediate treatment advice for poisonings and answer questions about poisons and prevention. Visit the Northern New England Poison Center.

### Maine Statewide Crisis

1-888-568-1112 (Voice) 711 (Maine Relay). If you are concerned about yourself or about somebody else, call the crisis hotline. This will connect you to your closest crisis center.

### Suicide Prevention

1-888-568-1112 (Voice). (Crisis Hotline) 711 (Maine Relay). National Suicide Prevention Lifeline: 1-800-273-TALK (8255). Visit the Maine Youth Suicide Prevention Program.

### Child Abuse

1-800-452-1999 (Voice). 711 (Maine Relay). The State of Maine's child abuse hotline is staffed 24 hours a day.

### Elder Abuse

1-800-624-8404 (Voice). 711 (Maine Relay). The Office of Elder Services provides or arranges for services to protect incapacitated and dependent adults (age 18 and over) in danger of abuse, neglect or exploitation. Calls may be made anonymously.

### Sexual Assault Support

1-800-871-7741 (Voice). 711 (Maine Relay). A 24-hour statewide sexual assault crisis and support line providing confidential services free of charge. Visit [www.mecasa.org](http://www.mecasa.org). See Wabanaki Domestic Violence and Sexual Assault for phone and contact information specific to programs offered by the Wabanaki Tribes of Maine.

### Domestic Violence

1-866-834-4357 Statewide Domestic Violence Helpline. Visit [www.mcedv.org](http://www.mcedv.org) Information, crisis counseling, emotional support and advocacy. See Tribal Domestic Violence and Sexual Assault for phone and contact information specific to programs offered by several tribes of Maine.

### Alcoholics Anonymous (AA)

1-800-737-6237. During business hours, your call will be taken by a member of Alcoholics Anonymous who knows exactly what you are going through and can give you all the information you need. At night, we have a well qualified answering service that can give meeting information or put you in touch with a recovering alcoholic in your area, who will speak with you about your problem.

### Statewide Alanon

1-800-498-1844 Staffed by volunteers answering phones, providing literature and keeping meeting information. Visit [www.maineafg.org](http://www.maineafg.org)

### Narcotics Anonymous (NA)

1-800-974-0062 Call their helpline and talk to a recovering addict. Visit [www.namaine.org](http://www.namaine.org)

### The Women's Project

Southern Maine 1-800-611-1588. Northern Maine - 1-800-611-1779. Helping women affected by substance abuse - their own or others. Visit [www.maine.gov/dhhs/osa/help/women.htm](http://www.maine.gov/dhhs/osa/help/women.htm)

### The Maine Tobacco Helpline

When you're ready to quit, just call. 1-800-207-1230. Visit [www.tobaccofreemaine.org/quit\\_tobacco/Maine\\_Tobacco\\_HelpLine.php](http://www.tobaccofreemaine.org/quit_tobacco/Maine_Tobacco_HelpLine.php)

### Drug Tips

1-800-452-6457. Maine Drug Enforcement Agency (MDEA) Drug Tip Hotline. Provide drug tip information to the MDEA.

### 2-1-1 Maine, Inc.

211 Maine - dial 211 - Out of state call (877)463-6207. One number - thousands of services. 2-1-1 is an easy-to-remember number that connects people who want to give help or get help with a full range of health and human services in their community. Visit [www.211maine.org](http://www.211maine.org)

### 1-877-kids-now

(Toll free) 1-877-543-7669. Maine has a health insurance program for infants, children and teens. [www.maine.gov/dhhs/ofi/services/cubcare/CubCare.htm](http://www.maine.gov/dhhs/ofi/services/cubcare/CubCare.htm)

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# Recognize and avoid youth sports injuries

Children benefit in various ways from their involvement in youth sports. Being part of a team fosters feelings of belonging, inspires collaborative play and strategy and can be an excellent form of exercise. Still, despite the benefits, parents often worry about the injury risk their children face on the playing fields.

Those fears are justified. A Safe Kids Worldwide survey of emergency room visits found that a young athlete visits a hospital emergency room for a sports-related injury more than a million times a year, or about every 25 seconds. The Centers for Disease Control and Prevention says more than 2.6 million children up to 19 years old are treated in the emergency department each year for sports- and recreation-related injuries.

Some of the more common injuries young children face have to do with the skeletal and muscular systems of the body. The American Academy of Orthopaedic Surgeons stresses that children's bones, muscles, tendons, and ligaments are still growing, making them more susceptible to injury. Fortunately, with some education, many youth-sport injuries can be prevented.

## Sprains and strains

Sprains are injuries to ligaments, or the bands of tough, fibrous tissue that connect two or more bones at a joint. Strains impact a muscle or a tendon, which connects muscles to bones. Clinical research has linked acute strains and sprains to improper warm-up before sports, fatigue and previous injuries. Preparticipation conditioning and stretching can help reduce the risk of injury.

## Periostitis

Periostitis is commonly known as "shin splints." This is an overuse injury that occurs in athletes who are engaged in activities that involve rapid deceleration. Periostitis causes inflammation of the band of tissue that surrounds bones known as the periosteum, and typically affects people who repetitively jump, run or lift heavy weights.

To head off potential pain in the shins, young athletes can gradually build up their tolerance for physical activity. Supportive shoes or orthotic inserts may also help. Incorporating cross-training into a regimen also can work.

## Repetitive use activities

Swimmers, tennis players, pitchers, and quarterbacks may experience something called a repetitive use injury. This is pain

in an area of the body that is used over and over again. Inflammation of muscles and tendons may appear, but repetitive use injuries also may result in stress fractures, which the National Institute of Arthritis and Musculoskeletal and Skin Diseases defines as hairline fractures in bones that are subjected to repeated stress.

Rest between exercises can help alleviate these types of injuries. Ice, compression, elevation and immobilization may be used if pain is persistent.

## Growth plate injuries

Kids Health says growth plates are the areas of growing tissue near the ends of the long bones in the legs and arms in children and adolescents. A growth plate produces new bone tissue. If the growth plate is injured, it cannot do its job properly. That may contribute to deformed bones, shorter limbs or arthritis. Growth plate injuries most often result from falling or twisting.

While there's no surefire way to prevent growth plate injuries, getting proper and immediate care after an injury can help prevent future problems. An orthopedic surgeon has the expertise to diagnose and treat these injuries.

Youth sports injuries are common but



preventable. Warming up, being in good physical shape and not overtaxing a growing body can help kids avoid pain and impairment.

## Shop for sports protection equipment

Prevent Blindness America notes that more than 40,000 people seek treatment for sports-related eye injuries each year. While many of those injuries affect children, the good news is that sports-related eye injuries are largely preventable. Sports eye protection is a must, and protective eyewear should be included on back-to-school shopping lists.

In addition to wearing protective eyewear when playing sports, athletes can take the following steps to avoid sports-related eye injuries.

