

PREMIERE ISSUE • SPRING 2016

HealthScene

The Official Publication of the
State Medical Board of Ohio

Ohio

A Special Bond

Dr. James Van Hook
cares for some
exceptional patients



Solving
Premature Births

Genetic
Counseling

Long-Distance
Health Care



JOINT IMPLANT **SURGEONS**

EST
1972

COLUMBUS | ATHENS

Ask Yourself...

**Are You Suffering From
HIP, KNEE or SHOULDER PAIN?**

**Have you noticed that our doctors are
repeatedly ranked among the top
orthopedists in the country?**

**Did you know that JIS has done more
outpatient joint replacements than
any other practice in the world?**

**Have you heard that we have a new
practice open in Southeast, Ohio?**

Are You Ready To Get Back To Living?

614.221.6331

www.jointimplantsurgeons.com

ENJOY HELPING PEOPLE FEEL THEIR BEST?

Join the nation's leading provider of therapeutic massage.

Massage Envy believes Total Body Care is an integral part of everyone's well-being journey and we are dedicated to providing rewarding career opportunities. With competitive benefits including CEU opportunities, paid time off, and bonus programs*, there is no better time to join than now.

Learn more about a career at Massage Envy in Cincinnati & Columbus.

Email **Sandee Mentrup** at sandee.mentrup@MassageEnvy.com.

Call **(866) 977-3689** for the location nearest you

or visit MassageEnvyCareers.com



*Benefits vary by location. Massage Envy is a national franchisor of independently owned and operated franchised locations. For more information visit the Massage Envy Careers website at MassageEnvyCareers.com. The Massage Envy Careers website is funded by the Massage Envy National Advertising Fund as a tool to assist franchisees with recruiting potential employees.
©2016 Massage Envy Franchising, LLC.



Unexpected Deliveries

Ohio works on finding a solution for premature birth statistics

6 An Early Arrival

Twenty-four week infant overcomes challenges to grow into a healthy toddler

12 The Stories in Our DNA

Navigating genetic counseling

14 Breaking Distance Barriers to Care

COVER: Dr. James Van Hook with Kaya and Sara Nasser. Photography by Gaby Rodriguez

42
LEGISLATIVE UPDATE

44
CALENDAR

46
BOOKMARKS

48
SCENIC OHIO

AROUND THE STATE

NORTHEAST OHIO

18 PERSONALITIES

Prose and Pediatrics

Doctor's literature background benefits children and medicine alike

20 THE WRITE ADVICE

First Defense

What you should know about skin care

22 HEALTHY HAPPENINGS

NORTHWEST OHIO

24 PERSONALITIES

Cutting-Edge Care for Parkinson's

Neurologist uses innovative treatments to give hope to patients with Parkinson's

26 THE WRITE ADVICE

Seasonal Symptoms

Finding the right solution for springtime sneezes

28 HEALTHY HAPPENINGS

CENTRAL OHIO

30 PERSONALITIES

Mission: Possible

Local surgeon brings joint replacement to those in need across the globe

32 THE WRITE ADVICE

Skin Deep

What to keep in mind when considering plastic surgery

34 HEALTHY HAPPENINGS

SOUTHERN OHIO

36 PERSONALITIES

Ever Evolving

Vascular surgeon is at the leading edge of robotics technology

38 THE WRITE ADVICE

Rapid Relief

How to react when skin allergies attack

40 HEALTHY HAPPENINGS

TO OUR NEW READERS,

Welcome to the premiere issue of *HealthScene Ohio*, the official magazine of the State Medical Board of Ohio. Just as the board is dedicated to the protection and safety of patients across Ohio, it is also committed to shining a spotlight on everyday people who have amazing stories to tell – whether they're medical professionals or patients.

That's how *HealthScene Ohio* was born.

In each quarterly issue, you'll find editorial featuring anything from patient success stories to updates on compelling health news. Each story is penned with one goal in mind: to communicate to you, our readers, what your medical providers are doing to advance the quality of health care – and life – for all Ohioans.

In our Spring issue, you'll find a look at various ways in which researchers all over the state are tackling Ohio's high infant mortality rate. You'll read the story of Kaya Nasser, who, born premature at 24 weeks old and weighing just one pound, overcame the seemingly impossible and grew into a healthy, happy toddler. Have you ever considered visiting a genetic counselor? We spoke to four across the state who shed some light on their field.

We're thrilled that these amazing stories are hitting the mailboxes of more than 70,000 medical professionals throughout the state, as well as magazine racks in Ohio waiting rooms, hospitals and health departments. And, of course, we're delighted that you've decided to pick up a copy.



Until next time,
Michael L. Gonidakis, JD
President, The State Medical Board of Ohio

BOARD OFFICERS



Michael L.
Gonidakis, JD
President



Amol Soini,
M.D., M.B.A.
Vice President



Kim G.
Rothermel, M.D.
Secretary



Bruce R. Saferin,
D.P.M.
Supervising
Member

BOARD MEMBERS



Richard A.
Edgin, M.D.



Robert P. Giacalone

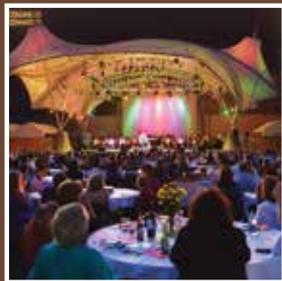


Donald R.
Kenney, Sr.



Michael
Schottenstein, M.D.

weekend scene



Looking for something to do?
See what's on the menu this weekend and beyond!
Sign up for *CityScene Magazine's* weekly event newsletter



Check out the NEW
cityscenecolumbus.com

State Medical Board of Ohio

30 East Broad St., 3rd Floor
Columbus, Ohio 43215
614-466-3934
www.med.ohio.gov

A.J. Groeber, Executive Director,
State Medical Board of Ohio
Executive Editor

cityscene
media group

1335 Dublin Rd., Suite 101C
Columbus, Ohio 43215
614-572-1240 • Fax 614-572-1241
www.cityscenecolumbus.com

Kathleen K. Gill
President/CEO

Gianna Barrett
Vice President, Sales

Dave Prosser
Chief Creative Officer

Garth Bishop
Managing Editor

Hannah Bealer
Editor

Amanda DePerro
Assistant Editor

Melanie Dickman, Ria Greiff, Sarah Sole
Contributing Writers

Gabrielle Benton, Leah Kunnath,
Jessica Williams, Zoe Zeid
Editorial Assistants

Julie Camp, Lauren Prehm, Amber Young
Advertising Sales

Jamie Armistead
Accounting Manager

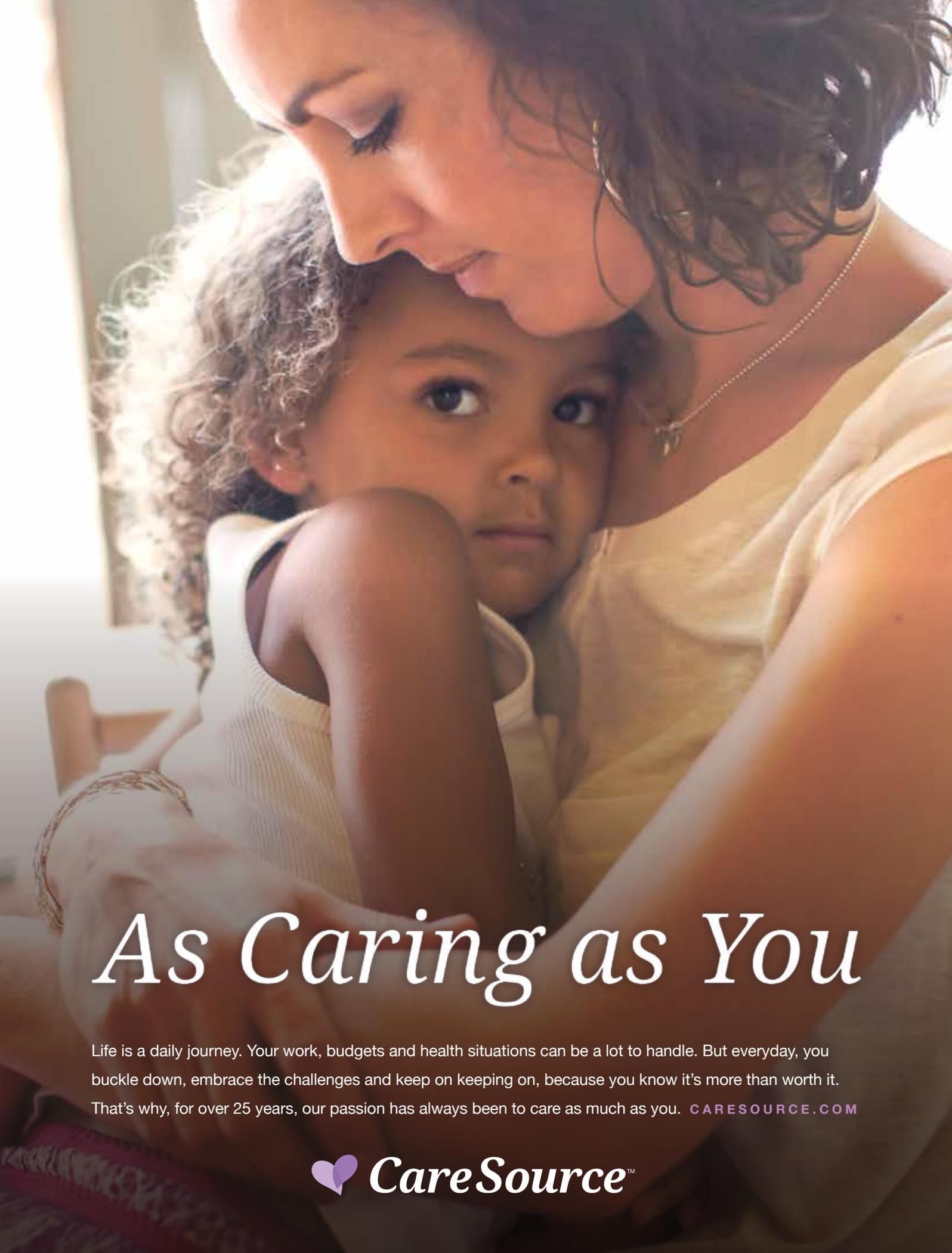
Circulation 614-572-1240

CityScene Media Group also publishes *CityScene Magazine*, *Dublin Life*, *Healthy New Albany Magazine*, *Pickerington Magazine*, *Westerville Magazine* and *Tri-Village Magazine*.

HealthScene Ohio is published in March, June, September and December. For advertising information, call 614-572-1240.

The content, statements, and opinions contained in *HealthScene Ohio* are those of the individual authors and contributors and not necessarily those of the State Medical Board of Ohio, unless expressly stated. The appearance of advertisements in *HealthScene Ohio* is not an endorsement by the State Medical Board of Ohio of the products or services advertised. Individuals should consult with their own healthcare providers before making any healthcare decisions, or for guidance regarding any specific medical condition.

No part of this publication may be reproduced without the written consent of the publishers. *HealthScene Ohio* is a registered trademark of CityScene Media Group. Printed in the U.S.A.



As Caring as You

Life is a daily journey. Your work, budgets and health situations can be a lot to handle. But everyday, you buckle down, embrace the challenges and keep on keeping on, because you know it's more than worth it.

That's why, for over 25 years, our passion has always been to care as much as you. [CARESOURCE.COM](https://www.caresource.com)

 **CareSource**[™]

Success Story

An Early Arrival

Twenty-four week infant overcomes challenges to grow into a healthy toddler

By Melanie Dickman

SARA NASSER wasn't alarmed by the high blood pressure problems she experienced during pregnancy: She had experienced those same symptoms as a child, and the rest of the pregnancy was fairly normal.

It wasn't until the pain started one night, right below her ribs, that she took notice and wondered if something was indeed wrong with the pregnancy. Worried, she called her husband, Essa, at work, and then called her obstetrician. With the pain becoming more severe by the minute, they decided a trip to the emergency room was necessary.

"After a few minutes, I started getting really scared as the pain got much more intense and more frequent," she says. "I immediately called Essa at work and asked him to hurry home. I then called my doctor, and he suggested I give it a bit more time, and if the pain doesn't go away, go to the emergency room."

A trip to the emergency room confirmed some of their worst fears. Tests revealed Nasser had a condition called HELLP syndrome, a variant of pre-eclampsia. With HELLP, there is a breakdown of red blood cells, a low platelet count and elevated liver enzymes. The condition can be extremely dangerous, as it can lead to complete liver failure in the mother, as well as premature birth and other complications in the child.

Nasser was transferred via ambulance to the University of Cincinnati Medical Center, where a team of specialists, led by Dr. James

Van Hook, awaited her arrival. She received the news that her baby would be born extremely early, and would only have about a 40 percent chance of survival.

Pregnancy is a very normal process most of the time, Van Hook says.

"However, in a minority of cases, everything does not go as planned, and we have to prepare for that," he says.

Before the news could sink in, Nasser was rushed into surgery, where Van Hook performed an emergency cesarean section, since lab results had indicated a critical situation.

"I still remember the tears in my dad's eyes as he watched them take me away," Nasser says.

Approximately 15 minutes later, baby Kaya was born at 24 weeks, weighing in at one pound, six ounces and screaming, which was both unexpected and a very good sign.

"She was a fighter," Nasser says.

The first few days were promising, but the family was not out of danger. Nasser had been discharged from the hospital, but Kaya remained in the neonatal intensive care unit. Kaya was in what the doctors called the "honeymoon stage." With the adrenaline and elevated hormones directly following the birth, a baby's body tends to do well in these situations. However, after the chemical cocktail in the baby's body wears off, a decline in condition is not uncommon.

After a week, Kaya's condition took a turn for the worse. Her tiny lungs were retaining too much water, and it was becoming more difficult for her to breathe. Numerous calls were placed to the family



over the course of a week, as Kaya would frequently stop breathing and need to be revived. Her respirator type was switched to a more powerful oscillating-type respirator to better encourage lung development and easier, less labored breathing.

Just as things seemed to be improving, Kaya was diagnosed with necrotizing enterocolitis (NEC), a serious illness common in premature infants. NEC is a digestive condition in which sections of the intestine are injured or begin to die off, which causes it to become inflamed or even perforated.

Every time Kaya's situation began to look promising, something else would appear – infections or complications that required a blood transfusion.

Weeks later, Kaya's ophthalmologist discovered she had retinal detachment



Dr. Van Hook with Kaya, Essa and Sara Nasser

and needed to undergo two eye surgeries to prevent blindness. Another condition common in premature infants, retinal detachment happens because the infant, no longer in the womb, is exposed to a more uncontrolled environment, so the developing blood vessels grow more sporadically, causing the retina to detach from the rest of the eye.

