Be well. Get well. Stay well.

Diabetes + Your Heart

10 Healthy Grocery Shopping Secrets

BONE TUMOR SURGERY
Brittany Jordan’s back on her bike

A NEW LEAF

Turning toward health

Plus
Urinary incontinence
Physical therapy for vertigo
Mental health: fact vs fiction
Virtual diagnosis

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Fall 2017

Easy access to health and wellness experts
to help you make the best decisions

4 . . . Ask the Doctor
Sore muscles; healthy weight loss;
car and airplane sickness

10 . . . 10 Healthy Grocery Shopping Tips
Weight management expert
shares diet-friendly advice

11 . . . Try These Healthy
Ways to Add Flavor
Watching what you eat
doesn’t have to mean bland food

12 . . . The Beauty of Mammography
Advanced 3D technology is saving lives

16 . . . The Right Solution
After surgery to remove a bone tumor, Brittany
Jordan was able to return to her active lifestyle

18 . . . With Loving Care
CarePartners Home Health team helps ALS
patient sustain quality of life

20 . . . Empowering through Education
Knowledge is power when it comes to
women’s reproductive cancer
Finding inspiration at every turn

The seasons are changing, and soon we’ll see nature in all of its autumn glory. Shorter days and cooler temperatures put us in the mood for fall festivals, comfort food and evenings spent by a crackling fire.

While there’s plenty to do in our part of the state in the fall, a lot of us become less active as temperatures drop. Those comfort foods we crave aren’t always the healthiest, but with the tips for healthy grocery shopping on page 10, you can be better informed about your choices.

And speaking of food, why not add a little extra flavor without extra calories? On page 11, learn about some herbs and spices you might not have tried before.

October is Breast Cancer Awareness Month, and on page 12 you’ll read about Amy Rabb and how 3D tomosynthesis mammography saved her life.

There’s more inspiration in store in this issue of My Healthy Life. On page 6, learn how equestrian Natalie Taggart recovered from a brain injury; on page 14, read about Jaire Rodriguez and how sickle cell disease isn’t holding him back; and on page 16, learn about Brittany Jordan’s return to an active lifestyle after having a bone tumor removed.

You’ll discover lots of valuable information in these pages as well. From the link between diabetes and heart disease to physical therapy for vertigo to exercise as treatment for Parkinson’s disease, you’ll want to find a comfortable spot to sit down and read this issue from cover to cover.

As you enjoy the season’s change and prepare for the cooler months ahead, remember that we at Mission Health are here to help you be well, get well and stay well.

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Be Informed. Be Empowered.
Easy access to health and wellness experts to help you make the best decisions
By Adam Harris

Staying healthy and safe is your top priority. You’re making healthy food choices, you’re taking the right precautions when you spend time outdoors and you’re keeping regular contact with your healthcare provider to monitor any possible health issues. So, what else can you be doing to ensure you’re staying on the right track to be well, get well and stay well?

Many doctors will tell you that simply staying educated is one of the best things you can do to care for yourself. With the right knowledge from the right sources, you can be armed with the best information to live your life deliberately and proactively avoid common health-related pitfalls.

You’ve heard the phrase Knowledge is power, and it rings true more than ever when the topic is something as important as your health. Perhaps in this instance we’ll coin a new phrase: Knowledge is medicine.

Fortunately, it’s easier than ever to stay educated and get the knowledge you need to live healthily. This very magazine is loaded with healthcare providers — doctors, nurses, dietitians and more — who share their expertise on topics spanning the healthcare spectrum. Our experts also share their knowledge on the official Mission Health Blog as well as Mission Health’s social media — with fresh content added “virtually” every day.

It’s also simpler than ever to ensure you don’t miss out on the health and wellness topics that are of the most interest to you — weight loss, fitness, parenting, recipes, heart health, just to name a few. Follow these simple steps and never miss the award-winning content on the Mission Health Blog:

2. Subscribe to the blog, and customize your favorite topics. Just click the “Subscribe Now” box at the top of the page.
3. “Like,” “Follow” and “Engage” with @MissionHealthNC on Facebook, Twitter and Instagram and you’ll be among the first to see our newest articles, behind-the-scenes previews, news and features.

Adam Harris is Managing Editor for the award-winning Mission Health Blog – blog.mission-health.org.
Ask the Doctor

Anna Lopez-Stratton, MD, of Mission Community Primary Care Haywood, a Service of Transylvania Regional Hospital, answers questions about sore muscles, healthy weight loss and more.

To find a Mission primary care provider who’s best for you, call (828) 213-3222 or request an appointment at mission-health.org/needadoc.
For sore muscles, when should I apply heat vs. cold?

Ice is a good choice to reduce pain and inflammation in acute injuries. Examples of such injuries might include an ankle sprain, a pulled hamstring or sudden pulled back muscle. Ice helps to decrease blood flow to the area to reduce swelling and inflammation. Switch to heat after 48 hours.

In contrast, heat can help with sore, achy muscles, such as after exercise or for chronic backaches.

Neither heat nor ice should be applied directly to the skin. Use a thin cloth to protect the skin. Treatment should last about 20 minutes, three to four times per day.

What’s a healthy amount of weight to lose weekly on a diet?

A goal of one to two pounds per week is a healthy weight-loss goal. One pound of weight is equivalent to 3,500 calories. In order to lose one pound a week, you must consume 500 calories less per day than the basal metabolic needs — the number of calories required to keep your body functioning at rest — of your body.

There are many basal metabolic calculators available online to determine the amount of calories to maintain your current weight. Once you determine your personal metabolic basal calorie needs, subtracting 500 per day gives you the target maximum calorie intake to lose one pound a week.

My teenager sleeps a lot. Should I be worried?

Teenagers should get 9 to 10 hours of sleep per night but, unfortunately, most do not. Demands of homework, work, family and friends often result in late nights. Sleep deprivation can result in difficulty with concentration and learning, irritability and daytime sleepiness.