- **Wear helmets.** Kids who play youth baseball should always wear batting helmets with polycarbonate face shields when batting. When playing hockey, use helmets with face shields approved by the U.S. Amateur Hockey Association.

- **Wear safety goggles.** Regular glasses or goggles may not offer adequate protection. Wear proper safety goggles that have lensed polycarbonate protectors for racquet sports or basketball. All eye guards or protective eyewear should be labeled ASTM F803-approved, according to Prevent Blindness America. This eyewear is guaranteed to offer the highest levels of protection.

- **Recognize non-contact sports also can be dangerous.** Even non-contact sports such as badminton can present a chance for injury. Individuals should exercise caution any time they play sports that require the use of balls, racquets or flying objects.

- **Speak with coaches and teachers.** Open a dialogue with coaches or physical education administrators in an effort to highlight the importance of protective eyewear and learn about the steps being taken to protect athletes and their eyes. Include youngsters in these discussions so they learn about the need for protective eyewear and the benefits that such eyewear provides in sports where there is a high to moderate risk of eye injury.

- **Protect eyes from the sun.** Athletes who play outdoor sports should take steps to protect their eyes from the sun. When shopping for goggles, find ones that offer UV protection. In addition, look for tinted lenses that reduce glare.

- **Exercise good sportsmanship.** Always follow the rules of the sport and be a good team player. Use the equipment in the way it was intended so everyone, including teammates and opponents, is as safe as possible.

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# Opioid addiction remains a major health threat

Addictions to opioids such as heroin, morphine and prescription pain relievers continues to affect people from all demographics.

Between 26 and 36 million people abuse opioids worldwide, according to the World Drug Report 2012 from the National Institute on Drug Abuse and United Nations Office on Drugs and Crime.

Opioids can lead to physical dependence and possible addiction, which is why legal versions of opioids are carefully monitored and prescribed.

Opioid addiction can cause long-term changes to the biological structures of the brain and affect brain function, according to the Association of American Physicians.

## OPIOID ABUSE IS ON THE RISE

A 2013 study titled "Global, regional, and national age-sex specific all-cause and cause-specific mortality for 240 causes of death, 1990-2013: A systematic analysis for the Global Burden of Disease Study 2013" that was published in the Lancet found that use disorders resulted in 51,000 deaths worldwide in 2013, up from 18,000 deaths in 1990.

While there's no single underlying cause for this increase in opioid abuse, some say the greater number of prescriptions written for medications such as codeine, oxycodone and similar pain relief pills, and greater social acceptability of these drugs, have contributed to the spike in opioid-related deaths.



Abuse of opioids such as prescription pain medications and heroin continue to plague communities.

Data from IMS Health's National Prescription Audit indicates that, in the United States, the number of prescriptions for opioids such as hydrocodone and oxycodone escalated from around 76 million in 1991 to nearly 207 million in 2013.

Opioids are highly addictive because they can produce a sense of well-being and euphoria in addition to the pain-blocking benefits for which they are designed.

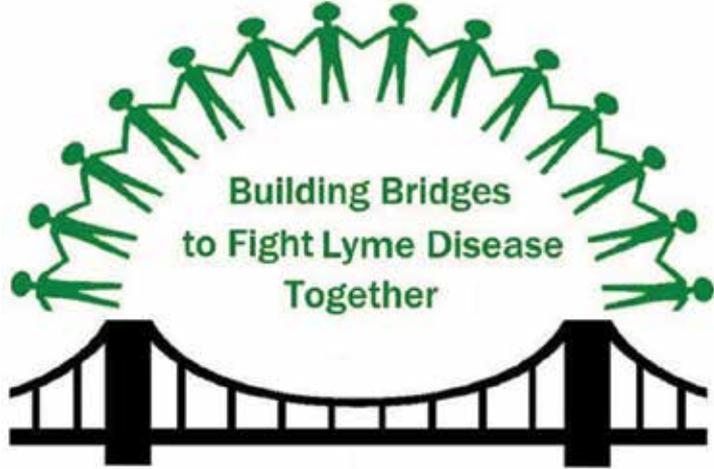
The National Institutes of Health says opioids act by attaching to specific proteins called opioid receptors, which are found on nerve cells in the brain, spinal cord, gastrointestinal tract and other organs in the body.

When these drugs attach to their receptors, they reduce the perception of pain. However, they can also produce drowsiness, mental confusion and nausea. Many opioid abusers develop a tolerance over time, requiring them to use more and more of the medication to reach the same level of efficacy.

When individuals addicted to opioids can no longer gain access to prescription pills, many turn to illegal means to satisfy their addictions and cravings. Many simply segue to heroin, which is cheaper and, in some communities, easier to obtain than prescription opioids.

Many communities have seen heroin use spike considerably in recent years. Heroin is even more dangerous because of the transmission of other diseases through the sharing of intravenous syringes.

Opioid abuse is a problem affecting communities across North America. Shedding light on the epidemic can inspire people to support legislation designed to combat opioid abuse and addiction and prevent future generations from succumbing to opioid addiction



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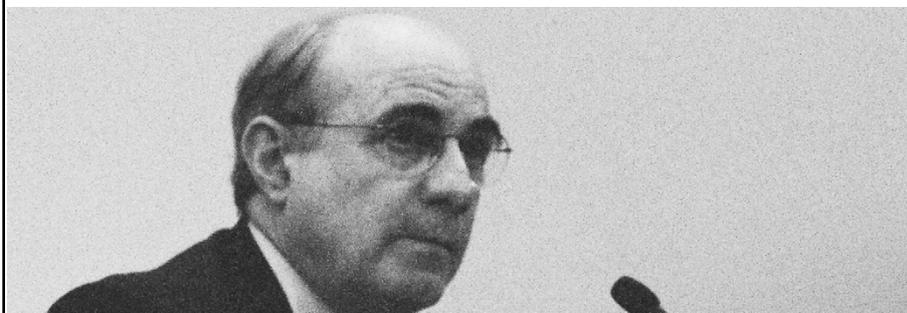
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**SPECIAL GUEST SPEAKERS**

 Lori Dennis Author of Lyme Madness	 Brandi Dean The Dean Center for Tick Borne Illness	 Jordan Fisher Smith Author, Speaker, Under Our Skin
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Lyme Disease Association Inc has provided an educational grant to support this event

# Resolving to unplug from devices can improve lifestyle

Many people now spend ample time each day texting, posting to social media and watching videos on their smartphones. Devices such as phones and tablets might play big roles in many peoples' lives, and few may realize just how much time they're spending on their devices. According to Nielsen's Total Audience Report, Americans aged 18 and older now spend more than 11 hours a day watching television, listening to the radio or using phones and other electronic devices.

Common Sense Media, a nonprofit focused on assisting people in navigating the world of media and technology, notes that American teens and tweens spend about nine hours using media for enjoyment.