But Kaya rallied. After the eye surgeries, she began to extubate herself, and she finally graduated from the small incubator she had called home for the past few months. She was able to maintain a stable body temperature. After a few more weeks of hospitalization, she was finally ready to be released to her parents. She had spent more than 160 days in the NICU.

Her release wasn't entirely smooth, however.

"It was a lot of preparation, to say the least, as she was coming home on oxygen and with a heart monitor," Nasser says. "After several months of frequent doctor visits and nervous minutes in waiting rooms, Kaya was finally able to breathe

on her own and lose the oxygen and her heart monitor."

Today, Kaya is happy and healthy, and she'll be 4 years old on May 9.

She still attends physical and occupational therapies a few times a week, and sees a feeding specialist as well, due to her rough beginning. But to any outside observer, she looks like a typical 3½-year-old girl. She runs, jumps, plays with her friends and attends preschool just like any other girl her age. There are no outward signs that this child's life hung in the balance for months.

Van Hook rarely sees his tiny patients again. Kaya was different. She's the new National Campaign Baby for the March of Dimes, which Van Hook is involved with. He was excited to see her.

"Due to the nature of what I do, the families I treat have a special place in my heart," he says. "I have a special bond with those babies."

Melanie Dickman is a contributing writer. Feedback welcome at hbealer@cityscenecolumbus.com.

About Dr. James Van Hook



James Van Hook, M.D., is a 1981 graduate of Louisiana Tech University with a degree in biology. He attended medical school at Louisiana State University

School of Medicine in Shreveport, and completed his internship and residency at the University of Texas Medical Branch in Galveston. He also completed a fellowship in critical care OB-GYN at Bowman Gray University School of Medicine in Winston-Salem, N.C., and another fellowship in maternal fetal medicine at the University of Washington School of Medicine in Seattle.

After holding faculty positions at the University of Texas Medical Branch and Texas Tech University, where he was regional chair of the OB-GYN department at Texas Tech's Amarillo campus, Van Hook joined the University of Cincinnati in 2008.

Van Hook is certified by the American Board of Obstetrics and Gynecology in obstetrics and gynecology, critical care OB-GYN and maternal fetal medicine. Additionally, he is board certified by the American Society of Addiction Medicine in addictionology.

Dr. Van Hook is the director of maternal fetal medicine at the University of Cincinnati College of Medicine. He's published articles on a wide variety of topics in pregnancy. His current areas of interest are hypertensive disorders of pregnancy, women's health and rehabilitation, physician health, and critical care OB-GYN.

In addition, Van Hook has been instrumental in helping the University of Cincinnati Health System receive Cribs for Kids National Sleep Certification, and he's helped to develop and execute the Safe Sleep Program to help reduce infant mortality.

Van Hook was honored in November for his work with the University of Cincinnati Health Maternal Fetal Medicine Program, and his work and support of the March of Dimes mission to reduce infant mortality.

Unexpected Deliveries

Ohio works to find a solution for premature birth statistics

By Amanda DePerro



AARON AND JOANNE Pickrell's reality was every expectant parent's nightmare.

At 25 weeks of pregnancy, the couple hurried to Riverside Methodist Hospital in Columbus. Joanne was experiencing cramps and her obstetrician, Dr. Stuart Jones of OhioHealth, said there was probably no reason to worry, but urged the Pickrells to come in anyway.

After being told she was four centimeters dilated, Joanne was immediately admitted. She began magnesium treatment to prolong the pregnancy and was given steroids to strengthen the baby's lungs in case Joanne went into labor. Jones, upon hearing the news, rushed to Riverside. Joanne was prescribed three months' bed rest to ensure the baby stayed put. The baby had other plans, though. Five hours later, Amelia Pickrell was born, 15 weeks premature.



any fat then, her skin was purple, which looks strange when you don't know what's going on."

Thus began 86 days in the NICU for Amelia. She became known as Baby B17, her room number. Despite the hardships Aaron and Joanne faced, their stay was eased by the health care professionals at Riverside and the strides made in premature health care in recent years.

"I'll never forget when I woke up, Aaron was sitting on one side and Dr. Jones was sitting on the other side," Joanne says. "He was there right away when I woke up. It was wonderful."

"There's not one person who cared for Amelia that we didn't have a perfect experience with," Aaron says. "There's not one person where it's like, 'This person was a jerk,' or 'We didn't want this nurse,' or 'This person, we didn't feel was being honest with us.' Never."

Today, Amelia is a healthy 2-year-old. She has no long-term medical issues stemming from her prematurity. Joanne and Aaron attribute Amelia's success to the March of Dimes and surfactant replacement, a treatment that allows preterm babies' lungs to develop. The March of Dimes, a foundation perhaps known best for its work on the polio vaccine in the 1950s, funded the research for surfactant after turning its focus to its Prematurity Campaign.

"Without surfactant, Amelia may not be here. That's pretty clear cut," Aaron says.

Searching for Solutions

The March of Dimes Prematurity Campaign aims to lower the national preterm birth rate to 8.1 percent by 2020. Its goal is to stop known causes of premature birth by promoting prenatal care and smoking cessation and encouraging women to wait 18-24 months between pregnancies. Researchers have already made strides in this area. Putting high-risk women on progesterone therapy is just one way researchers have significantly reduced preterm birth rates.

Dr. Steven Gabbe, retired CEO of The Ohio State University Wexner Medical Center, was part of the National Institute of Child Health and Human Development trial to implement progesterone therapy.



Dr. Steven Gabbe



Dr. Patricia Gabbe



Dr. Louis Muglia

"We had to end the trial early because people who were monitoring the outcomes saw that the progesterone group had a significant reduction in preterm deliveries," Gabbe says. "That was very exciting, and that has become an accepted therapy for women at risk for preterm birth."

The main goal of the Prematurity Campaign, though, is to solve a critical puzzle in obstetrics: to determine what triggers labor. Once this is solved, health care professionals believe they can prevent spontaneous preterm birth, as in the Pickrells' case, by screening women who may be at high risk of going into labor prematurely and ensuring the baby remains in the uterus until at least 37 weeks.

Researchers in the five Prematurity Research Centers established by the March of Dimes are looking at ways to target women who may be at high risk of experiencing premature birth by looking at their genomes. The Ohio Collaborative, a partnership launched in 2013 with March of Dimes and some of Ohio's universities and hospitals, is researching the prevention of preterm birth. Other research is being conducted with Stanford University; Washington University in St. Louis; the University of Pennsylvania; and University of Chicago, Northwestern University Feinberg School of Medicine and Duke Medicine.

"We know that different populations around the planet have different risks for preterm birth, but they also have normal timing of birth as well," says Dr. Louis Muglia of Cincinnati Children's Hospital Medical Center, the coordinating

"You have no idea what's going on, you have no idea if she's alive, you have no idea what's happening," Aaron says.

The time between Joanne's water breaking and Amelia's birth was just a few minutes, too quick for Aaron to even put on his scrubs and join Joanne in the operating room. A resident had started the cesarean section, but Jones was able to finish it.

"The next thing I see is half a dozen people rushing (the baby) down into the NICU (Neonatal Intensive Care Unit)," Aaron said. "Because babies don't have

principal investigator in the Ohio Collaborative. “We’ve been collecting families that have had many episodes of preterm birth and looking at their genetic variation compared to women who only have term pregnancies.”

In addition, Muglia’s team is using animal models to test its research as well as investigating the use of progesterone to develop a progesterone-like compound that would benefit all women. Currently, it only benefits about half of high-risk pregnant women. Another factor the Ohio Collaborative is looking at is the sociobiology of racial disparities due to the high disparity of preterm birth in Ohio.

“We don’t understand why that difference exists. Is it because of issues related to poverty, education, access to health care, biologic predisposition, nutritional issues?” says Muglia. “We are taking a comprehensive approach to try to understand it, and we’re actually doing it in an interesting and, I think, fairly creative way.”



Change at the Local Level

Resources across Ohio are available for premature health care, support and awareness.

Graham’s Foundation, outside of Toledo, is a resource for parents of premature babies. The organization sends care packages to families and provides mentors to parents. According to its website, www.grahamsfoundation.org, the foundation provided mentorship to more than 100 families through its online community in 2014 alone. The online community contains members from across the globe, from South Africa to India to Australia.

Another group, the Premature Infant Health Network of Ohio, brings parents, lawmakers and health care providers to improve awareness and provide wider access to health care for premature babies. The group meets in Cleveland and Columbus three times each year.

Moms2B – led by Dr. Patricia Gabbe, Steven Gabbe’s wife – is attempting to close the disparity in Columbus through a weekly educational support group, which operates in three primarily black communities. Founded in 2010 with an OSU grant, Moms2B has already witnessed 26 percent fewer preterm births and 17 percent fewer low birth weight babies than expected. Moms2B also observed that smoking among pregnant women declined from 30 percent to 7 percent in one of its communities between 2010 and 2013.

“We’ve had moms who never had a successful pregnancy because they’ve lost the baby so early. One in particular that I’m thinking of had an almost full-term baby, and she attributed it to progesterone and the Moms2B program,” Patricia says. “It was so heartening to see that research carried out right in the community, where it was really most needed.”

The Gabbes believe providing housing for impoverished families could help lower preterm and infant mortality rates even more.

“We know that women who are homeless, who are worried about where they’re going to sleep the next night, are at higher risk for a low birth weight, premature baby,” says Patricia. “In Moms2B, over 25

percent of the high-risk pregnant women have unstable housing.”

While socioeconomic issues are being considered, researchers are also exploring other factors.

The Ohio Collaborative is looking closely at Somali populations. Although women of African descent have shorter-term pregnancies on average, preterm birth rates for Somali women are inexplicably low.

“In fact, they have a much higher instance of delivering post-term,” Muglia says. “So we’re trying to utilize that population to help us understand what’s going on and how they differ from other African ancestry populations.”

“We’ll be able to identify a woman who has no preexisting risks that we can identify, but yet, because of her genetics, we can begin to develop prevention strategies just like we’ve done with heart disease or cancer or diabetes,” says Steven. “I think that’s very, very exciting.”

The March of Dimes claims that by raising \$75 million, it can fund the research necessary to solve – and end – spontaneous prematurity nationwide. This is a small price to pay, as the March of Dimes estimates that prematurity costs at least \$26 billion a year.

“Anybody who’s been touched by prematurity or infant mortality or a birth defect, they understand how horrible premature birth is,” says Tim Kauffman, state communications director of the March of Dimes in Ohio. “It’s not just the woman who gives birth, it’s the husband, the family – and everybody’s affected.”

As organizations such as the March of Dimes and Moms2B continue to grow and researchers continue to learn about preterm birth, there is hope that premature birth can be virtually eliminated. And in the meantime, more families affected by preterm birth can say their story was one of success, like the Pickrells’.

“This experience was very traumatic in the beginning, but as we went through it, Amelia grew, we grew as a couple, we grew as a family,” says Joanne. “People say it takes a village, but it takes a small city to get a preemie from point A to point B.”

“We’re such a success story that we want to do whatever we can to make sure that there aren’t other parents that have to go through this,” Aaron says. “Or if they do go through it, anything we can do to make their experience better.”

Amanda DePerro is an assistant editor. Feedback welcome at hbealer@cityscenecolumbus.com.

NEW ALBANY
WALKING CLASSIC



12th ANNUAL

New Albany Walking Classic

Sunday, September 11, 2016 ♦ New Albany, Ohio

Walk for Health. Walk for Competition.



Race Highlights:

- Join thousands in America's **largest** walking-only race.
- One of the most **scenic** race courses in the country.
- Walk a 10k (6.2 miles) or **half marathon** (13.1 miles).
- **Entertainment** throughout the walk route.
- Post race **party** featuring foods from a host of popular venues.
- High quality awesome **medal**.
- Premium, fashionable event **jacket** with entry.

Organized by:

HEALTHY
NEW ALBANY



REGISTER NOW! This event sells out early every year! ♦ www.newalbanywalkingclassic.com

Presenting Sponsor

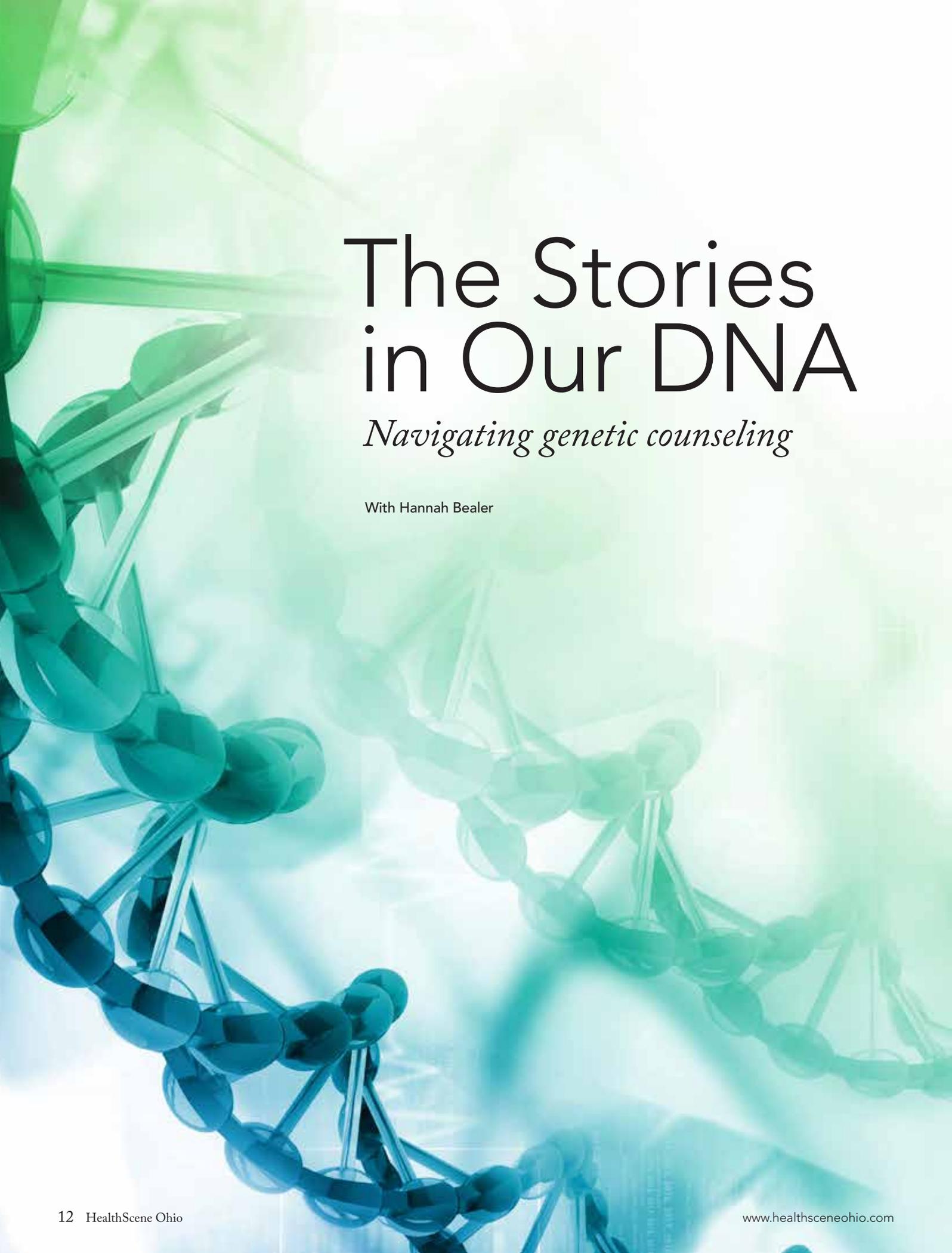


Supporting Sponsors



Major Sponsor





The Stories in Our DNA

Navigating genetic counseling

With Hannah Bealer

GENETIC COUNSELING is somewhat of an unknown field, and visiting a genetic counselor for the first time can be unnerving for someone who's in the dark as to what these professionals actually do.