Encourage your teenager to prepare for a good night’s sleep by having them avoid caffeine, unplug from electronic devices an hour before bed, engage in a calming activity before bed (such as reading or a warm bath) and minimize daytime napping. Participating in regular exercise and physical activity improves sleep quality and overall energy level.

Is there anything I can do to prevent car and airplane sickness?

- Avoid caffeine, alcohol or big meals before a trip.
- Close your eyes, look at the horizon, don’t read.
- Choose a seat situated over the wings of the plane or sit in the front seat of a car.
- Over-the-counter treatments include the antihistamines cyclizine and Dramamine®.
- Prescription scopolamine patches.

Dr. Lopez-Stratton sees patients from the Mission Community Primary Care Haywood, a Service of Transylvania Regional Hospital, practice located at 360 Hospital Drive in Clyde. To schedule an appointment, call (828) 456-9006.
Natalie Taggart is a long-time equestrian who is well versed in the skill and safety of the sport. However, as any rider knows, horses and terrains can be unpredictable. At the Biltmore Challenge Endurance Ride in May 2015, this became a life-changing factor for Taggart.

Twenty minutes into the 50-mile endurance race at Biltmore Estate, her horse tripped, causing Taggart to fall off. When she did, the horse came down on the left side of her head. Fortunately, Taggart was wearing a helmet, and the site of her fall was near a service road. She was taken to Mission Hospital where she was placed in a medically induced coma. She remained there for 12 days and was then transferred to CarePartners for another few months of care.

Transitioning from Trauma to Recovery
Taggart’s initial prognosis was “fair.” Over time, however, she slowly began improving — although with many hurdles to clear.

“The CAT scan showed numerous white dots depicting tiny bleeds that could eventually be absorbed, but there was no guarantee as to how many, if any, would heal or when they would heal,” said Taggart. “According to my mom (Joan Taggart), in the ICU, I was comatose, and breathing by machine, with tubes and IVs hooked up to my body. When doctors decided to take me off of the breathing machine, I was able to breathe on my own. But I was unable to walk, talk or feed myself. All I did was sleep.”

Back in the Saddle
With expert care, Natalie Taggart recovered from a brain injury with a new zest for life
By Jennifer Sellers
“When transferred to the inpatient floor, I made continual progress,” said Taggart. “I began to understand some words, therapists exercised my legs and arms, and eventually a ‘pac’ was inserted into my trachea so that I could ‘speak’ a few words.”

The stages Taggart went through were typical of someone who has suffered a traumatic brain injury. As she improved, she was transferred to CarePartners, where she would receive three weeks of inpatient care and three months of outpatient care. Although she was making great strides, she had a long road ahead of her.

“Depending on the severity of the injury, patients who’ve suffered a traumatic brain injury can experience both cognitive and physical difficulties,” said Wesley Fowler, MD, neurosurgeon and partner at Carolina Spine and Neurosurgery, an affiliate of Mission Health. “Sometimes these are temporary; sometimes they are permanent.”

Natalie Chapin, PT, physical therapist with CarePartners, said the most obstacles that patients with traumatic brain injury face in the rehab setting are balance deficits, fatigue, cognitive impairment, memory issues, strength and endurance loss, agitation and overall decreased functional independence. “The tricky thing with brain injury is it can be highly variable,” said Chapin, Taggart’s physical therapist.

While outcomes from traumatic brain injury can be unpredictable, Dr. Fowler said Mission Health excels at setting patients up for success. “We have a multidisciplinary teamwork approach here that is really beneficial to our patients,” he said. “For a small little western North Carolina town, our hospital is pretty phenomenal in that respect. We see more blunt trauma cases here than I saw when I was in residency in Chapel Hill, yet everyone works so well together in both the acute process and the recovery process.”

Making Strides
During the first few days of rehabilitation, Taggart was unresponsive to questions and attempts to participate. She slept a lot, sometimes falling asleep during therapy. She also said she would recall information from her childhood — such as her childhood address and phone number — in response to questions about her present life. Over time, however, she regained her memory and began relearning skills, including how to walk again.

Taggart, who is a guitarist and a clog dancer, as well as a horseback rider, said her fine motor skills were also severely affected by the injury. “I had to start from scratch with those areas that had been such an important part of my life,” she said.

CarePartners worked to help Taggart regain basic skills, while also motivating her toward achieving her own specific recovery goals. “Typically, patients with traumatic brain injury receive 4.5 hours of intensive physical therapy, occupational therapy and speech therapy each day,” said Chapin. “We focus on each patient’s deficits and really try to target interventions that will get them as independent as possible. In physical therapy, we focus on retraining the neuromuscular system in a way that maximizes a patient’s ability to relearn everyday skills.”

Taggart, who is a special-needs teacher, was used to motivating others, but in recovery, she had her own cheerleaders. She said the professionals at CarePartners never wavered in their goal to help her get well. “Throughout my stay at Care Partners, the genuine care and attention from staff was instrumental. I experienced true encouragement from all of my therapists at different times, most memorably through their support, patience and sense of humor as if they were family,” she said.

Chapin said Taggart played a big role in her own recovery as well. “I loved watching Natalie improve on a daily basis,” said Chapin. “She was a quick learner and persevered, even when it was difficult. She was very motivated to get better and get back to her active life as a teacher, clogger and horseback rider.”

A New Beginning
Taggart’s hard work at CarePartners paid off, affecting not only her physical recovery, but her mental and spiritual recovery as well.

“I remember the first night after being discharged from CarePartners, I said ‘I’m going to be better than before!’” said Taggart. “This fueled my recovery, which I saw as a new beginning.”

Taggart also received amazing support from family and friends, including a GoFundMe account and regular visits during which some of her friends played guitar and fiddle music for her, and others brought in a service therapy goat. The community, including her local YMCA, also came to her aid.