Research conducted by Silentnight, a United Kingdom-based bed and mattress company, found that mobile phone usage, at eight hours and 41 minutes per day in the UK, has now exceeded the amount of time people spend sleeping.

Sleep experts warn that constant exposure to electronic devices is contributing to poor sleep and can have other negative effects on a person's health. Cutting back on electronic device usage can prove challenging.

However, with some patience and practice, it is possible to wean off devices without digital withdrawal symptoms.

- **Keep tech devices out of the bedroom.** Make bedrooms

device-free zones so they don't disturb sleep. Various studies have found the blue light emitted from phones and other electronics can wreak havoc with the body's natural circadian rhythms, reducing melatonin production and causing the body to think it's daylight. Turn off devices at least 60 to 90 minutes before bed to give the mind time to wind down.

- **Reach for a book.** When a diversion is needed, grab a book or another reading material. Keep magazines, traditional books instead of e-books and newspapers at the ready.

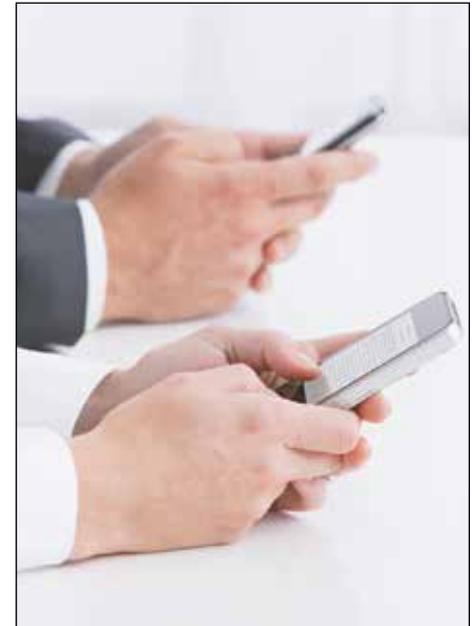
- **Turn off notifications.** Eliminate pop-ups and audible sounds. Check posts and emails on your own schedule.

- **Delay turn-on times.** Push back the time that you first turn on a phone or another electronic device by a couple of minutes per day.

- **Leave phones home when running quick errands.** Leave phones at home when stepping out of the house to run quick errands. Follow suit when shopping for groceries or heading to the gym for a workout.

- **Set limits.** Establish a schedule when devices can and cannot be used in the house, enforcing this schedule strictly. When not on devices, get outdoors or engage in physical activity.

A popular new resolution is to cut back on the amount of time spent using electronic devices. This can reduce dependence on technology and help improve overall health as well.



## Did you know?

Running on a variety of surfaces instead of sticking to just one surface may help runners reduce their risk of injury. Officials with the USA Track and Field's Sports Medicine and Science Committee recommend that runners vary their runs so they run on pavement, trails and tracks. While it helps to run on various surfaces, researchers do not believe one particular surface is better than another. In fact, while running on asphalt has long been assumed to increase injury risk because of the presumption that harder surfaces produce greater impact forces on the body, a study from researchers at the Hannover Medical School Department of Plastic, Hand and Reconstructive Surgery in Germany found that running on asphalt surfaces decreased mid-portion tendinopathy risk while running on sand surfaces increased that risk tenfold.



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# Owners should recognize, treat common pet parasites

Cats and dogs are beloved members of the family, and when they aren't feeling well it can put a damper on all family activities.

Parasites can be a problem for companion animals. Fortunately for family pets, parasites are highly treatable. It is quite common for pets to become affected by external or internal parasites in their lifetimes.

Fleas and ticks are examples of external parasites that feed on animals, and these same parasites may serve as intermediate hosts for other parasites that will develop internally. The internal parasites commonly seen in cats and dogs manifest themselves as worms in various parts of the body.

The areas that are most affected include the intestinal tract and the circulatory system. According to The Companion Animal Parasite Council, an independent council of veterinarians, veterinary parasitologists and other animal health care professionals, there are a number of intestinal worms that can infect dogs and cats, and they vary according to the species. These include hookworms, whipworms, tapeworms, and roundworms.

Heartworms affect the heart, lungs and blood vessels. Worms are quite prolific and can produce more than 100,000 eggs per

day. These eggs are excreted through feces and can affect other animals in the area.

Some pet parasites also can cause health problems in humans. Therefore, it is best for pet owners to educate themselves about parasites and make sure that pets get their immunizations, medications and checkups they need to remain healthy.

Roundworms are the most common parasitic worm found inside dogs. They are contracted in different ways, but dogs usually get them as puppies when their mother passes on roundworm larvae through the uterus. Larvated eggs also can be eaten from the environment, or if a pet eats a small mammal infected by roundworms.

Roundworms may be seen in fecal matter and will require treatment. Roundworms may be passed to humans and contracted through contact with feces or soil where feces have been left standing.

• **Heartworms:** Heartworm is a potentially fatal disease. Although it can affect both cats and dogs, it's rare in cats. Heartworms are transmitted through mosquitoes. Microscopic worms infiltrate the animal's bloodstream and migrate to other areas of the body. Dogs can get hundreds of worms in their bodies, and heartworms

can greatly affect their overall health and quality of life. Cats may only get a handful of worms, and these worms do not live to adulthood.

• **Hookworms:** Another parasite more common in dogs than cats, hookworms fasten to the walls of the small intestine and suck blood. They can be contracted from contaminated soil or passed to a puppy from mother's milk.

• **Tapeworms:** Tapeworm is transmitted to dogs (and cats) that ingest fleas. They're noticed when end segments of the worm are seen in stool or in the fur under the tails of dogs and cats. These segments contain the eggs of new worms.

• **Ear mites:** Ear mites are transmitted through social interaction with other infected animals, which can include grooming, sleeping and playing together. They are common in cats, but dogs can get them as well. Inflammation around the ears and scratching of the ears or shaking of the head are symptoms of ear mites.

Only a veterinarian can accurately diagnose the various parasites that dogs or cats can contract. Vets also will be able to develop the proper course of treatment to kill the parasites and prevent reinfection.



## Make homes safe for pets

The average home is filled with various items that can be harmful to pets. Just as parents baby-proof their homes when welcoming new children into their families, pet owners can take inventory of potential hazards to pets and take steps to safeguard their pets from home-related injuries. According to the American Veterinary Medical Association, a few simple adjustments around the house can prevent many pet emergencies.

• **Invest in cabinet locks.** Cats and dogs can be curious animals, gaining access to areas of a home pet owners never would have imagined possible. If you can't store everything beyond the reach of pets, then use cabinet and drawer latches to prevent access to areas that are off limits. Lock doors to basements, garages and storage sheds as well.

• **Cover all garbage cans.** Animals have extraordinary senses of smell, and they may be attracted to trash cans around the house. Invest in garbage cans with locks or tight lids to prevent food poisoning or choking.