HealthScene Ohio found four genetic counselors around the state and spoke to them about finding the right counselor, how the field has changed and grown over the years, and how to keep an open mind about genetic testing.

Q: What do genetic counselors do? How does a patient find the right genetic counselor?

A: A genetic counselor collects info about a patient's cancer and family history and combines that information in a way that helps patients understand what their risk of cancer is, and how to integrate genetic information into their health care. At our center, patients are referred to genetic counselors, usually by their health care providers. Just like all providers, every counselor has a unique personality. Our interaction is usually 1-3 visits with a patient. It's not as dependent on the personality, compared to if you were seeing a counselor for mental health reasons. Finding the right personality isn't as important as finding someone knowledgeable. **—Courtney Rice, TriHealth, Cincinnati**

Q: What are some common inherited disorders you address in your field? As medicine has advanced, are there any notable changes in the way genetic counselors have addressed these disorders with individuals and families?

A: Some common conditions seen in our field are chromosomal disorders, hereditary breast ovarian cancer syndrome, Lynch syndrome, neurofibromatosis, muscular dystrophy and cardiomyopathies. One of the most notable changes in our field is the use of genetic testing. New genes are being discovered, and new

genetic tests are becoming available at a rapid pace. This allows us to use clues from the patient's personal and family history along with the genetic testing to make an accurate diagnosis. **—Brandie Leach, Cleveland Clinic**

Q: What's the best advice you can give an individual or family after they've received upsetting news about test results?

A: I think that a key thing is that knowledge is power when it comes to genetic test results. More importantly, accurate knowledge is most powerful. Sometimes with genetic testing being so broadly available, in the wrong hands, it can be misinterpreted and incorrectly conveyed to families. They might not quite be getting the right info, and sometimes even medical professionals can confuse the information. Take the information with a grain of salt until you've been able to go over it with someone who is truly knowledgeable about the subject. **—Matt Pastore, Nationwide Children's Hospital, Columbus**

Q: What advances do you see in your field in the next five years?

A: In the next five years, I see our understanding of genetics continuing to grow. Five years ago, next generation sequencing genetic testing was just hitting the market. Now, it's mainstream. Because of that, we are able to test individuals for more things; in turn, this will allow us to gather more data and learn more about some of those "newer" genes that we have only just begun to test for. Additionally, I think we will gain a better

understanding of how our genes interact with one another. I see this for all areas, not just cancer genetics.

Additionally, I feel that genetic counselors will continue to expand into different areas of medicine. "Personalized medicine" is a big buzzword right now, and a lot of it stems from our genetic information. Additionally, as we are able to evaluate more and more of our genome, we are learning more about other genetic conditions in the fields of neurology, cardiology, etc. A strong genetics presence in those fields will help patients and physicians alike to understand when genetic testing is appropriate. **—Kelly Morse, ProMedica, Toledo**

Q: What would you say to someone who is apprehensive about getting tested for an inherited disorder?

A: I would encourage them to at least talk with a genetic counselor. Just because patients visit a genetic counselor doesn't mean we are going to force testing on them. There are many different reasons people choose not to have genetic testing. My job is to help them understand everything so they can make the decision that is best for them and their circumstance. There is a lot of false information out there. A genetic counselor will be able to provide them with accurate information regarding the genetic testing. We want to make sure the patient is informed and educated prior to making a choice. **—Kelly Morse, ProMedica, Toledo**

Hannah Bealer is an editor. Feedback welcome at hbealer@cityscenecolumbus.com.



Courtney Rice



Brandie Leach



Matt Pastore



Kelly Morse

Breaking Distance Barriers to Care

By Ria Greiff

WHEN MY FATHER had a heart attack just before Thanksgiving, our family grappled with the urgency of getting him from just outside Streetsboro to a hospital that could offer the care he required.

There was also the imminent need to have him transferred to a location where specialists would be able to properly treat him. That four-hour period was a critical one in which we all felt paralyzed and left with many questions. What would we do when this happens again? How can we get him critical care faster? What if it is too late?

Many rural families deal with long distances when finding urgent care for loved ones or themselves. In Ohio, there are programs that fill this need. Residents of rural communities also face challenges regarding emergency preparedness and response.

Distance barriers can mean the difference between life and death for someone suffering a stroke or heart attack, or even someone feeling homicidal or suicidal. Hence, the need for services that break distance barriers.

Telemedicine, or telehealth, is one such service. Telemedicine is a way for patients to access care immediately. In the case of stroke or heart attack, minutes can make a critical difference. Both involve a loss of oxygen to vital organs.

Using these virtual services can save money and time: no travel expenses, no money spent on child care to cover time off of work, no long waits in the doctor's office, etc. Moreover, the use of telemedicine allows people to check in with their family doctor instantaneously and see whether their symptoms warrant an emergency room visit.

Telemedicine is also making inroads in the treatment of mental illness. Many clinicians use

this tool to stay in touch with their patients. All of the signals a patient would exhibit in person can be observed online. Pace of speech, body language, eye contact and other visible signs can all be detected via video chat, for example.

Psychiatrist Dr. Vinutha Reddy from Access Ohio, which has mental health centers in Columbus and Dayton, prefers telemedicine over traditional face-to-face visits under some circumstances.

"In some ways, it is even better, because I can also see their home environment, which oftentimes provides otherwise unseen clues as to what the patient is experiencing and how they are actually living," Reddy says.

The Stroke Network takes telemedicine a step farther. The National Institute of Neurological Disorders and Stroke started it in 1999 as an assessment tool for stroke severity. It was used as a predictor of both short- and long-term outcomes of stroke patients and a data collection tool for planning patient triage and care.

The tool was also used for communication among health care providers, and institutions began to form networks all over North America and Europe. Ohio health providers – including OhioHealth, The Ohio State University Wexner Medical Center, Premier Health and ProMedica and the University of Toledo Medical Center – developed their own networks.

The Ohio Department of Health is also part of the Great Lakes Regional Stroke Network, which includes Illinois, Indiana,





Rural Emergency Preparedness and Response

Medical emergencies happen every day in rural communities.

Rural communities can increase their ability to deal effectively with health-related emergencies by undertaking initiatives to prepare and plan for emergencies before they happen. Ideally, preparedness planning should involve many different people and organizations across the community in conjunction with metropolitan resources. Emergency preparedness in rural communities depends on hospitals, public health departments, emergency medical services providers and virtual tools.

Emergency preparedness refers to actions that can and should be performed prior to an emergency, such as planning and coordination meetings, emergency

protocol planning, team training, emergency drills and pre-positioning of emergency equipment.

Emergency response refers to actions taken in response to an actual, ongoing event. This can be anything from virtual face-time to a helicopter ride.

Stroke Symptoms

- Sudden numbness or weakness of the face, arm, or leg (especially on one side of the body)
- Sudden confusion, trouble speaking or understanding speech
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden severe headache with no known cause

Source: www.ninds.nih.gov

The FAST method can be used to recall common stroke symptoms:

- Face: Does one side of the person's face droop when he or she smiles?

Connect

NIH StrokeNet
www.nihstrokecenter.org

Stroke care and research
www.strokecenter.org

National Stroke Association
www.stroke.org

- Arms: Does one arm drift downward when a person raises both arms?
- Speech: Is the person's speech slurred or strange?
- Time: Call 9-1-1 immediately if you observe any of these signs.

Source: www.stroke.org

Heart Attack Red Flags

- Extreme fatigue
- Mild pain
- Profuse sweating
- Nausea or dizziness
- Breathlessness
- Sleeplessness
- Anxiety

Source: www.prevention.com

Michigan and Minnesota. The network focuses on evaluation and surveillance, quality of care, and EMS notification and response.

Communication with qualified individuals is a challenge in rural communities. And in the case of stroke, less than half of individuals who suffered from a stroke arrived at the emergency department within three hours of their first symptoms. Loss of oxygen to the brain for that length of time has dire consequences. Ideally, people need emergency care in an hour or less.

Delays in receiving treatment happened when patients and their loved ones didn't recognize the severity of their symptoms or weren't confident they were making the right choice in seeking help. Add these factors to the aforementioned challenges of rural areas, and the delay makes sense.

Enter the NIH StrokeNet. Developed by the National Institute of Neurological Disorders and Stroke and funded by a grant from the National Institutes of Health, the website links people who have suffered strokes themselves and professionals who specialize in stroke symptoms and treatment. Users can im-

mediately communicate symptoms and are urged to seek treatment, whether via an emergency room or, in more urgent cases, via a helicopter to the nearest hospital. This support and reassurance can reduce the time patients wait to receive care, and in these cases, minutes are critical.

The Stroke Network serves an additional function: connectedness. Many people who have suffered strokes, particularly those in rural areas, feel isolated and alone. The chat rooms are full of praise: "This was a lifesaver for me," "Thank you for all your support," "I am doing better than ever because of the Stroke Network."

The NIH StrokeNet's national coordinating center is located at the University of Cincinnati. Coordinating centers exist across the country. In Ohio, they include Case Western Reserve University and The Ohio State University.

How does it work? Let's take the OSU Wexner Medical Center stroke telemedicine network as an example. Rural community centers join the hub (OSU), and when a suspected stroke patient arrives, a stroke alert is activated, mobilizing a team of experts. They use remote data

collection, real-time testing and patient interviews to determine treatment.

Telehealth services such as the NIH StrokeNet represent an incredible and exciting development for medicine, particularly for those who live in remote areas of our country. Most rural areas in Ohio now can have the same access to the best caregiving offered to those who live in metropolitan areas, and there is connectedness on a personal level as well.

As for my father, he is doing well. We showed him a brief Skype tutorial, gave him a webcam and signed him up for support groups. He's in better hands than he was before. We look forward to many Thanksgivings together in the future.

Ria Greiff is a master trainer for a nationwide firm based out of New York and has been providing wellness seminars for professionals of Fortune 500 companies for the past 15 years. She is also the clinical director of her own benefits consulting firm and has completed her doctorate studies in human services, as well as degrees in counseling and psychology from University of Dayton and The Ohio State University, respectively. She loves to help people and is always listening. Feedback welcome at hbealer@cityscenecolumbus.com.

CELEBRATING
75
1941-2016
YEARS

A REMARKABLE HISTORY OF CARING, A FUTURE JUST AS PROMISING.

ORTHOPEDIC SURGERY • NEUROLOGY
SPINE CARE & SURGERY
ORTHOPEDIC URGENT CARE
PHYSICAL MEDICINE & REHABILITATION

OrthoNeuro
For every motion in life.

614-890-6555 | orthoneuro.com

MAIN LOCATIONS
DOWNTOWN COLUMBUS
DUBLIN
NEW ALBANY
PICKERINGTON
WESTERVILLE

SATELLITE LOCATIONS
ATHENS
BELPRE
GALION
MARIETTA



BOB WEBB

Custom Homes

S I N C E 1 9 6 0

BobWebb.com | 614-530-4926



Personalities

Prose and Pediatrics

Doctor's literature background benefits children and medicine alike

By Sarah Sole

Dr. Robert Needlman likes listening to people's stories.

As an undergrad at Yale University, he explored stories of the fictional kind with a major in English literature. He viewed his pre-med courses as just another way to listen to what people had to say.

"This is like literature, because you're dealing with people and you're dealing with their stories," Needlman says.

Now, as a creator of national program Reach Out and Read, Needlman is helping parents inspire a love of stories in their own children.

Inspired by a fellowship program, Needlman – who works at MetroHealth Medical Center practicing and teaching developmental and behavioral pediatrics – started Reach Out and Read about 27 years ago with his colleagues.

"There's been a lot of work internationally as well," Needlman says.

The organization has garnered enough attention to spur spin-offs in Italy, Germany, Haiti, the Philippines and Israel.

Needlman has also had a hand in creating literature for parents. He wrote *Dr. Spock's Baby Basics* and was the revising editor of the last two editions of *Dr. Spock's Baby and Child Care*, co-authored with Benjamin Spock. That, he says, was the only child care book anyone read when he was growing up.

Growing up in Chicago, Needlman was influenced by his mother, who was a nursery school teacher. She was a formative influence on him, he says, and he

connects his future interest in childhood development to those early conversations he had with her about her work.

Needlman attended grade school and high school at the University of Chicago Laboratory Schools. He pursued medicine at Yale University School of Medicine, discovering that much of what he liked about literature could be seen in medicine.

"It's about people's lives," he says.

Needlman went on to do his junior and senior residencies in pediatrics at Boston City Hospital, now Boston Medical Center, which helped financially disadvantaged families.

Working in that setting, he says, helped him understand the core issues that surrounded growing up in poverty. He wanted to more deeply explore how he, as a pediatrician, could help address those issues.

He got the chance during a three-year fellowship at the same hospital, which covered developmental and behavioral pediatrics. From that experience, Needlman worked with others to form Reach Out and Read.

"Most of the people who do what I do, who use books in primary care and are working with Reach Out and Read, have a story about growing up and loving books in some way," he says.

This was true for Needlman as a child, and especially later as a parent when he would read to his daughter, Grace, now a 26-year-old artist.

"Children really thrive on stories," he says.

While Reach Out and Read has grown internationally, it's growing in Cleveland as well. The program supports doctors in 18 clinics and offices around town, and Needlman says it is expanding.

Every pediatric and family practice clinic and office should be incorporating literacy into primary care, Needlman says. It's an integral part of childhood.

"If you can imagine a childhood without stories, it's a pretty bleak kind of landscape," he says.