Taggart said that despite her enormous gratitude and appreciation for all that her doctors, therapists, friends, family and community did to support her, the most important factor in her recovery was her faith. “My peace, gratitude and love for this life only got stronger after being given a new beginning, and my faith was the cornerstone of my healing.”

Exactly a year following her accident, Taggart was back in the saddle again, and she is now back to riding regularly, as well as clogging with the Green Grass Cloggers. “I have come to embrace the present moment since that is truly all we have,” she said. “This accident was a blessing in that it renewed my gratitude for all that has been given to me.”

To learn more about CarePartners rehabilitation programs and services, visit carepartners.org.
Grilled Pork Tenderloin with Asian Sauce

**ingredients**

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unseasoned pork tenderloin</td>
<td>2 lb</td>
</tr>
<tr>
<td>Garlic</td>
<td>½ Tbsp</td>
</tr>
<tr>
<td>Minced or pressed (about 1 clove)</td>
<td></td>
</tr>
<tr>
<td>Fresh ginger</td>
<td>2 Tbsp</td>
</tr>
<tr>
<td>Minced (or 1 tsp ground)</td>
<td></td>
</tr>
<tr>
<td>Fish sauce</td>
<td>1 Tbsp</td>
</tr>
<tr>
<td>Lite soy sauce</td>
<td>1 Tbsp</td>
</tr>
<tr>
<td>Granulated sugar</td>
<td>½ Tbsp</td>
</tr>
<tr>
<td>Sesame oil</td>
<td>1 Tbsp</td>
</tr>
</tbody>
</table>

**preparation**

Preheat grill or oven broiler (with rack 3 inches from heat source) on high temperature. Remove visible fat from tenderloin and discard. Set tenderloin aside.

Combine garlic, ginger, fish sauce, soy sauce, sugar and sesame oil (optional) in a small dish. Stir marinade until sugar dissolves. Brush tenderloin with marinade or pour ½ of the marinade evenly over the pork. Place in oven or grill with lid closed. Every 5 minutes, turn over the tenderloin and add 1 Tbsp of additional marinade, until meat is fully cooked (to a minimum internal temperature of 160 degrees Fahrenheit).

Let stand for 5 minutes. Cut 12 slices, each about 1 inch thick. Serve three slices (about 3 oz cooked weight) per serving.

**Tip:** Delicious with steamed spinach and rice or Asian-style noodles (soba or udon).

**4 servings**

Nutritional information: 188 calories; 8 g total fat; 3 g saturated; 80 mg cholesterol; 246 mg sodium; 0 g total fiber; 26 g protein; 1 g carbohydrates; 390 mg potassium

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Healthy and Hearty

Bold colors arrive with fall. These delicious dishes can do the same for your taste buds.

Recipes reviewed by Mary Lindsey Jackson, RD, LDN, Clinical Nutritionist Educator for Mission Weight Management — missionweight.org or (828) 213-4100

Recipes courtesy National Heart, Lung and Blood Institute—nhlbi.nih.gov/health
Lima Beans and Spinach

**ingredients**
- 2 cups frozen lima beans
- ½ cup onion, chopped
- 1 cup fennel bulb, rinsed and cut into 4-inch strips
- 1 Tbsp vegetable oil
- ¼ cup low-sodium chicken broth
- 1 bag (10 oz) leaf spinach, rinsed
- 1 Tbsp distilled vinegar
- ½ tsp ground black pepper
- 1 Tbsp dried chives

**preparation**
In a saucepan, steam or boil lima beans in unsalted water for about 10 minutes. Drain. In sauté pan, sauté onion and fennel in oil. Add beans and chicken broth to sauté pan, and cover. Cook for 2 minutes. Stir in spinach. Cover and cook until spinach has wilted, about 2 minutes. Stir in vinegar and pepper. Cover and let stand for 30 seconds. Sprinkle with chives and serve.

4 servings

Nutritional information: 93 calories; 2 g total fat; 1 g saturated fat; 0 mg cholesterol; 84 mg sodium; 6 g total fiber; 5 g protein; 15 g carbohydrates; 452 mg potassium

Carrot and Apple Soup

**ingredients**
- 1 Tbsp canola oil
- 1 medium onion, chopped
- 1 medium leek, white part only, rinsed well and chopped
- 1 lb carrots, peeled and cut into ½-inch slides
- 1 tart apple, peeled, cored and chopped
- 3 cups fat-free, reduced-sodium chicken broth
- 1 Tbsp minced fresh mint leaves, for garnish
- ¼ tsp dill weed, dried

**preparation**
In a Dutch oven or large, heavy pan, heat the canola oil over medium-high heat until hot. Add the onion and leek and sauté for about 4 minutes, until the onion is translucent.

Mix in the carrots and apple. Reduce the heat to medium-low, cover, and cook for 5 minutes, stirring often. Add the broth, cover and bring to a boil over high heat. Then reduce heat to low and simmer for about 30 minutes, until the carrots are very soft. Remove the pot from the heat and set the soup aside to cool slightly.

In a blender or food processor, puree the soup in batches until smooth. Return soup to pan and heat to very hot before serving. If soup is too thick, add more broth, as desired. Season to taste with salt and pepper and serve, garnishing each serving with mint.

6 servings

Nutritional information: 92 calories; 4 g fat; 15 g carbohydrate; 3 g protein; 4 g dietary fiber; 84 mg sodium
Ever wonder how to shop for healthy food without spending hours in the grocery store or how to prepare flavorful healthy food your family will want to eat? It’s easy to do both with a little help from a trained nutritionist:

1. Have a plan. Each week, map out every meal. Identify what you already have and limit your grocery list to only necessary items that fit in your plan.

2. Eat seasonally. Seasonal produce can be much more affordable and flavorful. For ideas on what is in season in your area, check out sustainabletable.org.

3. Hydrate with zero calories. Water truly is the world’s perfect beverage. Skip the added calories and sugar.

4. Focus on more whole foods. Buy more foods that don’t have a nutritional label. You’ll automatically cut down on added sugars, fats, sodium and preservatives.