• **Use medications wisely.** Be mindful of medications, making sure none of your pills fall on the floor where they can be gobbled up by pets.

• **Protect belongings.** Cats can scale many objects in the house, gaining access to areas of the house that dogs cannot reach. Cats also can be attracted to small shiny objects, such as jewelry or glass items, which are choking hazards. Store potential choking hazards out of sight.

• **Clean the furnace.** Allergens and poor indoor air quality is not just a concern for humans. Pets also can be affected by allergies and health issues that result from exposure to mold or dirt in a home. Have your HVAC system routinely serviced and routinely change indoor air filters to maintain healthy air quality. When possible, open windows to let fresh air inside.

• **Secure windows and doors.** Cats and dogs may be distracted by something outdoors and feel compelled to chase after it. Dogs and cats can suffer serious injuries if they fall from windows. Make sure window screens are secure and install guards if your pet likes to hang out by the windows. Exercise caution when entering and leaving your home so pets don't scurry outside.

• **Keep cords and electronic outlets secure.** Teething puppies or curious cats may bite or pull on power cords. Use cord keepers to cover up electric lines and outlet locks to keep plugs where they should be.

• **Provide a comfortable indoor climate.** Many pets spend the majority of their days indoors where climate and temperature can be controlled. However, if yours is an outside pet or requires a brief stint in the garage or an uninsulated area, make sure the temperature in those areas is comfortable and safe. Take precautions around the house to keep pets safe, comfortable and secure.



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# Why dental hygiene is essential for overall health

The importance of maintaining clean teeth and healthy gums goes beyond having fresh breath and a white smile. Many people are surprised to discover that oral hygiene plays an integral role in overall health.

Research indicates that oral health mirrors the condition of the body as a whole. Also, regular dental visits can alert dentists about overall health and pinpoint if a person is at a risk for chronic disease. An oral health check-up also may be the first indication of a potential health issue not yet evident to a general medical doctor.

## Heart disease

According to the Academy of General Dentistry, there is a distinct relationship between periodontal disease and conditions such as heart disease and stroke. Joint teams at the University of Bristol in the United Kingdom and the Royal College of Surgeons in Dublin, Ireland, found that people with bleeding gums from poor dental hygiene could have an increased risk of heart disease. Bacteria from the mouth is able to enter the bloodstream when bleeding gums are present. That bacteria can stick to platelets and subsequently form blood clots. This

interrupts the flow of blood to the heart and may trigger a heart attack. Brushing and flossing twice daily and rinsing with mouthwash can remove bacteria and keep gums healthy.

## Facial pain

The Office of the Surgeon General says infections of the gums that support the teeth can lead to facial and oral pain. Gingivitis, which is an early stage of gum disease, as well as advanced gum disease, affects more than 75 percent of the American population.

Dental decay can lead to its own share of pain. Maintaining a healthy mouth can fend off decay and infections, thereby preventing pain.

## Pancreatic cancer

In 2007, the Harvard School of Public Health reported a link between gum disease and pancreatic cancer. In the ongoing study, 51,000 men were followed and data was collected. The Harvard researchers found that men with a history of gum disease had a 64 percent increased risk of pancreatic cancer compared with men who had never had gum disease. The greatest risk for pancreatic cancer among this group was in men with recent tooth

loss. However, the study was unable to find links between other types of oral health problems, such as tooth decay, and pancreatic cancer.

## Alzheimer's disease

Various health ailments, including poor oral health, have been linked to a greater risk of developing Alzheimer's disease. After reviewing 20 years' worth of data, researchers from New York University concluded that there is a link between gum inflammation and Alzheimer's disease. Follow-up studies from researchers at the University of Central Lancashire in the United Kingdom compared brain samples from 10 living patients with Alzheimer's to samples from 10 people who did not have the disease. Data indicated that a bacterium — Porphyromonas gingivalis — was present in the Alzheimer's brain samples but not in the samples from the brains of people who did not have Alzheimer's.



The health of teeth and gums can impact other parts of the body.

*P. gingivalis* is usually associated with chronic gum disease. As a result of the study, experts think that the bacteria can move via nerves in the roots of teeth that connect directly with the brain or through bleeding gums.

These health conditions are just a sampling of the relationship between oral health and overall health. Additional connections also have been made and continue to be studied.

## Did you know?

Halitosis, or "bad breath" as it's commonly known, can result from any number of factors. While food can be a culprit, some additional factors may be contributing to mouth odor as well. Poor dental hygiene is a particular concern. According to Colgate and the American Dental Association, failure to brush and



floss teeth regularly leads to the accumulation of food particles in the mouth. This food can collect bacteria and begin to break down, causing a bad aroma. Dry mouth is another condition that causes bad breath. Without adequate saliva production, particles of food that may cause odor are not swept away regularly. Bad breath also may be an indication of a medical condition elsewhere in the body. Upper respiratory infections and gastrointestinal disturbances may contribute to halitosis.



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# Personalized medicines may be the future

When a person feels ill, his or her doctor may assess any symptoms and then prescribe a particular medication to treat or alleviate those symptoms.

Doctors prescribe medications hoping to treat sickness, but sometimes prescriptions fall short, leaving some to wonder if prescription medications could be customized more for individual needs?

The science is already here. Making specialized drugs is not a new concept. Prior to the rise of drug manufacturing companies, early pharmacists routinely customized ingredients. According to Professional Compounding Centers of America, customized medications are created through a process known as pharmacy compounding, which is defined as the art and science of preparing personalized medications for patients.

Specialized pharmacists take a practitioner's prescription and mix individual ingredients together in the exact dosage and strength required. Compounding may be done to change the form of the medication from a pill to a liquid or to remove a certain additive or ingredient, such as gluten, that might cause an allergic reaction.

The American Pharmacists Association says that compounding also can be used to flavor a medication in an effort to make it more palatable. Compounded drugs can be just as safe as mass-produced pre-

scriptions. And thanks to their tailor-made formulas, compounded medications also may help people avoid side effects and other adverse reactions. Compounding gives physician's flexibility in regard to how to best help their patients.

Compounding is done in hospital pharmacies and other healthcare facilities. There also are thousands of community-based pharmacies in the United States that specialize in compounding services. Pharmacists in these facilities spend all of their time making special preparations.

All pharmacists and pharmacies engaged in compounding are subject to oversight by both federal and state authorities.

On Nov. 27, 2013, Congress amended the Federal Food, Drug, and Cosmetic Act by enacting the Drug Quality and Security Act to ensure that compounded drugs are produced in accordance with applicable federal requirements. The National Association of Pharmacy Regulatory Authorities helps to oversee compounding in Canada.

Preparations of products are subject to the Food and Drug Act and Regulations, Good Manufacturing Practice guidelines, and inspection by Health Canada. Pharmaceutical compounding may not be new, but it is increasingly relied on to create the best formulations for individual patients.