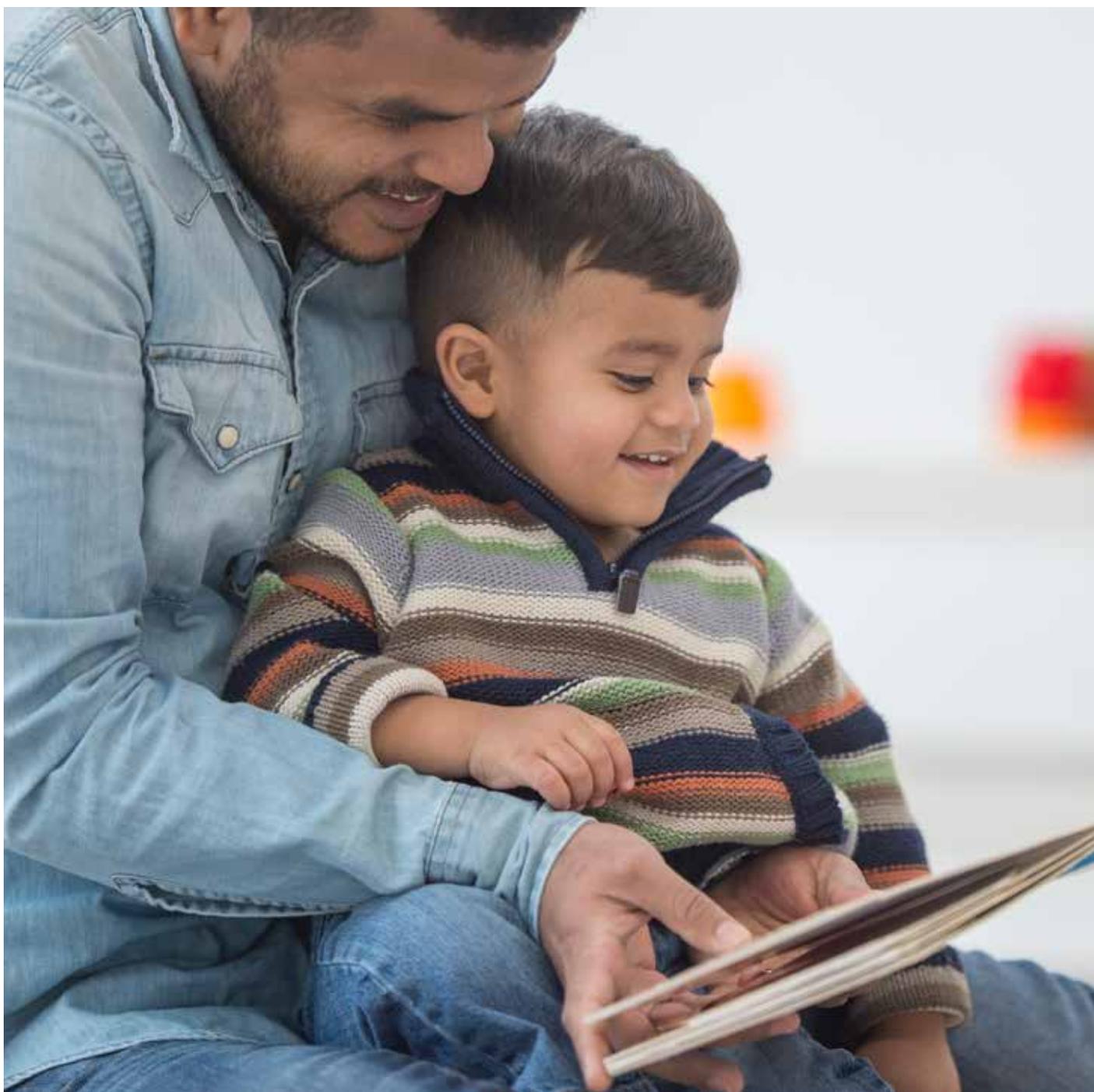
Sarah Sole is a contributing writer. Feedback welcome at hbealer@cityscenecolumbus.com.

A Focus on Children



In addition to working at MetroHealth Medical Center, Dr. Robert Needlman also is professor of pediatrics at Case Western Reserve University School of Medicine.

Over the course of his clinical career, he has also served as attending physician at Boston City Hospital and Rainbow Babies and Children's Hospital. Needlman has received numerous honors and awards recognizing his work in pediatric education and the strides in children's literacy made via Reach Out and Read. He has been a member of the Reach Out and Read National Board of Directors since 2009.



About Reach Out and Read

The national nonprofit Reach Out and Read was started in 1989 by Robert Needleman and Barry Zuckerman, pediatricians; and Jean Nigro, Kathleen MacLean and Kathleen Fitzgerald-Rice, early childhood educators. That initial program at Boston City Hospital, now Boston Medical Center, was responsible for the distribution of 1,000 books.

In 1991, Needleman published a peer-reviewed study of Reach Out and Read, in

which he found that parents given books and guidance about literacy are four times more likely to report reading out loud at home to children than parents who didn't.

By 1993, fueled by a three-year grant from the Annie E. Casey Foundation, Reach Out and Read expanded to 34 programs in nine states. Just two years later, the program worked with the American Academy of Pediatrics Community Access to Child Health Program to grow to 107 programs in 28 states.

After further expansion, Reach Out and Read received \$2 million from the U.S. Department of Education's Fund for the Improvement of Education, the organization's first federal award. By that time, Reach Out and Read numbered 795 programs in 49 states and Washington, D.C.

Today, Reach Out and Read has more than 5,500 programs serving 4.5 million children every year.



The Write Advice

With Sarah Sole

First Defense

What you should know about skin care

We do cardio for our heart and keep our brain limber with mental puzzles, but it's essential to take steps to care for our largest organ as well. *HealthScene Ohio* spoke with Dr. Christina Cernik with Summa Physicians, Inc. about all things skin care, from acne prevention to sun damage.

HealthScene Ohio: At what age should you consider using an anti-aging product?

Christina Cernik: Anti-aging products may be considered at any time during adulthood. Prescription anti-aging medications, such as tretinoin, improve fine lines and wrinkles more and more over time, so starting this medication during your 20s or 30s will give you more improvement at age 50 compared to starting it later in life. However, this medication should not be used if you are trying to get pregnant, are pregnant or are breastfeeding. That being said, it is important to remember that aging is a normal part of life; hence, signs of aging are not medically necessary to treat. Also, it is important to realize that certain lifestyle choices will make you age faster. These include smoking cigarettes, using tanning beds, sunbathing and using illicit drugs.

HSO: Can your lips get addicted to lip balm?

CC: Lips do not get addicted to lip balm. However, overuse of topical steroids (hydrocortisone or stronger prescription-strength topical steroids) can lead to a steroid withdrawal syndrome. In most

cases, over-the-counter topical hydrocortisone cream should be used no more than twice a day for a maximum of one week. If you are treating a skin condition on your face or lips and it does not clear up in that amount of time, it is time to be evaluated by a physician.

It is also important to be aware that many lip balms contain ingredients that cause allergic contact dermatitis in some people. If you are using lip balm and develop redness, pain, stinging or burning on your lips, you may be allergic to something in the balm. If you are using several different lip balms and develop this problem, it can be difficult to pinpoint which one is the culprit. Petrolatum-based lip balm (Vaseline) contains minimal ingredients, lacks common irritants and allergens (fragrance, dyes, preservatives) and is typically a good choice for people with sensitive skin or lips.

HSO: For acne-prone skin, what makes the most difference: face wash, toner or cream?

CC: Acne is best treated by a physician with prescription medications. Over-the-counter medications such as benzoyl peroxide sometimes improve mild acne, but acne is most effectively treated with prescription medications. A "one size fits all" approach cannot be applied to patients with acne: Some people have cystic lesions, others have whiteheads and blackheads; some people are oily, while others struggle with dry, sensitive skin. A dermatologist can formulate an individualized treatment plan for each patient based on what type of acne and skin the patient has. It is also important to keep in mind that acne causes scarring in some people, so the earlier acne is treated by a



physician, the less likely the patient is to have permanent scarring.

HSO: How often should you reapply sunscreen, and what factors affect the time it takes to wear off?

CC: Sunscreen should be reapplied every 90-120 minutes. Regardless of SPF or water resistant labeling, much of sunscreen applied initially is rubbed, sweated or swam off within 90-120 minutes.

HSO: What ingredients should you look for in lotions that are most effective? What ingredients should be avoided?

CC: The heaviest and most effective moisturizers come in the form of an ointment, such as petroleum jelly. The

next best formulation is a thick cream that comes in a jar. Lotions are thinner and may work well for people without dry skin, but for people with dry skin or eczema, a lotion-formulated moisturizer may not be heavy enough. The most effective time to apply a moisturizer is within a couple minutes of drying off after bathing. If you wait too long to apply a moisturizer, much of the moisture in your skin will have already evaporated by the time you apply it, and it does not work as well.

Ceramides are molecules in normal skin that keep the skin from drying out. Many over-the-counter moisturizers contain ceramides, which work well for people with dry skin or eczema. Examples are Cerave cream and Cetaphil Restoraderm cream; some of these have generic brand equivalents. Ingredients that may be irritants or allergens for some people include fragrances, dyes, herbal ingredients and preservatives, and are best avoided in people with a history of sensitive skin or eczema.

HSO: When you're outside for long periods of time, does the type of material you wear affect how well UV rays can penetrate clothing, or is the advent of UV-reflective clothing just a gimmick?

CC: Studies have shown that sun-protective clothing with a UPF (Ultraviolet Protection Factor) does have sun-protective benefit, although wet clothing appears to lose some of its UPF. UPF-labeled clothing can be purchased, or already existing clothing can be laundered with tinosorb-containing material (Sunguard). Clothing without UPF labeling can also offer significant protection. Clothing that is loose-fitting, previously washed and densely woven offers more protection than tight-fitting, loosely woven clothing. Wide-brimmed hats (at least a 4 centimeter brim) are advised.

HSO: What type of moles, such as raised or flat, might cause concern?

CC: Melanoma is a cancerous mole, and unfortunately, it can be deadly. In 2015,

approximately 10,000 people died from melanoma. Sometimes melanoma develops within a mole that a person has had for years, and the person will notice the mole seems to be changing in some way. Melanoma may also present as a brand new mole that the patient did not have before. Any new or changing mole should be promptly evaluated by a physician.

It is important for everyone to be aware of the "ABCs of Melanoma." A stands for asymmetry in shape, B for irregular borders and, perhaps most importantly, C stands for two things: color and changing. Moles should be evaluated if they are more than one color, changing colors or a color different from the rest of one's moles, which is termed the "ugly duckling" sign. Ugly ducklings are typically darker (dark brown or black) or pinker/redder than the rest of one's moles. It is also important to be aware that change in a mole is *not* normal.

If a mole is found to be changing in size, shape or color, or if a mole starts to itch, hurt or bleed, or is not healing, it needs to be evaluated by a physician right away. Finally, though melanoma is usually a multi-colored mole or a mole that is darker than the rest, sometimes it is colorless and appears pink. People may mistake it for a pimple that will not heal. Any new pink skin lesion that does not resolve or heal within one month should be evaluated by a physician.

Images accompanying the ABCs of melanoma may be found on the American Academy of Dermatology's website at www.aad.org/public/diseases/skin-cancer/melanoma.

HSO: Is a moisturizer with sunscreen or makeup with sunscreen enough protection for our faces?

CC: Using a daily moisturizer with SPF 30 or higher year-round is a good idea, but if you are planning on spending time outdoors, a broad spectrum sunscreen, SPF 30 or higher, should also be applied and then reapplied every 90-120 minutes.

HSO: What are some common mistakes people make when treating a

sunburn? What's the most effective way to treat a sunburn?

CC: Once you have a sunburn, the damage is done. As with any other type of burn, you should drink plenty of fluids to stay hydrated. It is also helpful to keep the affected area covered with an emollient such as petroleum jelly to promote healing. If necessary, pain control may be achieved with aspirin, acetaminophen or nonsteroidal anti-inflammatory drugs. Prevention is the best approach. Sunscreen, sun-protective clothing, seeking shade and avoiding midday sun (9 a.m. to 3-4 p.m.) are recommended.

HSO: Why do age spots appear as we get older, and is it possible to prevent them?

CC: Lentigo is the medical term for an age spot, or "liver spot." Lentigenes are a result of cumulative sun damage over a person's lifetime. Tanning bed use accelerates the development of age spots. Steps to prevent age spots include avoidance of tanning bed use and excessive sun exposure, as well as the regular use of sunscreen and/or sun-protective clothing while outdoors. Following these recommendations will keep your skin healthier and looking younger longer.

Sarah Sole is a contributing writer. Feedback welcome at hbealer@cityscenecolumbus.com.

About the Expert



Dr. Christina Cernik specializes in dermatology at Summa Physicians, Inc. in Akron. She attended Northeast Ohio Medical University and did her residency at Roger Williams Medical Center. She chose to specialize in dermatology because she enjoys the variety it brings her and watching her patients improve with treatment. Her philosophy for patient care is that each patient should be treated how one would want a family member treated, with attentiveness and kindness.



Healthy Happenings

Summa Health

Summa Health's Sapphire Ball in 2015, presented by Saber Healthcare, was an event to behold, complete with black tie attire, fancy drinks and the legendary Frank Sinatra, Jr. backed by a 20-piece band. The Sapphire Ball has raised nearly \$7 million since its inception in 2001 in support of hospital improvements and programs that ensure better health for the Akron community.



Left to right: Thomas A. Malone, MD, Megan Malone, Bill Weisberg, Gia Weisberg and Phylis Ferrara



Rob and Alyssa Briggs, Sapphire Ball Co-Chairs



Kathie and Paul Testa



Regina and Bob Cooper



Youngstown

Mercy Health's St. Elizabeth Youngstown Hospital opens the doors to its newly renovated Behavioral Health Institute in 2015.



Lorain

Above: Mercy Foundation's Taste of Friendship event last year in benefit of the Emergency Department of Mercy Regional Medical Center

Top right: The 2015 Mercy Golf Classic

Right: Frank Magro, D.O., medical director of the emergency department at Mercy Allen Hospital, with Gilbert Palmer, M.D., medical director of emergency medicine at Mercy Regional Medical Center in Lorain





Personalities

Cutting-Edge Care for Parkinson's

Neurologist uses innovative treatments to give hope to patients with Parkinson's

By Melanie Dickman

Dr. Lawrence Elmer always thought he would follow in his father's footsteps and become a family practitioner.

While Elmer also chose a career in medicine, today he leads a team of experts at the Gardner-McMaster Parkinson Center at the University of Toledo, which opened in spring 2013. When Elmer arrived in 1998, the area had lacked a center for those patients with movement disorders. Now it is one of the leading centers for Parkinson's treatment in the nation, with 14 separate studies underway.

"Never have I seen a group of people so willing to give back to the institution – to the community," Elmer says. "And this truly is a community in every sense of the word. It's this level of involvement that elevates the center to be involved in so many cutting-edge therapies in Parkinson's."

Parkinson's disease is characterized by tremors or shaking, stiffness, loss of or changes in smell, trouble sleeping, trouble moving or walking, and problems with coordination. More than 60,000 new cases are diagnosed each year, according to the Parkinson's Disease Foundation, and it's estimated there are

between 7 and 10 million people worldwide living with the disease.