5. Read the ingredients list. Are those “veggie chips” really a way to eat more vegetables? Or are the first three ingredients potato flour, potato starch and corn starch?

6. Choose whole grains. Look for the Whole Grain Stamp. A good product has at least 50 percent of the grain ingredients as whole grain — 100 percent whole grain is best.

7. Add flavor with less fat. Try more fresh or dried herbs, spices, vinegars and citrus to enhance the flavor of lean proteins and vegetables.

8. Select leaner protein options. For meats, choose the highest percent lean you can find, and look for “loin” or “round” cuts. Consider grass-fed and game meats. Experiment with plant-based protein options such as tofu, tempeh, lentils and beans.

9. Consider the freezer aisle. Frozen vegetables and fruits can be comparable, if not better, in nutritional value compared to fresh produce — and often much less expensive. They are also timesavers — already washed and chopped.

10. Never shop when you are tired, hungry or rushed. For the best decision-making, time your grocery trips after a meal or snack, ideally during nonpeak shopping hours and when you feel more alert.
Try These Healthy Ways to Add Flavor

Watching what you eat doesn’t have to mean bland food

By Rachel Wyman, RD

Spices

Pairings: Coriander and cumin give an earthy, lemony flavor to Mexican and Indian dishes. Smoked paprika adds a sweet smokiness and red color to vegetables, stews and poultry. Cinnamon, cloves, nutmeg and star anise add a sweet warmth to baked goods and Middle Eastern fare. Also try Chinese five-spice powder, curry powder, garam masala, herbes de provence and Old Bay seasoning.

Amount: Add ¼ teaspoon of ground spices per 4 servings, 1 pound of meat or 1 pint of soup or sauce, then adjust as needed. When doubling a recipe, increase the spices by one-and-a-half times.

Tips: Never store your spices above your stove as the heat degrades the quality. Instead, keep spices in an air-tight glass jar in a cool dark place.

Herbs

Pairings: Basil and oregano work well in tomato-based or poultry recipes. Bay leaf enhances soups and stews. Cilantro enhances Latin American and Indian cuisine. Flat-leaf parsley is one of the most versatile herbs and can be sprinkled on any dish.

Amount: Add 1 tablespoon of fresh herbs or 1 teaspoon of dried herbs for every 4 servings, then adjust as needed.

Tips: Add delicate fresh herbs including basil, chives, cilantro, dill or parsley to food just before serving. Incorporate less delicate fresh herbs such as rosemary, tarragon, bay leaves, sage and thyme during the last 20 minutes of cooking.

Vinegar

Pairings: Red wine vinegar pairs well with beef and pork dishes. White wine vinegar lightens and brightens poultry and seafood without overpowering other flavors. Rice vinegar (commonly used in Asian cooking) adds a mild sweet flavor. Cider vinegar is a great addition in salad dressings. Balsamic vinegar is very fragrant and works well in salads and Mediterranean cuisine.

Amount: Add 1 tablespoon of vinegar for every 2-3 tablespoons of oil in salad dressing. Add ½ teaspoon of vinegar per 1 cup of soup or stew, or 1 tablespoon of vinegar per ½ pound of meat.

Tips: If you add too much vinegar, add ¹/₈ teaspoon of baking soda per 1 cup of food to offset acidity.
The Beauty of Mammography

Advanced 3D technology is saving lives

By Trisha McBride Ferguson

When it comes to breast cancer, it’s hard to find someone who hasn’t been touched by the disease. Whether it’s a sister, mother, friend or neighbor, the prevalence of it is undeniable. In fact, breast cancer is a leading cause of death in women (second only to lung cancer). The good news is that new mammography technology — 3D tomosynthesis mammography — is leading to earlier detection and better outcomes.

Screening Equals Early Diagnosis

“Breast screening is extremely important as it detects cancer before we even know that it is present,” said Jennifer McAlister, MD, FACS, a breast surgeon with Regional Surgical Specialists, an affiliate of Mission Health. “Early detection is the entire reason for performing mammography. Mammograms do not prevent cancer, but find it in an early, treatable stage.”

In recent years, 3D tomosynthesis mammography technology has evolved to become a preferred diagnostic tool for women with dense breasts. This type of mammography takes pictures from different angles that allow doctors to virtually see “through” breast tissue.

“3D tomosynthesis mammography is different than traditional mammography in that it provides pictures of slices through the breast, which can aid in detecting small masses,” explained Dr. McAlister.

3D Tomosynthesis Mammography

When 69-year-old Amy Rabb went for her annual mammogram at Mission Breast Center last spring, she received lifesaving advice. “My breasts are very dense, so they recommended a 3D tomosynthesis mammography,” said Rabb.

The initial 2D mammography highlighted a suspicious area, so Rabb was called back for 3D tomosynthesis mammography and then a biopsy. The lab results were sent to her general practitioner, with whom Rabb met to receive the diagnosis. “I’m glad that’s how I was told, because I have a relationship with her,” said Rabb. “Even though it was a small tumor, when someone stands in front of you and tells you that you have breast cancer, it doesn’t matter how little it is.”

Rabb received treatment at Mission Cancer Care. “I met with [breast surgeon] Dr. McAlister and the entire team of doctors, and they were fantastic,” said Rabb. “The oncologist, the surgeon, the radiologist — each one goes over the prognosis with you, and my prognosis was very good. It all goes back to the 3D tomosynthesis mammography that detected it. It was so small it probably wouldn’t have been detected with a traditional mammogram.”

Dr. McAlister agreed. “Amy’s tumor was very small, less than one centimeter, it was six millimeters. A small tumor may not be evident on a traditional mammogram in patients with very dense breasts,” she said.

Thankful for Early Detection

With no family history of breast cancer (or any cancer) and no previous issues, the benefits of early detection for Rabb are immeasurable. “I feel extremely lucky they caught it early and that the radiologist was skilled enough to find that little place,” she said.