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# Making sense of health risks

## *Risk vs. benefit, unabashed*

**BY KEVIN COWELL, DO, MPH**  
DFD Russell Medical Center  
Special to Medical Journal

We all have witnessed the prescription medication advertisements that spew an exhausting array of the potential pitfalls associated with taking their concoction.

Unfortunately, when this occurs, the announcer mumbles through the list of side effects without providing any context for how likely it would be to experience any of the catastrophic-sounding conditions.

Similarly, in our 24/7 news and social media milieu, we receive an endless barrage of news articles assaulting us with the latest data suggesting foods we consume daily or items we are regularly exposed to are increasing our risks for cancers or other alarming ailments.

As a consequence of the above scenarios, it's not unusual for patients to amplify risks and perceive that they might easily succumb to something that may only trigger a trivial increased chance of problems.

For instance, it is not uncommon when I counsel patients about starting a new medication that a high percentage will tenuously admit their concern about exposing themselves to danger, when the underlying condition for which the medication is anticipated would be far riskier without the medication.

So what do we do? We certainly don't want to leave problems that have a high chance of compromising our health unattended, particularly if steps for treatment really are a lower risk than we perceive.

For starters, I recommend pushing your medical clinician to speak directly about what your greatest health risk



**BY KEVIN COWELL, DO, MPH**

factors are. Ask specifically, "What are my main health risks, and what steps can I take to reduce these risks?" Completing simple health questionnaires combined with several basic test results and physical measurements can provide your clinician ample information to help you navigate a course toward reducing your individualized risk factors, thereby preventing your chances of developing a targeted illness.

Let's take heart attack and stroke risk, for instance, which are both leading killers of Americans. Knowing a few items about one's health, along with simple laboratory and blood pressure measurements, your clinician can utilize the American College of Cardiology 10-year risk calculator to deter-

mine your chances for having a heart attack or stroke in the coming decade.

If your percentage is low, focus your energy on other risks that may be higher. If your percentage is high (typically considered a level of over 10 percent), you can make an informed decision with how to proceed to reduce your risk.

When faced with undergoing a test (yes, tests can pose their own risks), having a procedure, starting a medication, etc., be sure to — again — specifically ask your clinician to provide not only the expected risks, but what the likelihood of the risks are.

Similarly, if it's unclear what the expected benefit will be from the test, procedure or medication, or how likely that benefit is to occur, make sure to ask. Once the risk and benefit likelihoods are understood, a more informed decision can be made — a better decision.

For more information on evaluating health risks and on making medical

decisions, three websites come to mind: Dartmouth Institute has *optiongrid.org*, an interactive site with a large number of topics for medical decision-making; Harvard School of Public Health analyzes risks in five areas that commonly affect Americans, found at *diseaseriskindex.harvard.edu*;

American Heart Association provides several tools to assess risk, including a heart attack risk calculator and a high blood pressure risk assessment tool, both at *heart.org* using the search term "assess your health."

*Kevin Cowell, DO, MPH, is a highly-regarded, board-certified family physician at DFD Russell Medical Center in Turner. He has additional training in acupuncture, advanced wound therapy and hyperbaric medicine. More importantly, perhaps, Dr. Cowell treats patients of all ages who frequently commend him for his willingness to listen.*

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Today, DFD Russell Medical Center is a leader in Maine, standing apart as a nationally-recognized Patient-Centered Medical Home and offering pioneering, patient-centered primary care services to the people of central Maine. Sometimes the underlying condition for which the medication is anticipated would be far riskier without the medication. Kevin Cowell, D.O., M.P.H.



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# Appointment companions are a smart move

Visits to a physician are just one step people make in an effort to improve their well-being. While it's important that everyone visit their physicians at least once a year for a checkup, seniors may need to see their physicians more frequently than other age groups.

When visiting the doctor, it is easy for anyone to miss important components of what the doctor is saying, and it's just as easy to misunderstand certain instructions or medication information. Seniors who bring companions along to appointments with their physicians can reduce the risk of misunderstanding advice or diagnoses given by their doctors.

Data from U.S. News and World Report states that about one-third of seniors still living on their own take a companion with them to their routine doctor's office visits. Companions are typically spouses, but they can include children or other family members as well.

Patients may find there are many advantages to bringing someone along to an appointment. And companions may want to learn more about patients' goals at each appointment prior to going along so they can prepare and know how to help during the appointment.

**Listen.** People tend to forget at least half of what they hear in the doctor's office, according to the Archives of Internal Medicine. This tendency may be increased when patients are nervous about the potential outcome of their visits. Bringing a companion along means that both people are actively listening. Together, the information they've heard can combine to provide a full account of the visit.

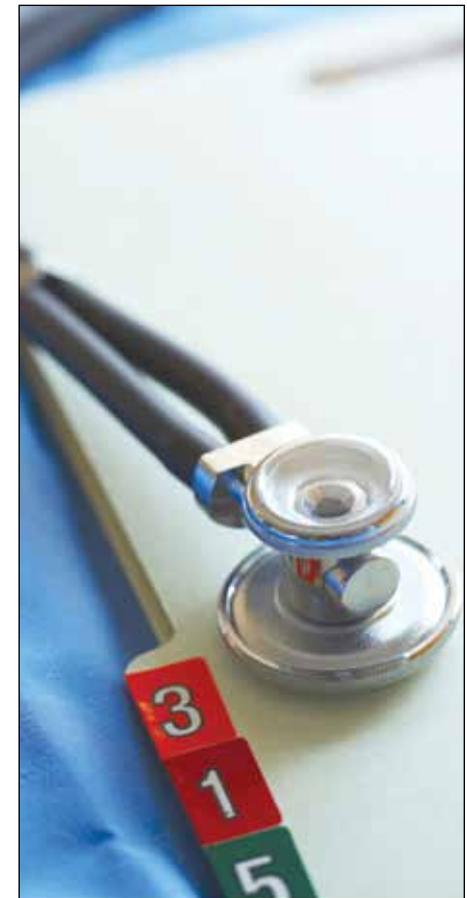
**Take notes.** Companions can jot down important notes about the appointment, such as dates and times for follow-up visits, medication advice and any other instructions that may be forgotten once the patient leaves the office. Companions can later

translate the jargon-heavy language of a physician into an understandable language the patient can fully understand.

**Medical history.** Sometimes a companion can be a useful resource, calling a doctor's attention to a patient's prior hospitalizations and illnesses. Companions can even call attention to any medications the patient is currently taking.

**Serving as an advocate.** Very often a companion can operate as a patient advocate, clarifying questions or getting further information out of a doctor if the patient is hesitant to ask. If the information isn't clear, the companion can raise red flags or ask to have the instructions put in a different light.