"When the disease was first discovered back in 1817 by British physician James Parkinson, the life expectancy was five to seven years, tops," Elmer says. "Now, people go on to live fairly long lives, since treatment has advanced quite a bit."

Today's patients receive care from a variety of health care providers. The Gardner-McMaster Center houses occupational and physical therapists, speech and language pathologists, social workers, nurses, neurologists, and pharmacists, among other professionals. Every Tuesday, families spend the day seeing multiple specialists, and patients and their caregivers are able to see specialists to address any ongoing concerns.

Special attention is also paid to caregivers, who are separated from patients in order to discuss concerns and receive emotional support and education.

Sometimes, caregivers don't take care of themselves and feel guilty about complaining, Elmer says.

"So often, we ignore the caregiver when there is a serious health situation, but without the caregiver, we would absolutely lose the patient," he says.

Helping caregivers and patients through challenges means Elmer can form a unique bond with them. Through

his work, he has had the opportunity to share in his patients' experiences.

He was able to escort a patient on the last Honor Flight, a nonprofit endeavor in which veterans are flown to Washington, D.C. to visit memorials.

"It was so memorable because not only was he an amazing man, but it was the last Honor Flight from Toledo to Washington, D.C. and, unfortunately, we lost him three months later," Elmer says.

Another patient, wheelchair-bound, was told by specialists he would never walk again.

"Needless to say, the sight of him getting up out of his chair for me and running up and down the hall was wonderful," Elmer says.

His patients often send him photos of them mowing lawns, gardening, bowling, cooking, golfing and playing the piano.

"There is absolutely no greater joy than to know someone can do something that they never thought they would ever be able to do again, and to know that I was a part of that process," Elmer says.

Melanie Dickman is a contributing writer. Feedback welcome at hbealer@cityscenecolumbus.com.



Always Learning



Dr. Lawrence Elmer began his higher education as an undergraduate psychology major at the University of Florida, and he was the first candidate there to pursue a Ph.D and M.D. concurrently.

He received his M.D. in 1987 and his Ph.D a year later. During his studies, he became fascinated with the neurolo-

gy field, taking a particular interest in movement disorders. He completed his residency at the Sioux Falls Medical Center in Sioux Falls, S.D., and his neurology residency at the University of Michigan. He also completed an additional fellowship at the Howard Hughes Medical Institute at the University of Michigan in 1992-1994.

"When I began to seek out residency programs, I had originally wanted to be a multiple sclerosis expert, and that's how I started my residency at the University of Michigan," he says.

Upon meeting two world experts in Huntington's and Parkinson's diseases, however, Elmer instead decided to specialize in Parkinson's. His interests include most movement disorders, and he has a special affinity for patients with Parkinson's.

"Not a day goes by where I don't feel like I've learned something," he says.

He is a professor of neurology at the University of Toledo, and the director of the Center for Neurological Health and the Parkinson's Disease and Movement Disorders Program at the University of Toledo.



The Write Advice

With Melanie Dickman

Seasonal Symptoms

Finding the right solution for springtime sneezes



Spring is finally here, and with it comes not only flowers and rain, but possibly runny noses, watery eyes and sneezing.

Yes, it's allergy time again. But is it really allergies, or something more?

Dr. William Johnson, otolaryngologist with ProMedica Physicians, sheds light on allergies, sinusitis and when it's time to see a physician for your symptoms.

HealthScene Ohio: As patients, we often self-diagnose when spring comes and we start sneezing and coughing. Are most of our symptoms seasonal allergies?

William Johnson: Often, there can be a significant overlap in the symptoms of allergic rhinitis (seasonal allergies) and sinusitis. Sometimes, it's difficult for the patient to tell whether or not he or she has something more than seasonal allergies because the symptoms are so similar.

HSO: How similar are the symptoms of seasonal allergies and sinusitis?

WJ: They can be extremely similar. Sneezing, watery eyes, an itchy nose and an itchy throat tend to be caused more often by seasonal allergies. However, nasal congestion,

rhinorrhea (runny nose), postnasal drip, cough, sore throat and facial pressure can be seen in both seasonal allergies and sinusitis. Fevers tend to only be associated with sinus infections (sinusitis), but not present with seasonal allergies.

HSO: Can seasonal allergies actually cause sinusitis? If so, how?

WJ: Allergies, either untreated or poorly controlled, can make an individual more susceptible to sinus infections. Allergies can also cause inflammation in the nose and sinus cavities, preventing the sinuses from draining properly. A collection of mucus then develops in an enclosed, humid space, which is very conducive to the growth and proliferation of bacteria.

HSO: What can we do at home to alleviate the symptoms of sinusitis and allergies?

WJ: Treatment of seasonal allergies with antihistamines and nasal steroid sprays can be helpful. Sinusitis can be treated with antibiotics, and irrigations

with a neti pot can be useful to alleviate symptoms as well for both seasonal allergies and sinusitis. Warm, moist air may also help to treat the symptoms, so vaporizers and steam are also worth trying. However, while antihistamines, over-the-counter remedies and nasal irrigation all alleviate the symptoms, they won't actually cure sinusitis or allergies.

HSO: How does the physician diagnose the condition?

WJ: Sinus conditions are diagnosed based on the patient's symptoms and the findings of a very thorough exam of the ears, nose and throat. The physician may also look for any facial swelling that may be present. Further treatment is then based on the findings of the exam. Other diagnostic tests may include allergy testing, mucus cultures and/or X-rays.

HSO: Is there a long-term solution for allergies and/or sinusitis?

WJ: For occasional sinus infections, antibiotics tend to work very well if the infection is bacterial. Sinus infections sometimes mimic a cold, so if the symptoms start to dissipate after 7-10 days, the problem is most likely viral, and no antibiotics are needed. When symptoms last beyond this time period, antibiotics are usually indicated. Sinus infections that last beyond 12 weeks would be considered chronic, and further treatment would most likely be necessary. Sometimes, multiple courses of antibiotics will be effective; however, if the patient has been on multiple courses of antibiotics and symptoms still persist, sinus surgery may be an option.

With allergies, ongoing treatment may be necessary depending on the severity. Regular immunotherapy (allergy shots) can be effective in lessening the symptoms of allergies over time by exposing the body to the allergens and therefore helping it to become used to the allergens themselves. This is not a cure for allergies, but long-term, it may help lessen the symptoms, allowing the patient to experience some relief.

HSO: If it's determined that sinus surgery is needed, what benefits does the surgery provide?

WJ: The objective of the surgery is to enlarge the natural sinus openings and recreate the natural drainage passageways. Once passageways are widened, mucus is able to drain as it should, and the patient should experience fewer infections. Surgery has the benefit of

keeping sinus problems better controlled, since any required medications will be more effective after the affected membranes have been opened properly during the operation. Patients normally feel much better.

HSO: How is the surgery performed, and what does it entail?

WJ: Sinus surgery is now mostly done endoscopically, meaning a very small telescope (endoscope) is inserted into the nasal passage so the surgeon can view the sinuses. Then, the surgeon will open or enlarge the sinus openings. General or local anesthesia can be used for the surgery, and the patient can usually return to normal activities in about a week.

Melanie Dickman is a contributing writer. Feedback welcome at hbealer@cityscenecolumbus.com.

About the Expert



Dr. William A. Johnson is a board-certified otolaryngologist with ProMedica Physicians in northwest Ohio. He earned his medical degree at the University of Michigan and completed an internship and residency at The University of Chicago Medical Center. Johnson is a member of the American Academy of Otolaryngology – Head and Neck Surgery.



Promoting brands that elevate the standard of health care.
With anything but standard marketing.

Storytelling is here to stay. Caring Marketing understands that your health care brand is who you are and that your reputation, quality, and credibility depend on it.

Our team applies critical insights and research to ensure that your story reaches and motivates your audience. We'll be there every step of the way providing metrics, tracking the effectiveness and delivering on-going evaluation to make sure your story gets the attention it deserves.

Visit: CaringMarketing.com or call: 614.846.5528



Public Relations • Advertising • Digital Marketing

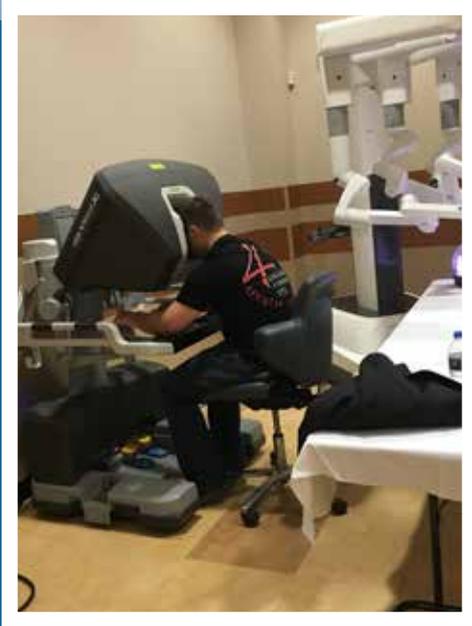


Healthy Happenings

HeartChase

The American Heart Association's 2015 HeartChase at Mercy Health in Lima promotes healthy living through fun games similar to the show *The Amazing Race*; racing for the finish line while solving puzzles, uncovering clues and completing challenges.





Robotics Event

St. Rita's Health Partners hosted its 2015 Robotics Student Experience at the University of Northwest Ohio Event Center and brought together about 170 students from schools in the Lima area. The students learned about new technology and advancements, the use of robotics in surgery and the da Vinci Skills Simulator, a machine that allows students to experience and perform surgery on a computer.



Reindeer Run

Mercy Health's 2015 Reindeer Run and Rudolph Chase





Mission: Possible

Local surgeon brings joint replacement to those in need across the globe

By Melanie Dickman



For orthopedic surgeon Dr. Adolph Lombardi, there's nothing more satisfying than having a former patient thank him for his assistance.

"It's a very humbling experience," Lombardi says, "to know you're a part of a team who was able to make a difference in someone's life in that way."

The New Albany-based doctor has had a chance to make a difference both locally and internationally with his involvement in a nonprofit dedicated to making joint replacement possible for those unable to afford it.

Since 2010, Lombardi has been involved with Operation Walk, an international organization providing free surgical treatments to patients in developing countries. His experience led him to co-found Operation Walk USA.

In January 2011 at the Mount Carmel New Albany Surgical Center in central Ohio, Lombardi initiated Operation Joint Implant, a program to bring orthopedic care to those who couldn't afford the treatment.

By December of that year, he had expanded the program to a nationwide scope, using his position as president of the Hip Society to challenge other members of the society and his field to join him.

Now entering its sixth year, Operation Walk USA has helped more than 600 patients to date. The program provides the full spectrum of treatment, from pre-

surgical care and hospitalization to post-operative care and rehabilitation. For most, a life once filled with crippling pain and discomfort has now become full of possibility. Many are even able to work again after years of unemployment due to the immobility and chronic pain.

To receive care from Operation Walk USA, a patient must be fully uninsured, a U.S. citizen or permanent resident, and at or below 300 percent of the federal poverty guidelines.

Operation Walk USA has doubled in scope since its inception five years ago.

“We hope to have a presence in those states where we have been unable, at this point, to find volunteers, such as Georgia, Tennessee and South Carolina; and to expand our presence in the states where our demand far exceeds the scope of what we can offer,” Lombardi says.

Lombardi was recognized for his work with Operation Walk USA by the American Association of Hip and Knee Surgeons, and he was awarded the AAHKS Humanitarian Award this past November. He was the second recipient of the award, which was inaugurated in 2014.

“It was a tremendous honor, and I hope it will raise awareness of Operation Walk USA and the hard work our volunteers across many medical professions and specialties do at home every year,” Lombardi says.

Helping Overseas

As an active volunteer surgeon with Operation Walk’s international organization, Lombardi has volunteered his time to travel with the Mooresville, Ind. surgical team to Guatemala and Nicaragua.

“Nothing could be accomplished without the entire team,” he says. “When we go, we’re scheduled for 100 surgeries, and we bring with us 70 surgeons, nurses, techs, etc. When we get there, the patients are ready to go – to be operated on.”

The patients have already been diagnosed and scheduled by the time the team arrives at the surgical site. From that point on, the process is fairly quick.

“The patients in these countries are so very thankful for everything,” Lombardi says. “It’s a very gratifying experience to see how truly thankful they are.”

Unfortunately, follow up care is rarer in the developing countries. It can be difficult to convince patients to return for any type of follow up appointment. Transportation is just one of the many factors that affect the patient’s ability to come back in for ongoing care.

These missions are volunteer-led endeavors. In addition to the surgeons and other medical personnel who donate their time, the implants and surgical instruments are donated to the organization by manufacturers. The generosity of everyone involved is crucial to both the local and international missions of the group.

“The orthopedic device industry has been very generous with their in-kind

device donations, as well as contributions to our annual fundraising event,” Lombardi says.

Melanie Dickman is a contributing writer. Feedback welcome at hbealer@cityscenecolumbus.com.

More than 1 million hip and knee replacements are completed every year in the U.S. – Operation Walk USA



From left to right: Dr. Adolph Lombardi; Diane Doucette, president of Mount Carmel New Albany Surgical Hospital and Richard D’Enbeau, retired and former president of MCNA Dental

About Dr. Adolph Lombardi



Dr. Adolph Lombardi, president of Joint Implant Surgeons, received his bachelor’s degree from Saint Joseph’s University and his medical degree from Temple University, where he also completed training in general surgery. His orthopedic training was completed at Albert Einstein Medical Center in Philadelphia.

He completed two fellowships in hip and knee reconstruction, and joined Joint Implant Surgeons in 1987.

Lombardi’s desire for a physician-owned practice came to fruition with the creation of the New Albany Medical Hospital in 2003. In January 2007, the hospital became a part of Mount Carmel Health System, and Lombardi served as president of medical staff services from 2006-2007. He was also chair of the department of surgery from 2003-2004, and serves as vice chair of the hospital management company.

Lombardi is also a designer of the Maxim Knee System, the Vanguard Knee System and the AVL Anti-Subluxation Rotating Hinge Knee.

He is a clinical assistant professor at The Ohio State University in the Department of Orthopedics, and a diplomate of the American Board of Orthopedic Surgery.

Lombardi has received several awards throughout his career, including the Pioneer in Medicine Award from the central Ohio chapter of the Arthritis Foundation and an honorary doctor of humane letters degree from Ohio Dominican University in 2011.

Lombardi has also served as a clinical investigator for several FDA investigational device exemption studies, and his special interests include less-invasive total hip and knee arthroplasty and rapid rehabilitation protocols for faster recovery after surgery.