The benefits to early detection of breast cancer include both better prognosis as well as more treatment choices. “From a surgical standpoint, early breast cancer detection allows the patient more options,” explained Dr. McAlister. “Also, in terms of treatments such as chemotherapy, it may be recommended less often in early breast cancer.”

After surgery, Rabb was able to return to her routine. She joined the Live Strong program at the local YMCA, and she recently received a clear mammogram.

“After hearing other women’s stories, I feel I’m a very, very lucky person,” said Rabb. “I’ve still got a lot of life ahead of me.”

Photo by Tim Barnwell
All Breasts Are Not the Same

Women with dense breast tissue are at 4-6 times higher risk of developing breast cancer. Mammographic sensitivity for detecting breast cancer is in the 90-95 percent range in the low-density (fatty) category of breast tissue. Conversely, in women at the other end of the spectrum with extremely dense breast tissue, the sensitivity of mammography is in the 40-50 percent range. Working in tandem with a mammogram, 3D tomosynthesis mammography offers a better chance for women with dense breasts to diagnose breast cancer early at a more treatable stage. To schedule an exam, call Mission Breast Center at (828) 213-XRAY (9729).
Pain affects all of us at some point. If we’re lucky, we may escape it for many years. But that’s not the case for everyone — it certainly hasn’t been for 17-year-old Jaire Rodriguez. He has sickle cell disease, and excruciating pain has been present in his life since infancy.

Sickle cell disease is an inherited blood disorder in which the hemoglobin takes on a distorted sickle shape, making it inflexible and more likely to cause blockages that stop or slow the flow of blood. A blockage will prevent oxygen from getting to tissues, causing a sudden, severe attack known as a pain crisis.

Getting Past the Pain

Sickle cell disease isn’t holding back Jaire Rodriguez

By Jennifer Sellers
In North Carolina, all newborns are screened for sickle cell disease. And there is now a program in place in which community workers throughout the state get notifications of the results of newborn screenings, so that parents who have children with sickle cell disease can start receiving active support right away.

When Rodriguez was born, however, things were different. He wasn’t diagnosed until he was two months old, and it was between the ages of two and four months that he started having his first pain crises — although they weren’t confirmed until a year or two later.

The Diagnosis and Treatment
“It was very daunting,” said Matisa Farley, his mother. “At first we thought it was colic. There was no way we could hold him that could make him comfortable. Even once he was diagnosed, we weren’t sure what was going on. We were told the fetal hemoglobin should’ve stopped him from sickling, but it didn’t. He was still in pain, and we didn’t know why.”

Rodriguez’s early onset of pain was rare. Young babies tend to be protected from sickle cells forming because they still have fetal hemoglobin in their blood. “At birth, babies still have fetal hemoglobin from when they were in utero. Over the course of about six months, the fetal hemoglobin naturally leaves the system and sickle cell hemoglobin takes over,” said Ginna Priola, MD, pediatric hematologist/oncologist with Mission Children’s Hospital.

Because fetal hemoglobin has known benefits for children with sickle cell disease, another common treatment is a drug known as hydroxyurea, which helps the body make fetal hemoglobin.

Rodriguez said he takes hydroxyurea, which has been very successful, according to Farley. “We have had very helpful treatment options that we are blessed to have available to us,” she said. “Jaire had a lot of pain crises when he was younger, but once he got acclimated to the hydroxyurea, they were fewer and farther between. He tolerates the treatment well.”

“...They are all about learning and awareness when it comes to this disease, but they also support families and make sure we’re comfortable.”

Standing Out
Throughout his childhood, Rodriguez stood out in ways he would’ve preferred not to. At one time, he had a port and its outline was noticeable beneath his shirt. As a result, he often had to answer the questions of his curious peers. He also had to take precautions that other children did not.

“I guess one of the main problems of my disease has been the things I can’t do or the things I have to watch out for,” said Rodriguez. “I can’t be involved in a lot of contact activities, so I can’t play most sports.”

Overall, Rodriguez has come a long way. He’s learned a lot of lessons about his disease, and — with the help of his family and care providers — he’s cleared many hurdles. Now, he’s confident, aspirational and more apt to stand out for his bright outlook and well-spoken manner than he is for his challenges with sickle cell disease. A rising high school senior, Rodriguez has ambitions to become a lawyer and video game designer.

Farley said sickle cell disease can be emotionally painful for parents as well, but it’s important to be there for your child — to “pray, participate and advocate.” She said this has been easy to do working with Mission. “They incorporate parents into the process. They are all about learning and awareness when it comes to this disease, but they also support families and make sure we’re comfortable,” said Farley.

According to Rodriguez, support has been the No. 1 factor for him: “Knowing that God’s going to get me through it, that my family is always there for me and that my doctors are always ready to help me out means a lot. If I were the only one trying to cope with this, I’d be much worse off, but I’m not; I have so much support.”
The Right Solution

After surgery to remove a bone tumor, Brittany Jordan was able to return to her active lifestyle.

By Jennifer Sellers
Physical therapy assistant Brittany Jordan lived most of her life with a benign bone tumor in her hip, and never knew it was there. She was aware she had range-of-motion difficulties, but was never sure why. It was when Jordan moved to the Asheville area from her native Florida that she started experiencing additional concerns, including pain.

“I lived in Florida almost my whole life,” said Jordan. “It’s flat down there, so my joints weren’t really challenged. When I moved here, I started mountain biking and hiking a lot in areas where there’s a lot of elevation change, and I was in a lot of pain.”

Jordan was referred to Donald Gajewski, MD, a musculoskeletal oncologist with Mission Health, who discovered she had an osteochondroma, a type of bone tumor that arises from the growth plate near a joint. In Jordan’s case, it was located at her hip. All osteochondromas are benign and many of them go undiagnosed because they are small and not painful. Even those that are discovered—usually incidentally when a patient has a radiograph for a separate issue—are often left untreated.