**Translation.** Sometimes patients need companions who speak their native languages when their physicians do not. People are learning that bringing a family member or friend along to doctors' appointments can be a smart way to make the most of doctor/patient interactions.



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# The hidden benefits of water

Dehydration is a dangerous condition that can cause a host of complications and even prove fatal in severe cases. But as dangerous as dehydration can be, many cases are entirely preventable.

The best way to prevent dehydration is to drink enough water. When the body does not take in as much water as it puts out, it can become dehydrated. People who live in warm climates or in elevated altitudes may lose more water than those who do not. In addition, water loss is accelerated during strenuous exercise, highlighting the emphasis men and women must place on drinking enough water during their workouts.

But water does more for the body than prevent dehydration. The following are a handful of lesser known ways that water benefits the body.

Water can help people maintain healthy weights. Dieting fads come and go, but water is a mainstay for people who want to control their caloric intake in an effort to maintain healthy weights. Water has zero calories, so reaching for a bottle or glass of water instead of a soda, lemonade or another caloric beverage can help people keep the pounds off. A study from researchers at the University of Texas Health Science Center found that even diet soda enhances weight gain by as much as 41 percent. In addition, soda has been linked to conditions such as obesity, diabetes and tooth decay. No such association exists with water.

Water helps to fight fatigue. The fatigue-fighting properties of water are another of its lesser known benefits. When the body is not adequately hydrated, it can experience muscle soreness. And fit-

ness enthusiasts who do not drink enough water may notice their bodies require extensive recovery time after working out. Each of those consequences can be prevented by drinking enough water, and doing so can even improve performance, as studies have shown that just a 3 percent loss of body weight due to dehydration can cause as much as a 10 percent drop in performance level.

Water can improve the appearance of the skin. Skin that does not get enough water can turn dry and flaky and feel tight. In addition, dry skin is more likely to wrinkle than adequately hydrated skin. Getting water to the skin can be tricky, as the University of Wisconsin-Madison School of Medicine and Public Health notes that water will reach all the other organs of the body before it reaches the skin. But the school recommends applying a hydrating moisturizer within two minutes of leaving the bath or shower and drinking at least eight glasses of water a day to ensure the skin is getting enough water.

Water helps the gastrointestinal tract. Water can help maintain normal bowel function. When the body lacks sufficient fluid, the colon will pull water from stools in an effort to stay hydrated. That can lead to constipation, a condition in which people experience difficulty emptying their bowels. By drinking enough water, people can ensure their colon will not have to pull water from stools to stay hydrated, thereby helping them stay regular.

Water helps the body in myriad ways, many of which might surprise people unaware of just how valuable water can be to the body.



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# The differences between hot and cold therapies

Inflammation can affect anyone, and those who have battled it likely have nothing positive to say. But while few people may associate inflammation with something good, inflammation is actually a process by which the body's white blood cells and the substances those cells produce protect the body from infection at the hands of bacteria, viruses and other foreign organisms.

While inflammation is protective by nature, sometimes an inflammatory response is triggered by mistake. When that happens, the body's immune system, which is designed to protect the body, begins to damage its own tissues. The resulting symptoms of this faulty immune system response may include joint pain, joint stiffness, loss of function in the joints, and swelling of the joints. None of those symptoms are comfortable, and people suffering from them may be on the lookout for ways to alleviate their pain and suffering.

While anyone battling persistent inflammation should speak with their physicians to explore their treatment options, a preliminary search of how to best treat inflammation will no doubt turn up information about heat therapy and cold therapy. The following breakdown should not replace a physician's advice, but it can help patients battling inflammation better understand both treatment options.

## Heat therapy

According to the Merck Manual, a reference book for physicians and patients alike, heat works against inflammation by increasing blood flow and making



connective tissues more flexible. Heat also can be used to combat edema, a condition characterized by an excess of fluid in the tissues of the body. Upon application, heat can temporarily reduce pain and alleviate stiffness in the joints. Heat also may temporarily relieve muscles spasms.

The Cleveland Clinic notes that heat can be effective at relieving pain associated with worn-away cartilage in the joints because it eases chronically stiff joints and relaxes

tight muscles. In addition, moist heat can relax painful neck spasms linked to nerves or blood vessels in the head or pain emanating from muscles in the neck. Heat can be applied via hot packs, infrared heat, paraffin baths, and hydrotherapy.

## Cold therapy

Cold therapy, sometimes referred to as "cryotherapy," can relieve pain associated with inflammation that has developed recently. Cold can help numb tissues and relieve muscle spasms and can also be used to alleviate pain associated with injuries. The Merck Manual notes that ice bags or cold packs can be used to apply cold. In addition, fluids that cool by evaporation, including ethyl chloride, may be applied topically. Some medicines may interact with ethyl chloride spray, so inflammation sufferers should consult their physicians before applying such sprays.

According to the Cleveland Clinic, ice can be used to calm flare-ups and numb pain associated with chronic, inflammatory arthritis. Ice also can ease inflammation and numb pain linked to pulled muscles or injured tendons. Pain and inflammation resulting from the stretching or tearing of ligaments in the joints may also be eased by applying ice to the affected area.

Heat and cold therapies can effectively combat symptoms associated with inflammation, but such treatments should always be discussed with a physician before being instituted.




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# Four foods that can boost energy levels

Diet can go a long way toward increasing or lowering energy levels. No one wants to consume foods that will make it harder for them to get through the day, so the following are a handful of foods that pack an energetic punch.



**1. Cashews:** Cashews, which are high in magnesium, help to convert sugar into energy. Magnesium deficiency can lead to low energy levels, so nuts that are high in magnesium, including cashews, can provide that mid-afternoon jolt that some people are seeking. Cashews are high in calories, so it's best for those looking to lose weight or maintain healthy weights to adhere to serving suggestion guidelines.



**2. Skinless chicken:** A study from researcher Judith Wurtman of the Massachusetts Institute of Technology Clinical Research Center found that alertness tends to increase when the brain produces the neurotransmitter dopamine and the hormone norepinephrine. Skinless chicken contains an amino acid known as tyrosine that helps in the production of both dopamine and norepinephrine. If skinless chicken is not available, other foods that may provide this same effect include fish, lean beef and eggs. In addition, lean meats like skinless chicken contain enough vitamin B to help ease insomnia.



**3. Beans:** Beans are loaded with fiber, and that's a good thing for energy levels. Like magnesium, which can also be found in beans, fiber takes awhile to digest, extending the energy-boosting properties of foods loaded with fiber. In spite of the growing movement to eat and live healthier, many adults still do not include enough fiber in their diets. Men and women can consult with their physicians to determine how to make that happen, but eating more beans is a good start.



**4. Salmon:** Omega-3 fatty acids can help the body fight inflammation, which has been linked to a host of ailments, including chronic fatigue. Salmon is also high in protein, which can eliminate the mid- to late-afternoon hunger pangs that can derail healthy diets and contribute to weight gain.