The Write Advice

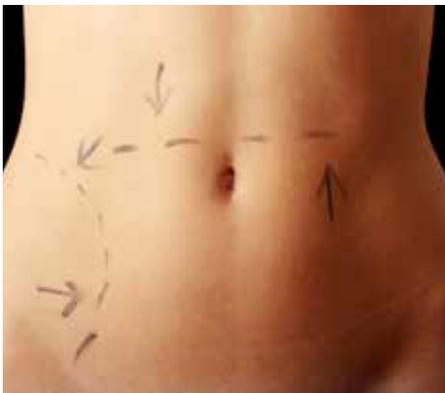
With Sarah Sole

Skin Deep

What to keep in mind when considering plastic surgery

For some, plastic surgery can be the answer for looking and feeling their best. Whether the procedure is reconstructive or cosmetic, it's important to do your homework before going under the knife.

HealthScene Ohio talked with plastic surgeon Dr. Tyler Angelos about guidelines to keep in mind while deciding if plastic surgery is right for you.



HealthScene Ohio: Why is spring an excellent time for plastic surgery? Is there a type of plastic (specifically cosmetic) surgery that is ideal in the early spring as opposed to other times of the year?

Tyler Angelos: Spring is an excellent time for plastic surgery to prepare for summer, when people tend to be outside, in bathing suits and less clothing. The healing process after surgery can take weeks to months, and often there are

restrictions with physical activities and swimming. By doing the surgery before summer, your body will be healed and you will be able to enjoy the outdoor activities once summer rolls around.

Body contouring procedures such as tummy tucks (abdominoplasty) or liposuction tend to be very popular surgeries in the late winter and early spring to prepare for the upcoming summer.

HSO: What are some of the things one should look for in a plastic surgeon?

TA: It is extremely important that you have a good relationship with your plastic surgeon. He or she should be not only someone you trust and respect, but someone you feel listens to you and someone you feel comfortable around. After medical school, he or she should have completed a plastic surgery residency at an accredited training program and have experience in the surgery of interest to you.

HSO: Who is the typical or ideal patient, and what are the most common procedures?

TA: There is no typical plastic surgery patient, and that is one of the things I like most about this field. I see the healthy and sick, old and young, male and female, and operate head to toe. Whether the desired procedure is reconstructive or cosmetic in nature, no one is the same and every treatment must be individually tailored to the patient. The ideal patient is someone who takes care of his or her body, eats a healthful diet and does not smoke.

HSO: Are there any red flags that that would prohibit a potential patient from having a procedure done?

TA: Certain major medical problems could potentially prohibit a surgical procedure. In addition, patients who smoke are not candidates for certain plastic surgery procedures. You should sit down with your surgeon and compare the risks and benefits of the potential procedure.

HSO: What, if anything, should a person do to prepare for a procedure?

TA: Educating yourself on the procedure and making sure you understand the post-operative instructions and restrictions is very important prior to undergoing any surgery. Taking care of your body with a healthful, balanced diet high in protein will help you heal after surgery.

HSO: How long do procedures typically take?

TA: Most surgical procedures range from 1-3 hours depending on the body site and procedure being performed. Your surgeon will give you an accurate time estimate individualized to you.

HSO: What is the basic range of time for recovery for most procedures? What steps should someone take to promote healing during this time?

TA: Typically, it takes your body about six weeks to heal after surgery. In that time, it is important to follow the restrictions to minimize any complications.

HSO: What are some of the side effects and/or warning signs someone should be aware of during recovery? When should a person call the doctor?

TA: After surgery, you will continue to see your surgeon as you heal. Prior to surgery, he or she will discuss with you what to expect after surgery and what is considered “normal.” If there are concerns for bleeding, infection or significant pain afterward, you would want to call your surgeon, as these can be signs of complications.

HSO: Will insurance cover procedures?

TA: Insurance does cover certain procedures. At the time of your initial consultation, your surgeon can discuss

with you what insurance does and does not cover related to your desired surgery.

HSO: In what age range do the majority of patients receive plastic surgery? Are there any risks associated with age?

TA: In my career, I have operated on patients ranging from 1 day old to 98 years old. There is no exact age for plastic surgery, since there are so many different cosmetic and reconstructive procedures performed. Advanced age does not necessarily put you at increased risk so long as you do not have other medical problems. In general, the healthier you are, the lower the risk of complications.

Sarah Sole is a contributing writer. Feedback welcome at hbealer@cityscenecolumbus.com.

About the Expert



Dr. Tyler Angelos is a plastic surgeon with Columbus Aesthetic and Plastic Surgery. A central Ohio native, Dr. Angelos attended Upper Arlington High School and Wright State University

School of Medicine and performed his plastic surgery residency at The Ohio State University. As well as providing face, breast and body plastic and reconstructive procedures, he specializes in body contouring procedures following weight loss.

march for babies
march of dimes
A FIGHTING CHANCE FOR EVERY BABY

KAYA SURVIVED!
Born 4 months early and spent more than 5 months in the hospital.

Sign up at marchforbabies.org

2016 Ohio March for Babies

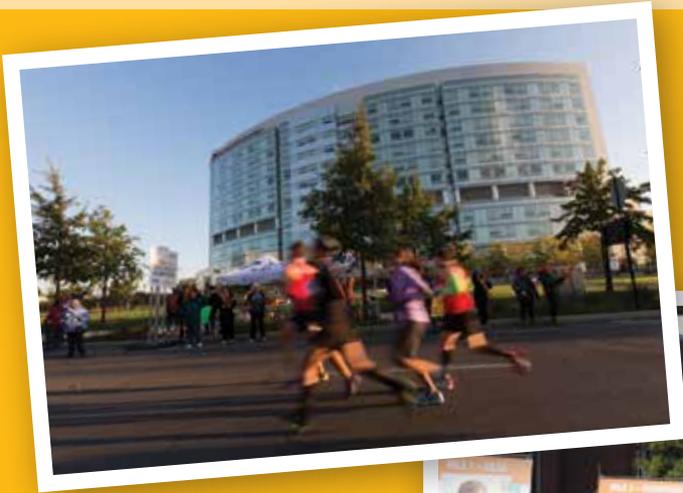
April 17	Toledo	Huntington Center
April 24	Scioto Valley	Yoctangee Park
April 24	Cincinnati	Paul Brown Stadium
April 30	Darke County	Darke County Fairgrounds
April 30	Great Lakes	Cedar Point
May 1	Cleveland	Wade Oval
May 1	Columbus	COSI
May 7	Akron/Canton	Lock 3 Park
May 7	Clark County	Buck Creek State Park
May 14	Clermont County	Miami Meadows Park
May 15	Mahoning Valley	Eastwood Field
June 4	Miami Valley	University of Dayton River Campus
June 4	Lima	Veterans Memorial Civic Center

For more information, call your local March of Dimes Office:

Central: 614-865-4513 Northeast: 216-643-3330 Northwest: 419-534-3600
Cincinnati/N. KY: 513-769-3588 Miami Valley: 937-294-3330



Healthy Happenings



Nationwide Children's Hospital Columbus Marathon

The 2015 Nationwide Children's Hospital Columbus Marathon honors the stories of children who are treated at Nationwide Children's Hospital with a photo and accompanying story of a child placed at each mile mark for 24 miles. Another mile is designated the Angel Mile, which honors the children who have already "finished their race," and the final mile, or Encore Mile, celebrates the children who were featured in Nationwide Children's Hospital's previous marathons.



OSU Community Health Day courtesy of the Ohio State University; OhioHealth/Hockey Fights Cancer photos courtesy of OhioHealth; Nationwide Children's Hospital Columbus Marathon photos courtesy of Nationwide Children's Hospital



Hockey Fights Cancer Night

The 2015 Hockey Fights Cancer Night with the Columbus Blue Jackets and OhioHealth is a league-wide initiative dedicated to raising cancer awareness. Fans are invited to wear a pin in honor of those fighting cancer.

Dr. Mark Cripe, OhioHealth Breast and Melanoma surgeon, is interviewed by Mike Todd on the Jumbotron about OhioHealth cancer care.



OSU Community Health Day

The Ohio State University celebrates its 2015 Community Health Day with more than 27 free health screenings, fun activities, a live band and free food.



Personalities

Ever Evolving

Vascular surgeon is at the leading edge of robotics technology

By Sarah Sole

Dr. John Matsuura readily admits that he was the kind of kid who got into anything that would either sting or hurt him — and whenever that happened, his uncle, Dr. Henry Yokoyama, was there to comfort and take care of him.

“I really credit my uncle for getting me interested in medicine,” Matsuura says.

That interest would propel Matsuura into the technological forefront of a very specific type of surgery; one that has been forever changed by the advent of robotic equipment. The Vascular Surgery Department at Miami Valley Hospital is one that was at the forefront of putting robotics to use in surgery; it was the third center in the United States to purchase the Magellan Robotic System. Matsuura leads this department and boasts an impressive title: the surgeon with the most Magellan cases than any other surgeon in the nation.

Matsuura employs a colorful analogy to describe what performing surgery without the Magellan is like: Vascular surgery without the Magellan is akin to driving a bumper car on a curvy path and repeatedly bouncing off the sides.

“The Magellan has now given us a steering wheel,” he says.

And when one realizes the sides of that path are actually the walls of a patient’s blood vessels, the importance of the Magellan system becomes that much easier

for the non-medically savvy to grasp. Studies on robotic catheters have shown fewer contacts with the wall of the vessel it travels in, Matsuura says.

“There’s no question in my mind that the ability of the robotic system can create more precise movements than I could ever do with my own fingers,” Matsuura says.

Matsuura’s impressive track record and interest in robotics and vascular surgery should come as no surprise; his interest in the sciences was engrained in him at an early age, through his father.

Matsuura, 57, was born in Minneapolis. He spent his early years in Colorado while his father pursued a degree in psychology. Matsuura’s father, from Hawaii, wanted to complete his doctoral thesis and return to the islands to go into clinical psychology.

Matsuura’s mother, who is from Japan, met Matsuura’s father during World War II. She encouraged Matsuura and his siblings to attend college — something she was never able to do.

Matsuura spent some time as a lab technician at the University of Hawaii’s Department of Genetics. He also worked in embryology and biochemistry, but his plan was always to pursue medicine.

In 1982, he graduated with a B.A. in both zoology and chemistry. He got his M.D. degree at the university’s School of Medicine in 1987. During a general surgery residency at Wright State University



School of Medicine, Matsuura met his wife, Natalie, who is a graduate of Miami Valley Hospital School of Nursing.

Following his first residency, Matsuura spent some time in the U.S. Air Force, serving first at Wright-Patterson and then at Castle Air Force Base in California as Major, General Surgeon, 93rd Medical Group. He was awarded an Air Force Commendation Medal and a National Defense Medal, and was honorably discharged in 1998.

Dr. Paul McNeil, a vascular surgeon at Wright-Patterson, urged Matsuura to take an opportunity in Richmond, Va. This opportunity would become the ticket for his entrance into vascular surgery.

“He was a great influence,” Matsuura says.

From 1994-96, Matsuura completed two fellowships — first in vascular surgery, then in vascular research — with the Medical College of Virginia, Virginia Commonwealth University. There he met his mentor and friend, David Rosenthal.

“We seemed to hit it off,” Matsuura says.

Rosenthal convinced Matsuura to join him at his practice in Atlanta. Matsuura spent many years there, holding positions



Revolutionizing the Industry: The Magellan's effect on vascular surgery



Dr. John Matsuura calls the Magellan System the future of medicine: "It's unbelievable, I think, what we're going to see in the next decade," he says.

It is a future that he says will not only move toward minimally invasive care, but also improve success rates in surgery.

Some of the positive results are already being studied. The robotic platform lets medical professionals remotely control catheter insertion, enabling them to change the shape and direction of the catheter via hand controls.

One portion of a study is also investigating the effects of the Magellan system on radiology exposure rates for patients undergoing vascular surgery. X-rays are necessary to illuminate the blood vessel so the catheter can be guided inside it, whether using robot technology or wire manipulations.

Still, the study has produced early evidence that the patient has less X-ray exposure when the robotic catheter system is used.

Other technology, entering early phases of animal experimentation, explores using electromagnetic navigation to replace X-rays. Matsuura says there's potential for it to be used within the next five to 10 years.

Similarly, Dr. Caroline Cao, of the Biomedical Engineering Department at Wright State University School of Medicine, is leading a study to explore the use of laser technology in lieu of X-rays.

"I can see a day when new imaging and robotic navigation will allow us to travel into arteries using less radiation," Matsuura says. "In my opinion, it is truly the future of treating patients with peripheral artery disease."

at the Medical College of Georgia, Emory University School of Medicine and Atlanta Medical Center.

Before returning to Wright State and becoming employed with Miami Valley Hospital, Matsuura worked in Iowa so he could show Natalie more of the Midwest. "It was a wonderful opportunity," he says.

Matsuura worked at the University of Iowa School of Medicine and the Des Moines University School of Medicine. It gave him a chance to work with a larger group and garner more experience. He also had his own surgical residency program.

He says it was fate that he reconnected with Dr. Mary McCarthy, chairwoman of the Department of Surgery at Wright State, while she served as a visiting pro-

fessor at the residency training program in Iowa.

Matsuura hadn't seen McCarthy since his residency program at Wright State, and the two reconnected over dinner. She offered him a job and, since 2013, Matsuura has served as professor and chief, section of vascular surgery, at Wright State.

Though his career brought him to the Midwest, Matsuura still visits Hawaii when he can. He used to spearfish and night dive, and he still enjoys snorkeling. When he isn't taking in the sun in the tropics, he takes pleasure in skiing as well. He and his wife have three cats.

Sarah Sole is a contributing writer. Feedback welcome at hbealer@cityscenecolumbus.com.



The Write Advice

With Sarah Sole

Rapid Relief

How to react when skin allergies attack



Whether you're going for a hike on a sunny day or slathering on some moisturizer in the evening, your skin is at risk for potential allergic reactions. How can you tell if you're having an allergic reaction on your skin and, if you are, what steps should you take? *HealthScene Ohio* talked to dermatologist Dr. Matthew Meier about some good things to keep in mind when dealing with skin allergies.

HealthScene Ohio: What are some of the most common types of skin allergies, and what are the most common causes?

Matthew Meier: Skin allergies occur when our immune system reacts to external agents and most commonly produce dermatitis (eczema) or urticaria (hives). There is a plethora of possible inciting

agents. Plants like poison ivy, metals such as nickel in costume jewelry or belt buckles, topical antibiotics like neomycin, and preservatives and fragrances in personal care products can cause allergic contact dermatitis. Urticaria can develop after the ingestion of a new medication (like an antibiotic such as penicillin) or food (such as shellfish or peanuts) or, less commonly, after contact with the skin, as occurs sometimes with latex allergies.

HSO: Can skin allergies present themselves differently depending on whether someone is an adult or a child?