Jordan’s osteochondroma was large and preventing full motion of her hip. Because of her active lifestyle, it posed a problem.

“Most of the time I don’t have to do anything about the osteochondroma because the patient isn’t in pain,” said Dr. Gajewski.

Customized Solutions
Due to the lack of symptoms of most osteochondromas, Dr. Gajewski will often advise a patient against having one surgically removed. However, he said it’s important to take each patient’s unique needs and lifestyle into consideration.

“If someone is without pain or they have a sedentary lifestyle or no additional medical problems, I’m probably going to talk them out of surgery,” said Dr. Gajewski. “My philosophy as a surgeon is that it’s not what I do to patients; it’s what I do for them.”

Because Jordan’s case was different, surgery was definitely an option on the table, but Dr. Gajewski did need to discuss the risks and benefits with her. The size and location of the osteochondroma meant Jordan might face significant downtime with simple tumor removal—possibly preventing her from bearing weight on that leg for 8-12 weeks and athletic activity for 9-12 months.

“The risks are not zero,” said Dr. Gajewski. “Removing a large osteochondroma compromises the stability of the bone and increases the risk for fracture.”

“I was a little hesitant because that’s a long recovery process—especially considering all I have to do as a physical therapist,” said Jordan.

Fortunately, Dr. Gajewski had a plan that would enable Jordan to have a smoother recovery. During the surgery, he would stabilize the bone with an intramedullary rod before removing the tumor. This supplementary procedure decreased her risk of fracture and would reduce her recovery time.

Because of Dr. Gajewski’s ingenuity, as well as Jordan’s physical fitness and knowledge of recovery, her recovery period exceeded her expectations. On the day of surgery, she was able to walk 150 feet with her physical therapist in the hospital. Within four to six weeks, she was already riding her bike on flat surfaces.

“I wouldn’t have had the outcome I had without Dr. Gajewski,” said Jordan. “I feel great, and I’m even better and faster on my bike than I was before. I feel that I got the best of the best.”

Walking in Patients’ Shoes
Jordan said that, because of her training, she was physically prepared for recovery and rehabilitation. She knew which tools to have at her disposal—items such as a shower chair and a walker—and she knew how far she should push herself in therapy. But she said she wasn’t quite prepared mentally. “I didn’t know how hard it would be to sit still,” she said.

Jordan found that going through the process helped her have a better understanding of what her patients go through. She said that empathy allows her to better serve her patients in a number of ways. For example, Jordan said that she’s more aware of the fogginess patients have when they’re on medication—having experienced it herself when she was in the hospital. So now she is more intentional about writing out instructions for them or relaying them to a caregiver.

“It was nothing but positive every step of the way,” she said. “I was scared at first because I had never had surgery before, but everyone put me at ease. The entire staff on the orthopedic unit was really great, and I had a phenomenal nurse who always made me smile. Dr. Gajewski has an excellent bedside manner that really made me comfortable. He never made me feel rushed, and he always took the time to make it personal.”

For athletes, outdoor enthusiasts and weekend warriors, accessible care is mere minutes away.

The Mission Orthopedics AOA Walk-in Clinic at Biltmore Park is open Monday through Friday from 7:30 am to 4:30 pm. To learn more, call (828) 252-7331 or visit missionhealth.org/boneandjoint.
Many ALS patients only get a few years to live after their diagnosis, but Dr. Doug Tilley is an exception. Diagnosed with ALS (amyotrophic lateral sclerosis) in 2010, he is beating the odds every day and doing it with an amazing attitude. Doug and his wife, Cathy, credit the CarePartners Home Health team for their ability to care for Doug at home.

Supportive Partners
A minister for 36 years, Doug retired from Malvern Hills Presbyterian church in Asheville in 2011. He is now in his seventh year of living with ALS — a debilitating, incurable disease that eventually robs the body of its ability to nourish its muscles.

As a result of the disease, Doug (age 67) is paralyzed from the neck down, breathes with a ventilator and requires constant care. His home health team consists of registered nurses, certified nursing assistants and respiratory therapists. “We have been able to keep Dr. Tilley at home and out of the hospital for the past two years,” said Nore Hunter, RN, and Clinical Resource Nurse Educator with CarePartners.

“We love CarePartners,” said Doug. “Everyone who comes out quickly becomes a friend. We look forward to them coming.” Cathy agreed: “They all have a loving, sweet attitude and are a pleasure to have with us.”

Rehabilitation, Recovery and Routine Care
The CarePartners Home Health team first visited Doug in 2015 after he had a tracheotomy to extend his life. “Only a small percentage of ALS patients choose to have a tracheotomy,” said Doug. Many patients choose not to because they feel their bodies are too far gone, he explained. “I felt that God was sustaining me every day, and I still had a lot to live for, so I chose to get the tracheotomy.”

After the operation, Doug lost the use of his voice for nine months. During that time, he was visited by a CarePartners Home Health team members including a physical therapist, speech therapist and respiratory therapist.

“They were amazing,” said Doug. Eventually the secretions covering Doug’s vocal cords were controlled through medication, and he regained use of his voice.

“Today, the CarePartners team assists Doug and his family with a wide variety of healthcare needs ranging from changing out his complicated tracheotomy tube to skin care to prevent pressure ulcers,” said Hunter.

“We offer numerous services through multiple resources, and together we’ve helped him go above and beyond the typical prognosis of ALS,” said Hunter. “We keep working on ways to keep him out of the hospital and improve his quality of life.”

CarePartners is a nonprofit healthcare organization dedicated to helping patients live full and productive lives despite illness, injury, disability or age-related issues. Its four main areas of care include: Rehabilitation, Home Health, Adult Care and Hospice. Learn more about CarePartners at carepartners.org.

Nore Hunter, RN, is a Clinical Resource Nurse Educator with CarePartners. (828) 252-2255

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What Is ALS?