## Are there good and bad proteins?

Determining the nutritional value of certain foods can be a tricky business. Many foods can be enjoyed in moderation, and labeling them as "good" or "bad" might lead to negative connotations. In addition, food labels change from time to time as nutritionists and doctors learn more about nutrition and revise their opinions on certain items.

One food type that has remained off the bad foods radar for quite some time is protein. Protein sources are largely touted as the be-all and end-all in nutrition. But even seemingly infallible protein should be eaten in moderation, and even then only if the right sources of protein are selected.

The Institute of Medicine recommends that adults get a minimum of 0.8 grams of protein for every kilogram of body weight per day (or 8 grams of protein for every 20 pounds of body weight). Physicians in the United States recommend a daily protein allowance of 46 grams for women over the age of 19 and 56 grams for men. Too often, however, people are overloading on protein because they think it's a better option than carbohydrates and other food sources. But not all protein is the same.

Protein that comes from animal sources offer all of the amino acids a body needs. Unfortunately, some animal sources are less healthy than others. That's because animal-based protein sources also contain saturated fat. Consuming too much saturated fat may contribute to elevated levels of LDL, or "bad," cholesterol in the blood. LDL may lead to the formation of plaque in arteries that limits blood flow and may be a risk factor for heart disease. Fatty red meats and whole-milk products tend to contain more saturated fat than other protein sources.

The key when consuming protein is to find the right balance in protein sources. Fruits, vegetables, grains, nuts, and seeds may offer many of the required essential amino acids. The rest can be obtained by choosing smarter animal-based protein sources. Salmon and other fatty fish are good sources of protein and omega-3 fatty acids (heart-healthy fats) and are generally low in sodium. Lentils offer 18 grams of protein and ample fiber. Plus, these legumes have virtually no saturated fat.



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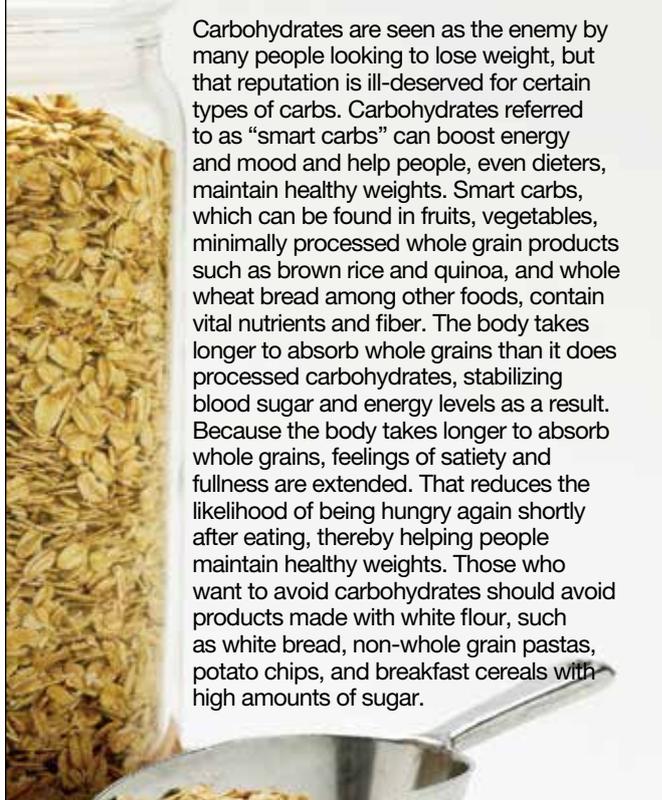


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## Did you know?



Carbohydrates are seen as the enemy by many people looking to lose weight, but that reputation is ill-deserved for certain types of carbs. Carbohydrates referred to as “smart carbs” can boost energy and mood and help people, even dieters, maintain healthy weights. Smart carbs, which can be found in fruits, vegetables, minimally processed whole grain products such as brown rice and quinoa, and whole wheat bread among other foods, contain vital nutrients and fiber. The body takes longer to absorb whole grains than it does processed carbohydrates, stabilizing blood sugar and energy levels as a result. Because the body takes longer to absorb whole grains, feelings of satiety and fullness are extended. That reduces the likelihood of being hungry again shortly after eating, thereby helping people maintain healthy weights. Those who want to avoid carbohydrates should avoid products made with white flour, such as white bread, non-whole grain pastas, potato chips, and breakfast cereals with high amounts of sugar.

## Radon can cause serious illness

The U.S. Environmental Protection Agency and the Surgeon General’s Office have estimated that as many as 20,000 lung cancer deaths are caused each year by radon, which is the second leading cause of lung cancer in the United States.

The EPA further notes that many homes are in radon danger areas. Nearly 1-in-3 homes checked in seven states and on three lands designated for Native Americans had screening levels over 4 pCi/L, the EPA’s recommended action level for radon exposure. According to Air Chek, Inc., a radon testing resource, a radon level of 4 pCi/l is equal to approximately 35 times as much radiation as the Nuclear Regulatory Commission would allow if a person was standing next to the fence of a radioactive waste site.

Testing can determine if radon is present in a home. Homeowners can rely on professional companies or purchase self-testing kits at home improvement retailers. If a test comes back positive for high levels, conduct a follow-up test before taking any measures to fix the problem.

Unusual weather can increase radon levels. If repeat testing yields the same results, efforts to reduce radon levels are necessary.

Homeowners must keep in mind that no two situations are the same and various techniques may be necessary to reduce radon levels in a home. Simply opening the windows in a home may not be enough, and many radon remedies require the skilled services

of professional contractors who are experienced in radon reduction procedures. Homes can be fixed, but some instances may be best left to the professionals.

One of the most popular methods of reducing radon concentrations involves a process called active soil depressurization, or ASD. This is a cost-effective and reliable technique to reduce radon that involves capturing the radon from beneath a building before it can enter the dwelling. A venting system draws the radon gas from the soil beneath the foundation and exhausts it outside of the building far away from windows and other home openings. A continuously operating fan draws and discharges the radon outdoors.

Radon that has infiltrated water supplies may require other removal methods. Such methods may require spraying water into a contained air space, introducing air bubbles into the water or storing water in a tank until the radon has decayed.

Another method employs granular activated carbon (GAC) to remove radon from the water. The GAC method has been more widely tested and is more commonly used in individual homes, according to the EPA.

Because radon removal often requires a specific skill set, it is a job better left to professionals. Opening windows and allowing natural ventilation may help, but a more long-term approach to radon removal might be most appropriate.

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# Get the facts about fibromyalgia

Characterized by widespread pain with no apparent cause, fibromyalgia is a condition that has had many people scratching their heads and desperate for answers.