MM: Manifestation of the allergy is dependent upon the allergen. Infants are predisposed to irritant dermatitis of the diaper area (not an allergy) due to contact with wet and dirty diapers. Notably, eczema in infancy and childhood is typically not from allergies. As children get older, it can be more common to see reactions to allergens like nickel (jewelry) and poison ivy.

HSO: Are there types of allergic reactions to the skin that do not cause a person to become itchy?

MM: Most allergic reactions that involve the skin cause itching. Some deeper forms of hives, called angioedema, are painful. Cases of irritant (not allergic) dermatitis can be more painful or burning than itchy. Some medications may make people more likely to experience reactions like sunburns that may involve pain more than itching.

HSO: What are some of the most common at-home remedies for an allergic reaction on the skin?

MM: Cool compresses and soothing creams like calamine can help with itching associated with allergic reactions in the skin. Hydrocortisone 1 percent cream or ointment can help reduce the duration and severity of symptoms associated with minor cases of allergic contact dermatitis. Hives can be treated with antihistamines. Sedating antihistamines like diphenhydramine (Benadryl) can especially help at bedtime. Non-sedating antihistamines like Claritin and Zyrtec can be taken during the daytime with minimal risk of feeling drowsy.

HSO: At what point should you consider visiting an immunologist to determine if you have an allergy?

MM: When the cause of the allergy is readily apparent, no testing is necessary. When an allergy is suspected as the cause of dermatitis, but the source of that allergy is unclear, a dermatologist can apply a series of allergens to the skin to see if any reactions are elicited. This is particularly useful in cases of sensitivity to personal care products to help aid in the selection of allergen-free products. For hives, skin prick testing or blood work can help confirm the environmental allergen or medication that caused the reaction.

HSO: If you're experiencing contact dermatitis, how do you know whether it is irritant or allergic?

MM: It isn't always easy to know. One tip is that allergic reactions tend to spread beyond the area of contact, whereas irritant reactions tend to remain at the site of contact. A good example of an irritant reaction is a reaction from bandage adhesive that results in a rash in the shape of the bandage.

HSO: How long do allergic reactions on the skin typically last?

MM: Allergic contact dermatitis generally develops within hours to days and can last for weeks depending on continued exposure. Hives appear quickly, usually within minutes to hours, and an individual hive will typically disappear within hours.

HSO: Can allergic reactions on the skin be accompanied by any other medical symptoms? At what point would someone need to seek immediate medical attention?

MM: In reactions with hives, some patients have the potential to develop systemic manifestations. Tongue or throat swelling may cause difficulty breathing or swallowing and should prompt immediate/emergency medical care.

For any skin reactions that are more than minor – or if the rash is accompanied by fevers, chills, pain or blisters – see your doctor for evaluation and for prescriptions that can dramatically help improve or clear the reaction from the skin. Also, if reactions involve the eyes, lips or mouth, seek care from a doctor.

HSO: If you're experiencing an allergic reaction on the skin, what type of clothing is best to wear to not exacerbate the problem? Are there any products to avoid while you're healing?

MM: Soft, lightweight cotton clothing can help avoid irritation of already inflamed skin. Avoid scrubbing the areas with harsh soaps. Avoid using rubbing alcohol or hydrogen peroxide on the skin. Applying emollients such as petrolatum can be soothing.

Sarah Sole is a contributing writer. Feedback welcome at hbealer@cityscenecolumbus.com.

About the Expert



Dr. Matthew Meier is board certified in dermatology. He served as chief resident of dermatology at University Hospital, University of Cincinnati, in 2010. In 2009, he completed his residency in dermatology at the University of Cincinnati, where he also received his Doctor of Medicine degree in 2006. Dr. Meier practices from Mercy Health – Kenwood Dermatology in Cincinnati.

Who says you can't take it with you?

Digital access is free and available on ANY device

Access *HealthScene Ohio* features and web exclusive editorial at home or on the go with ANY device: tablet, smartphone, laptop or desktop

Two ways to enjoy – on the website or the digital edition with pages that flip and magnify

Create an online library of favorite issues and features



Sign up for a FREE digital subscription

Get connected today!

www.HealthSceneOhio.com



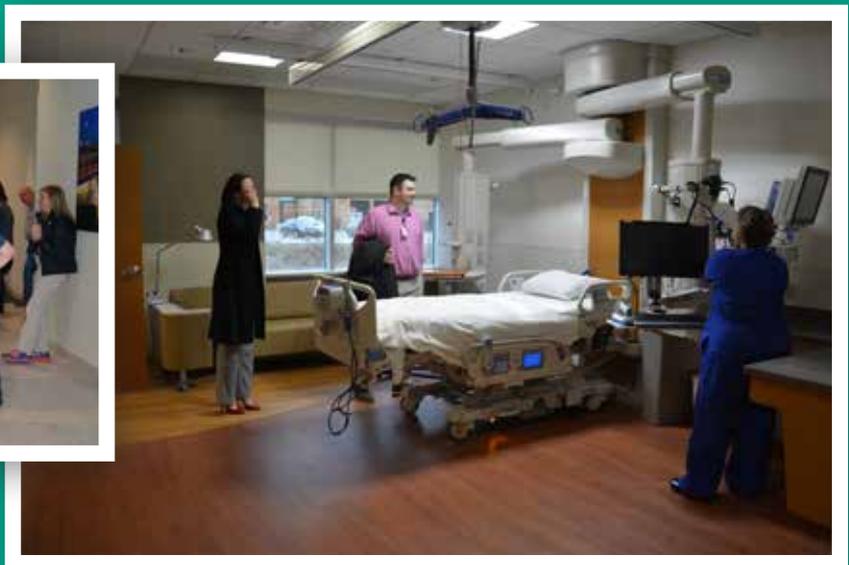


Healthy Happenings



Bethesda Butler Hospital

On Feb. 1, Bethesda Butler TriHealth Hospital opened its new and expanded inpatient unit. The expansion includes a new two-story inpatient building, six new ICU beds and a café.



Bethesda Butler/TriHealth photos courtesy of TriHealth



Ladies Night Out

More than 400 women turned out for the 2015 Ladies Night Out for Breast Health – Time to Celebrate You event in Springfield. The event's speaker was Maddie Spielman, whose mother, Stefanie Spielman, died in 2009 after an 11-year battle with cancer and whose father is Chris Spielman, an All-American linebacker at OSU who played 10 years in the NFL.



Legislative Update

Keep up with the latest state legislative initiatives in health.

Allied Health Professionals

House Bill 373

Rep. Sarah LaTourette for the Ohio House 76th District and Rep. Stephen Huffman for the Ohio House 80th District

Surgical Technologists

This bill requires the regulation and licensure of surgical technologists by the State Medical Board of Ohio. The bill further prohibits unlicensed persons from practicing as a surgical technologist, using the title “surgical technologist” or holding the person out as such. The bill also specifies the activities in which a licensed surgical technologist may engage.

Health Care Coverage

House Bill 290

Rep. Robert Sprague for the Ohio House 83rd District and Rep. Marlene Anielski for the Ohio House 6th District

U.S. Food and Drug Administration drugs for the terminally ill

This bill permits the use of a non-FDA approved investigational drug, product or device that is still in clinical trials to treat an eligible patient suffering from a terminal condition. The bill also provides immunity to a physician who recommends or treats an eligible patient, as well as a manufacturer or terminal distribu-

tor of dangerous drugs that provides a non-approved drug, product or device.

Prescription Drugs and Controlled Substances

House Bill 248

Rep. Robert Sprague for the Ohio House 83rd District and Rep. Nickie Antonio for the Ohio House 13th District

Opioid Analgesic Coverage

This bill requires that certain health insurers, including Medicaid and Medicaid managed care organizations, provide coverage for all abuse deterrent opioid analgesic drugs regardless of cost. A qualifying opioid drug must be labeled to indicate that the drug is expected to result in the reduction in abuse.

House Bill 285

Rep. Robert Sprague for the Ohio House 83rd District

Pharmacists – Prescription Refills

This bill authorizes a pharmacist to fill one or more refills of a prescription when the prescription is originally filled, or to fill multiple refills of a prescription at one time. The qualifying prescriptions must be of limited quantity, non-controlled substances and not exceeding a 90-day supply.

House Bill 421

Rep. Sarah LaTourette for the Ohio House 76th District

Pharmacists – Injection Drugs

This bill authorizes a pharmacist to administer certain injectable drugs if they were prescribed by a physician, physician assistant or advanced practice nurse. These drugs include, but are not limited to, an opioid antagonist used to treat drug addiction and antipsychotic drugs used to treat mental conditions. The bill also permits a pharmacist to administer epinephrine or diphenhydramine – or both – to an individual in an emergency that resulted from a reaction to a drug administered by injection by the pharmacist.

Public Health

State Concurrent Resolution 2

Senator Troy Balderson for Senate District 20 and Senator Lou Gentile for Senate District 30

Diabetes Research–Development

This bill urges the U.S. Congress to increase federal funding for research and development in the treatment of Type 1 diabetes.

House Bill 431

Rep. Michael Sheehy for the Ohio House 46th District and Rep. John Patterson for the Ohio House 99th District

This bill designates Feb. 17 as “Annie Glenn Communication Disorders Awareness Day.”

House Bill 434

Rep. Nan Baker for the Ohio House 16th District

This bill designates March as “Fibromuscular Dysplasia Awareness Month.”

To find more information on the Ohio General Assembly members, please visit the Ohio House of Representatives at www.ohiohouse.gov and the Ohio Senate at www.ohiosenate.gov. For more information on legislation, please visit www.legislature.ohio.gov.

citysceneTM
magazine

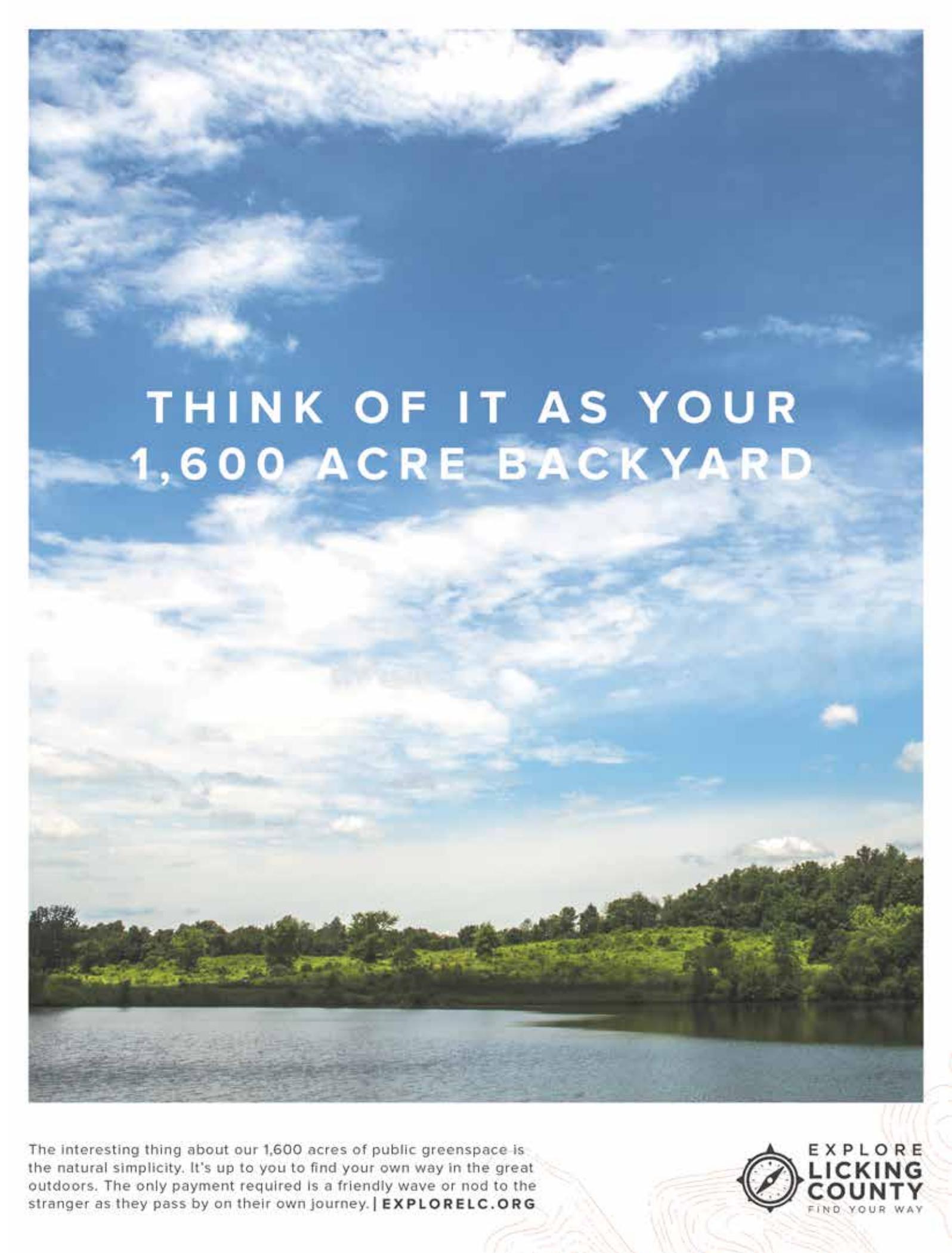
Your source for arts and entertainment
in Central Ohio since 1999

SUBSCRIBE AT cityscenecolumbus.com
Prizes, ticket packages, deal alerts & more!