Amyotrophic lateral sclerosis (ALS), also called Lou Gehrig’s disease, is a progressive neurodegenerative disease that devastates the nerve cells in the brain and spinal cord. This degeneration of motor neurons eventually leads to their demise and results in the inability of the brain to initiate and control muscle movement. With this muscle loss, people can lose the ability to speak, eat, move and breathe.

- Average life expectancy is about 2-5 years from diagnosis; more than half of ALS patients live more than three years after diagnosis.
- Approximately 6,000 people in the US are diagnosed with ALS each year.
- It is estimated that 20,000 Americans may be living with ALS at any given time.
- Most people who develop ALS are between ages 40 and 70, with an average age of 55 at the time of diagnosis.
- ALS occurs throughout the world and has no racial, ethnic or socioeconomic boundaries.
- Military veterans are approximately twice as likely to develop ALS.
- ALS is 20 percent more common in men than women.
- Most of the time, ALS is not inherited. In about 90 percent of cases the person is the only member of the family with the disease.
- Since ALS attacks only motor neurons, the sense of sight, touch, hearing, taste and smell are not affected.

For more about ALS, and resources for patients and their caregivers, visit als.org.
Empowering through Education

Knowledge is power when it comes to women’s reproductive cancer
By Cheri Hinshelwood

Small things matter. September is National Gynecologic Cancer Awareness Month — a great time to note the little things to know and do about your risks for three main cancers of women’s reproductive organs: cervical, ovarian and endometrial cancer. “Take an active role in your health,” said Megan Daw, MD, MPH, a gynecologic surgeon with Western Carolina Women’s Specialty Center. “Know your family history, get regular screenings, watch for small changes in your menstrual cycle, appetite or bowel and bladder habits, and maintain a healthy weight.”

Cervical Cancer
In 2017, 12,820 women will be diagnosed with cervical cancer. Regular Pap smear screenings have reduced incidence by 50 percent in the last 30 years.

Common symptoms
- Abnormal vaginal bleeding and discharge
- Pelvic pain
- Bloating

Prevention/detection tips
- Get regular Pap screenings starting at age 21 and human papillomavirus (HPV) test starting at 30
- Get girls and boys vaccinated for HPV starting at age 11
- Limit sexual partners to limit exposure to HPV virus
- Quit smoking

Ovarian Cancer
About 22,440 women will be diagnosed with ovarian cancer this year; half occurs in women age 63 and older.

Common symptoms
- Bloating
- Pelvic or belly pain
- Trouble eating or feeling full quickly
- Changes in bowel and bladder habits

Prevention/detection tips
- Maintain ideal weight
- Consider two tests used to screen for ovarian cancer: the CA-125 blood test and transvaginal ultrasound (TVUS) for women at high risk with a family history of certain cancers

Endometrial (Uterine) Cancer
About 61,380 women will be diagnosed with uterine cancer this year, mostly over age 60.

Common symptoms
- Abnormal vaginal bleeding, spotting or discharge
- Pelvic pain
- Losing weight

Prevention/detection tips
- Endometrial cancer cannot be prevented; lower your risk by maintaining a healthy weight and being active
- Seek medical care for abnormal pelvic pain or bleeding
- Any bleeding after menopause should be evaluated

Need to connect with a gynecologist? To find one in your area, visit mission-health.org/womens.
Do You Tinkle When You Laugh?

Women are twice as likely as men to have urinary incontinence

By Jaime Taylor

Bladder leakage treatments could include the following, depending on the symptoms

- Behavior therapies (such as pelvic floor exercises)
- Adjusting the timing of fluid consumption
- Medication
- Device inserts (such as urethral inserts)
- Surgery (such as a sling procedure)

Do you unintentionally pee a little when you laugh, run, cough, sneeze or lift objects? Or, do you feel like you have to go back to the bathroom right after you’ve just gone?

If so, you’re not alone, and there is nothing to be embarrassed about. Urinary incontinence (also known as stress incontinence) is much more common than you may think. The good news is there are treatments available.

“It’s very common for women to experience bladder leakage during physical activities or stressful events,” said Brian Cohen, MD, a urologist with Victoria Urological Associates, an affiliate of Mission Health.

Urinary incontinence, the unintentional loss of urine, can happen when physical movement puts pressure on the bladder. These types of pressure can include coughing, sneezing and physical activity such as running.

“The main thing is not to be embarrassed,” said Dr. Cohen. “Bladder leakage is very common, and there are treatments to help manage symptoms.”

If you are one of the many women who experience urinary incontinence and would like assistance, contact Dr. Cohen at Victoria Urological Associates, an affiliate of Mission Health, at (828) 254-8883.

By Jaime Taylor

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The Heart Truth about Diabetes
Diabetics are at greater risk for heart problems
By Jason Schneider

People with diabetes are at higher risk of heart disease as a result of insulin resistance and high blood sugar, both of which are damaging to blood vessels,” said Autumn Carroll, clinical pharmacist and certified diabetes educator at Mission Health. “This damage to blood vessels can happen in any area of the body, but when it happens to the arteries supplying blood to the heart, it can result in the catastrophic event of a heart attack.”

So what are some important things to keep in mind about heart disease if you have diabetes? Remember your ABCs:

A1C: A1C is the three-month measure of your blood sugar. “Reducing and maintaining an A1C as close to normal as possible, without frequent low blood sugars, greatly reduces your risk of heart disease,” said Carroll. “Talk to your doctor about what your A1C target should be, since this can vary based on many different factors. For most patients, setting an A1C target of less than 7 percent is a great place to start.”

Blood pressure: High blood pressure is a risk factor for heart disease, but can be especially bad combined with diabetes.

“People with diabetes should be screened for high blood pressure, and if it’s higher than 140/90 mmHg on two separate occasions, then it needs to be addressed,” said Carroll. “Reducing blood pressure will greatly reduce your risk of heart disease, as well as kidney disease.”