Fibromyalgia is a common syndrome where a person has long-term bodily pain, particularly tenderness in the muscles, tendons and other soft tissues. The cause of fibromyalgia is unknown, but some theories suggest it may stem from physical or emotional trauma or abnormal pain responses in the central nervous system. The U.S. Library of Medicine states fibromyalgia is most common among women ages 20 to 50, although it can be present in men as well. African-American women are more likely to suffer from fibromyalgia than Caucasians and other races. However, Caucasian women report significantly more pain over sufferers of different ethnicities. Doctors are unsure why this is the case.

Symptoms of fibromyalgia are largely painful “tender points” over the body. Painful areas generally occur in the soft tissue on the back of the neck, shoulders, chest, and lower back. Pain may radiate out from these areas and can be a deep ache or a shooting, burning pain. Depending on the individual, pain may begin in the morning and ease up with daily activity. It may worsen at night. The pain may escalate when the weather is cold or damp or the person feels anxious and stressed.

In addition to pain, fatigue and depression are associated with fibromyalgia, and these symptoms may stem from interrupted sleep patterns due to the pain. Other symptoms can include migraine headaches, difficulty concentrating, irritable bowel syndrome, and reduced ability to exercise. Sexually active women may experience pain during intercourse, and menstrual cramping may be more intense.

WebMD says roughly 5.8 million Americans are affected by fibromyalgia. Treatment options vary with symptom severity.

Fibromyalgia treatments vary depending on the individual. Treatments for the condition typically involve medications and self-care. Exercise and alternative treatments also may be tried. Here is a look at some of the more common fibromyalgia treatments.

- **Analgesics:** Pain relievers are the first line of defense against fibromyalgia. Reducing pain can make activities tolerable. If over-the-counter pain relievers are ineffective, a doctor may prescribe a stronger medicine.

- **Antidepressants:** Certain antidepressants like duloxetine (Cymbalta(R)) have been approved for use in relieving pain and fatigue. Doctors may use a combination of antidepressants to help promote sleep and take away the pain of fibromyalgia.

- **Anti-seizure medications:** In some cases, drugs that are used to treat seizure disorders have been effective at relieving pain caused by fibromyalgia.

- **Pregabalin:** This drug, marketed under the name Lyrica(R), is the first drug approved by the FDA to treat fibromyalgia.

- **Lifestyle changes:** Reducing stress, getting enough sleep and exercising regularly can help alleviate symptoms of fibromyalgia. Also, consuming a healthy diet and reducing caffeine intake may help.

- **Alternative therapies:** Some people find that massage therapy, tai chi, yoga, and acupuncture promote relaxation and can relieve symptoms.

A 2010 report from CNN says fibromyalgia is notoriously difficult to treat and only 35 to 40 percent of people with the chronic pain condition get relief from the available medications. Some have requested prescriptions from their doctors for medical marijuana to ease symptoms. Historically, marijuana has been used as a painkiller and to relax the body. While some doctors prescribe it where it is legal, many others prefer to wait for synthetic cannabis compounds to be studied and produced.

Fibromyalgia is a painful condition that affects millions of people, a majority of which are women. Those with widespread pain should visit a doctor to develop a course of treatment.



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# How music and singing benefit children

Music is everywhere: on the radio, in movies and television shows and as a backdrop when shopping or celebrating milestones. Music is an integral part of cultures all over the world. Music can express emotions not easily conveyed otherwise. It also provides a sense of community and belonging and can help unite the divided. Playing musical instruments or singing has a number of benefits.

From the earliest days after their birth, children can be calmed by music. Music helps people work out their feelings and can be uplifting and comforting when people need a boost.

While many people are familiar with the mood-enhancing benefits of music, they may not know that music also has developmental benefits.

According to Don Campbell, internationally-known educator and author of "The Mozart Effect for Children," music enhances intelligence, coordination, emotional expression, creativity and socialization skills.

Studies have suggested that music and movement affect all areas of development. Music can bolster listening skills, improve motor skills, assist with problem solving and promote spatial-temporal reasoning.

Many others say that music can calm and focus the mind, which is why it so often employed by therapists. In the book, "The Importance of Music," author Ellen Judson cites a 10-year study that tracked more than 25,000 middle

and high school students. The study showed that students in music classes receive higher scores on standardized tests than students with little to no musical involvement.

In addition, singing and engaging in musical appreciation sharpens one's ability to communicate. Learning a piece of information attached to a tune will more readily embed that information in the brain. For example, many children learn the alphabet via song. Pairing lessons with song can help anyone retain information more easily.

Music also is fun, so much so that kids may not realize they're actually learning while singing. Matthew Freeman, development manager of "Sing up," a national singing project to help enhance music in children's education, said that children don't think of singing as work and may be more willing to participate.

Song can be used to reinforce all different subjects, from language arts to mathematics. Children or adults who are apprehensive about meeting new people can use music as a means of opening the door to new friendships. Joining a choral group will immediately introduce people to others who enjoy music as well. Group singing is less intimidating than singing alone, so it takes some of the pressure off of a person and can staunch performance anxiety.

Music is beneficial throughout one's life and can be an enjoyable way to make learning more fun.





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# Kids and sleep

School-aged children are busier than ever before, and some may be sacrificing sleep to accommodate their lifestyles. The National Sleep Foundation says school-aged children need between nine and 11 hours of sleep each night to function at a healthy level. Sleep deprivation can be linked to a host of health ailments, including issues affecting the development of the brain. Growing evidence suggests that lack of sleep can cause disturbances in metabolic rates that could affect the risk for cardiovascular disease, diabetes and obesity. A recent study from Johns Hopkins University found that, for each additional hour of sleep a child gets, the risk of that child becoming overweight or obese decreases by 9 percent. Children who slept the least, according to the research, had a 92 percent higher risk of being overweight or obese compared to children with longer sleep duration. The NSF adds that poor or inadequate sleep can lead to mood swings, behavioral problems and cognitive problems that impact kids' ability to learn in school. To promote good sleep habits in children, parents and other caregivers

can establish consistent sleep/wake routines; ensure children avoid excess caffeine, particularly late in the day; create a cool, dark sleep environment; keep televisions and other media devices out of bedrooms and help children work through stressors that may impact sleep.



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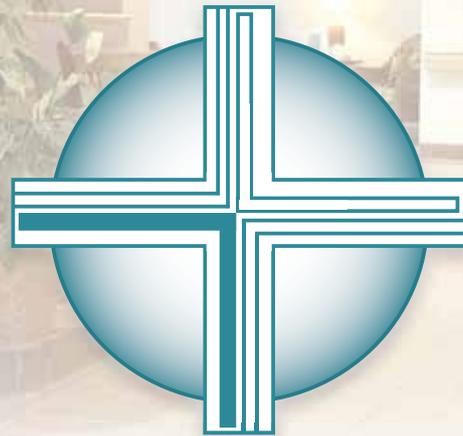
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