To advertise call 614.572.1240

CONNECT

f t i p



THINK OF IT AS YOUR 1,600 ACRE BACKYARD

The interesting thing about our 1,600 acres of public greenspace is the natural simplicity. It's up to you to find your own way in the great outdoors. The only payment required is a friendly wave or nod to the stranger as they pass by on their own journey. | [EXPLORELIC.ORG](https://www.explorelic.org)



EXPLORE
LICKING
COUNTY
FIND YOUR WAY

Calendar

NORTHEAST



APRIL

April 2
Healthy Strides
8:30-9:30 a.m., Multiple locations
www.clevelandclinic.org

April 2
Fitpaths
9-10 a.m., Fairview Hospital
Wellness Center
www.clevelandclinic.org

April 3
Spring in the Park Women's 10K
8:30 a.m., South Mastick Picnic Area,
Rocky River Reservation
www.greaterclevelandxc.com

April 10
Towpath Half Marathon
8 a.m., Ohio & Erie Canal Reservation,
Cleveland
www.towpathtrilogy.com/half

MAY

May 1
Race to Empower
7:30 a.m., United Cerebral Palsy of
Greater Cleveland
www.hermescleveland.com

May 6-7
Cle Trail Marathon
8 a.m., North Chagrin Reservation,
Cleveland
www.ultrasignup.com

May 7
Strides for Leadership
8 a.m., Leadership Lorain County, Elyria
www.hermescleveland.com

May 28
Avon Eagle Run
8 a.m., Avon High School, Avon
www.hermescleveland.com

JUNE

June 10-15
Transplant Games of America 2016
Cleveland Convention Center
www.transplantgamesofamerica.org

June 18
Relay for Life of Mayfield Area
Noon-midnight, Mayfield High School,
Mayfield Village
www.relayforlife.org

NORTHWEST



APRIL

April 20
41st Annual Perinatal Conference
7:55 a.m.-4:30 p.m., Holiday Inn,
Perrysburg
www.promedica.org

April 24
Mercy Health Glass City Marathon
7 a.m., University of Toledo
www.glasscitymarathon.com

MAY

May 7
Band on the Run
9 a.m., Perrysburg Junior High School,
Perrysburg
www.runsignup.com

May 14
Making Strides of Northwest Ohio
9:30 a.m., Town Center at Levis
Commons, Perrysburg
www.makingstrides.acsevents.org

May 14
2016 Toledo Heart Walk & 5K
8:30 a.m., Huntington Center, Toledo
www.heartwalk.kintera.org/toledooh

May 21
Medical Mutual Dart Frog Dash
7 a.m., Main Plaza, Toledo Zoo
www.toledozoo.org

May 21
Falcon 5 Miler & Lil' Falcon Half-Miler
8 a.m., Sebo Athletic Center,
Bowling Green
www.bgsufalcons.com

May 29
**Nathan B. Carse Purple Heart 5K
Run/Walk**
9 a.m., Faurot Park, Lima
www.runsignup.com

JUNE

June 11
Run & Ride Race
10 a.m., Cedar Point, Sandusky
www.runandriderace.com

June 11
Old Fashioned Strawberry Festival
10 a.m.-5 p.m., Shandon Congregational
Church, Shandon
www.gettothebc.com

CENTRAL



APRIL

April 2
Superhero Run 2016
9 a.m., Roger A. Reynolds Municipal
Park, Hilliard
www.orphanworldrelief.org

April 10
Choo Choo 9 Miler & 5K
9 a.m., Alum Creek Park North,
Westerville
www.columbusrunning.com

April 23
Step Up for Stefanie's Champions
9 a.m., Stefanie Spielman Breast Center,
Columbus
www.cancer.osu.edu

April 27
Fit After 50!
11:30 a.m., The Ohio State University,
Columbus
www.yp4h.osu.edu

April 30
OhioHealth Capital City Half Marathon
8 a.m., Downtown Columbus, Columbus
www.capitalcityhalfmarathon.com

MAY

May 11
Healthy Eating for Fast-Paced Lives
11:30 a.m., webinar, The Ohio State
University
www.yp4h.osu.edu

May 14
Celebration for Life
6:30-10:30 pm., Smith & Wollensky,
Easton Town Center
www.cancer.osu.edu

May 14
**Susan G. Komen Race for the Cure
Columbus**
6:30 a.m., Downtown Columbus,
Columbus
www.komencolumbus.org

May 30-June 5
The Memorial Tournament
Muirfield Village Golf Club, Dublin
www.thememorialtournament.com

JUNE

June 4

OSU Wexner Medical Center Community Health Day

9 a.m.-2 p.m., CarePoint East
www.wexnermedical.osu.edu

June 5

Columbus 10K

7 a.m., Genoa Park, Columbus
www.columbus10k.com

June 17

Tour de Grandview

6-10:30 p.m., Grandview Avenue, Grandview
www.tourdegrandview.com

SOUTH

APRIL



April 1

Kettering Ice Arena Open Skate

11 a.m., Kettering Recreation Complex
www.playkettering.org

April 8

Yoga in the Gallery

Noon-1 p.m., Rosewood Arts Centre, Kettering
www.playkettering.org

April 9

Relay for Life of University of Dayton

10 a.m.-11 p.m., ArtStreet, University of Dayton
www.relayforlife.org

April 16

The Chocolate 5K

9 a.m., Blue Ash Summit Park, Blue Ash
www.nrroadracing.com

April 20

Budding Yogis Youth Yoga Class

4:45 p.m., Indigo Yoga, Dayton
www.indigoyogadayton.com

April 20

Dye Hard 5K

9-11 a.m., Snyder Park, Springfield
www.runsignup.com

April 23

OhioHealth O'Bleness Hospital Race for a Reason

6 a.m., Ohio University, Athens
www.hfpracing.com



Top and left:
Columbus 10K



Bottom: OSU
Wexner Medical
Center Community
Health Day



MAY

May 1

Flying Pig Marathon

6:30 a.m.-3 p.m., Paul Brown Stadium, Cincinnati
www.flyingpigmarathon.com

May 1

The Greene Goes Red 2 Mile

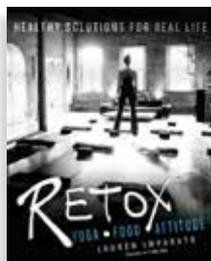
7:45 a.m., The Greene Town Center, Beaver Creek
www.keysports.net

May 3

Adult Nature Walk

9 a.m., Taylorsville MetroPark, Tipp City
www.metro parks.org

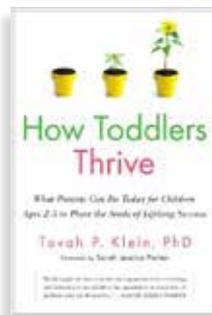
Bookmarks



RETOX: Yoga*Food*Attitude Healthy Solutions for Real Life

By Lauren Imparato
\$12.03, Berkley Books

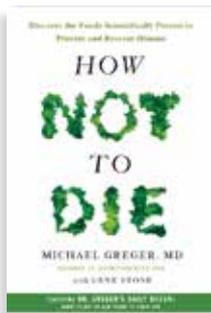
Imparato strips yoga down to its anatomical principles and offers practical tips for fast relief. From psychology to nutrition to Tibetan philosophy, she designs no-nonsense strategies and delicious recipes to combat the most common challenges of modern life.



How Toddlers Thrive: What Parents Can Do Today for Children Ages 2-5 to Plant the Seeds of Lifelong Success

By Tovah P. Klein
\$11.11, Touchstone Books

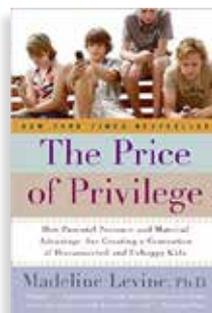
Dr. Tovah Klein shows parents of young children how to capture the power of the toddler mind during the most crucial time of a child's brain development and plant the seeds of lifelong success.



How Not to Die: Discover the Foods Scientifically Proven to Prevent and Reverse Disease

By Michael Greger with Gene Stone
\$16.79, Flatiron Books

The vast majority of premature deaths can be prevented through simple changes in diet and lifestyle, says Dr. Michael Greger. A nutrition expert, physician and founder of NutritionFacts.org, Greger explains how nutritional and lifestyle interventions can sometimes trump prescription pills.



The Price of Privilege: How Parental Pressure and Material Advantage Are Creating a Generation of Disconnected and Unhappy Kids

By Madeline Levine, Ph.D.
\$11.10, HarperCollins Publishers

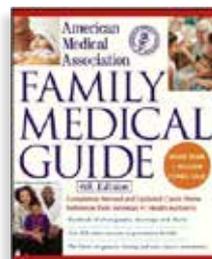
Recently, studies have shown that bright, seemingly confident and socially skilled teenagers from loving families are experiencing epidemic rates of depression, substance abuse and anxiety disorders. In this provocative book, clinical psychologist Madeline Levine busts one child-rearing myth after another.



How to Be Happy (Or at Least Less Sad): A Creative Workbook

By Lee Crutchley
\$10.02, TarcherPerigee

How to Be Happy is a lively, interactive approach to a little-discussed but very common issue: the struggle with depression and anxiety. A workbook, creative outlet and secret diary, this book will offer engagement, a fresh perspective and hopeful new beginnings.



American Medical Association Family Medical Guide, Edition 4

American Medical Association
\$24.94, Turner Publishing Company

This new edition has been thoroughly revised to bring it up to date and make it more accessible than ever before. There are sections on everything from staying healthy and providing first aid and home care to diagnosing symptoms and treating different diseases.



Good Housekeeping 400 Heart Healthy Recipes & Tips

Good Housekeeping
\$19.95, Hearst Magazines

Taking a "stealth health" approach to mealtime, this huge collection of family-friendly recipes features everyday fare that's low in sodium, calories and saturated fat.



The Pill Book

By Harold M. Silverman
\$6.99, Bantam Books

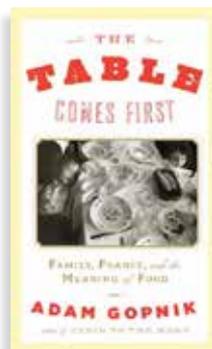
Millions of consumers have trusted *The Pill Book* to provide official, FDA-approved drug information, plus guidelines from leading pharmacists. Each drug is profiled in a concise, readable and easy-to-understand entry.



The Life-Changing Magic of Tidying Up: The Japanese Art of Decluttering and Organizing

By Marie Kondo
\$10.61, Potter/TenSpeed/Harmony

This No. 1 *New York Times* best-selling guide to decluttering your home from Japanese cleaning consultant Marie Kondo takes readers step-by-step through her revolutionary KonMari Method for simplifying, organizing and storing.



The Table Comes First: Family, France, and the Meaning of Food

By Adam Gopnik
\$12.68, Knopf Doubleday Publishing Group

The Table Comes First is a beguiling tour of the morals and manners of our present food mania. We have made food the stuff of secular seeking and transcendence, finding heaven in a mouthful, but have we come any closer to discovering the true meaning of food in our lives?

In the News

'Stop using BMI as a measure of health,' say researchers

www.medicalnewstoday.com

A study analyzing the link between Body Mass Index and cardiometabolic health found that nearly half of Americans who are categorized as overweight according to their BMI are healthy according to cardiometabolic measures.

Flashes of light may stop jet lag

www.bbc.com

Exposure to short flashes of light at night could help sleeping travelers adjust to new time zones and avoid jet lag, according to U.S. scientists.

Study ties school calendar to asthma flare-ups

www.nlm.nih.gov

It's been noted that children's asthma symptoms tend to spike when school starts in the fall and after long holidays such as spring break. Some experts have suggested environmental factors, such as air quality in schools, might be to blame, but this new study suggests otherwise.

Older and younger adults surf different brain waves

www.sciencedaily.com

Cognitive scientists have found more evidence that aging brains work differently than younger brains when performing the same memory task, pointing to a potentially new direction for age-related cognitive care and exploration.

More information on genetic risks is actually reassuring, study finds

www.bostonglobe.com

Rather than leading to depression or stress, genetic test results can decrease mental distress and encourage people to make healthy choices.

Surge in obesity and diabetes could be linked to food additives

www.newscientist.com

Studies using a simulated human gut have shown that emulsifiers might be linked to obesity, diabetes and inflammatory bowel disorders.

Thinking on Your Feet: Increase in brain activity with standing desks

www.officingstoday.com

A Texas A&M School of Public Health study found students who used standing desks had improved problem solving skills and working memory.

www.healthsceneohio.com

Health Phone Apps



Nike+ Training Club

Free; iOS and Android

This app offers more than 100 workouts crafted by Nike master trainers for people of all fitness levels.



Charity Miles

Free; iOS and Android

Exercising can help you stay fit and allow you to help others. Every mile of exercise can earn money for dozens of different charities. With corporate sponsors, Charity Miles donates 10 cents for every mile biked and 25 cents for every mile walked or run.



Noom Coach

Free; iOS and Android

Keeping a food diary is an easy way to improve healthful eating habits and aid in weight loss. Noom knows exactly how many calories are in your Chipotle burrito or steakhouse burger. After tracking your food intake, Noom suggests simple changes for a healthier lifestyle.



Lumosity

Free; iOS and Android

Many of us spend plenty of time each week exercising our bodies, but what about our minds? Lumosity turns traditional tasks used by neuroscience researchers into fun games designed to improve everything from memory to attention to problem-solving.



Twilight

Free; Android

Staring at the screens on devices before bed seriously throws off sleep cycles. All that blue light tells your body that it's daytime, even when it's dark outside. Twilight comes to the rescue by slowly removing the blue light from your phone when the sun starts to set.



Moves

Free; iOS and Android

Moves allows you to track the distance you travel by bicycle or foot each day, telling you the steps you've taken and calories you've burned, so you can chart your progress daily.



Zipongo

Free; iOS and Android

Zipongo helps you manage your diet by creating weekly meal plans and providing countless healthful recipes tailored to your food preferences and allergy restrictions. The app also provides coupons and daily deals on healthful foods at local grocery stores.



Pregnancy Tracker

Free; Android

From the world's most trusted pregnancy brand, "What to Expect When You're Expecting," this app guides you through pregnancy day by day and week by week. You'll receive personalized information and the latest parenting news based on your due date.



Whole Foods Market

Free; iOS and Android

This app helps you easily find store information, specials, sales and events. You can browse the collection of 3,800-plus kitchen-tested recipes and more than 400 healthful recipes and cooking tips.



Fooducate

Free; iOS and Android

Fooducate provides a nutrition tracker that follows your food intake and workouts, and helps you lose weight and improve your health with a real-food diet.

Hope for ALS treatment after groundbreaking study results revealed

www.abc7.com

A study that involved injecting treated stem cells from a patient's bone marrow into the patient's spinal fluid found that in some cases the disease stopped progressing and the patient had improved neurological functions.

Largest study of water births finds no additional risk

www.opb.org

A team at Oregon State University found that babies born underwater face the same amount of risks as those born via other types of midwife-led births.

ScenicOhio

Hocking Hills



Photo by Dave Frosser

Please join Jack Hanna for the 11th annual

ST. JUDE

Discover the Dream

THURSDAY, MAY 12, 2016 • 6:00 PM

Columbus Zoo and Aquarium
4850 Powell Road | Powell, OH 43065

Cocktails. Dinner. Live and Silent Auction. Patient Speaker.
Fine Cuisine courtesy of Catering by Cox and Preston Catering

TICKETS \$175
TABLE OF 10 \$1,750

Sponsorships Available

Contact Emily Blanding • 614.488.3681
stjude.org/discoverthedream
1335 Dublin Road, Suite 110F | Columbus, OH 43215



**St. Jude Children's
Research Hospital**

ALSAC • Danny Thomas, Founder
Finding cures. Saving children.

St. Jude patient
Allana, age 3,
nervous system
cancer



Choose Buckeye Health Plan.

AND MAKE CHOICES THAT REWARD.



Visit BuckeyeHealthPlan.com to see how your choices can pay off.

Buckeye Health Plan offers extra perks for staying healthy. Like a rewards program. When you stay up-to-date with your healthcare appointments, you can earn money on your prepaid CentAccount® card.



**buckeye
health plan**™

A Medicaid Plan

1-866-246-4358

BuckeyeHealthPlan.com