Cholesterol: The same process of insulin resistance that results in high blood pressure and Type 2 diabetes also increases cholesterol. National guidelines recommend most people with diabetes between the ages of 40-75 should be on a cholesterol medication for prevention. “There are exceptions,” said Carroll, “so it’s important to ask your doctor if you are someone who would likely benefit from one of these medications.”

To learn more about diabetes services at Mission Health, visit, mission-health.org/diabetes.

Autumn Carroll is a clinical pharmacist and certified diabetes educator with Mission Health. (828) 213-4637

Lose weight. If you’re overweight or obese, losing just 7 percent of your body weight can have dramatic results on insulin resistance and blood sugar.

Eat healthy. Eating healthy means eating mostly non-starchy vegetables with smaller portions of lean protein and complex carbohydrates (whole grains, starchy vegetables, fruit).

Be active. Activity reduces insulin resistance. If you elevate your heart rate with activity on a consistent basis, your heart will also get stronger and more efficient at pumping blood.

Talk to your doctor about medications. Medications are valuable and powerful tools that have been proven to dramatically reduce the risk of heart disease.
You’re not feeling well. Your doctor’s office is closed. What should you do?
Go online instead of going to a doctor's office.

“The goal of Mission Virtual Clinic is to provide access to care for minor illnesses without needing to be seen in an office,” said Steve North, MD, clinical director, Mission Virtual Clinic.

It’s Convenient
“It’s completely web-based,” said Dr. North. “It takes probably five minutes to fill out.”

The people who benefit most from Mission Virtual Clinic are those with a minor condition who might end up sitting in their doctor's waiting room longer than it takes for them to be diagnosed. “And, those folks who are busy, or when it’s first thing in the morning or at the end of the day,” said Dr. North.

With cold and flu season this fall, Dr. North said the virtual clinic can help with earlier evaluation and treatment.

It’s Fast
It’s a guided adaptive interview process, where a patient logs on to a secure website and responds to a series of 15 to 20 questions. “It’s very thorough,” said Dr. North, adding that it’s often more questions than asked in an office setting.

Then a provider, within 60 minutes, reviews the answers and their medical history, and determines whether this is something they can treat virtually. “They then proceed to either make a recommendation, prescribe medication when appropriate or refer the patient on for additional care or testing,” said Dr. North.

It’s Helpful
Mission Virtual Clinic treats a variety of common conditions, including cold, sinus infection and sore throat, flu, urinary tract infection, yeast infection, pink eye, cold sore and eczema.

“If a patient has a urinary tract infection, we have the ability to send the patient to one of several sites to get a urine analysis,” said Dr. North.

If a patient has certain criteria, such as fever above 101.5 degrees Fahrenheit or chest pain, for example, the program immediately tells them they need to be seen in person.

Skip the Trip—Just Click!
Get a response within one hour from 7 am to 10 pm. After hours, get a response from 7 to 8 am the following morning.

Consultation cost is $25, payable online by any major credit card. No fee is charged if Mission is unable to diagnose and offer a treatment plan.

Visit Mission Virtual Clinic at mission-health.org/virtualclinic.
Braces and Artificial Limbs

Wilder LaFond, Director of CarePartners Orthotics & Prosthetics, answers some common orthotics questions.

By Cheri Hinshelwood

Q: What is CarePartners Orthotics & Prosthetics and how can they help?
A: We’re a team of highly trained clinicians and other experts who make and fit braces and artificial limbs. Our patients regain independence and quality of life after losing a limb or the use of a limb from conditions like trauma, cerebral palsy, diabetes and stroke. We also help patients who have a deformity or pain.

Q: How do I get started?
A: We start with an evaluation including measurements, tests and impressions. Because most devices are made in-house, we walk to the next room to discuss unique requirements with our team.

Q: What’s a custom fit and will I get one?
A: Every brace or limb is custom fitted, if needed. A 3D digital scanner adds to our toolkit for accurate impressions, along with more traditional methods. Some new materials can be remolded to achieve a better fit as your shape or needs change, and adjustments can be made any time.

Q: Aren’t all artificial limbs about the same?
A: Nope. New materials, computers and techniques customize devices for any lifestyle. For example, an artificial hand can be fitted with a knife suited for the next Iron Chef while an artificial foot providing energy return is an option for runners. Accessories and performance options return patients to work and passions, while cosmetic choices add style.

Q: My mom just needs a knee brace, can I just pick one up?
A: These devices are highly adaptable and adjustable, requiring an evaluation, fitting and patient education for care and comfort.

Q: What happens if my brace just doesn’t feel right anymore?
A: Bodies are constantly changing. No matter how long it’s been, call us for an adjustment. We help get the right fit. There’s usually no charge for adjustments or follow ups.

CarePartners Orthotics & Prosthetics is the region’s leader in providing the finest comprehensive care and assistive devices for people living with amputation or disability, from infants to the elderly. For more information, visit carepartners.org or to set up an appointment, call (828) 254-3392.
Beating Vertigo
Physical therapy gave Clara Harris her life back
By Robert A. Poarch

A retired cloth grader, 85-year-old Clara Harris has lived in Burnsville all of her life and suffered from dizziness since she was young. After visiting several doctors and still having dizzy spells, she was diagnosed with benign paroxysmal positional vertigo after meeting Sarah Osborne, DPT, a physical therapist at the Blue Ridge Fitness and Rehab Center.

“When I walked in, Sarah asked if I had a dizzy head,” said Harris. “And, she said ‘I can fix that.’”

Before Osborne’s help, Harris’s vertigo severely limited her life. As with many who suffer from positional vertigo, Harris didn’t feel comfortable leaving her home. “I missed one of my best friend’s funeral, because I was sick in the bed,” she said. “I felt really bad. I tried to explain to the family that I just couldn’t go.”

Osborne described severe vertigo like what Harris had as “having a strong sensation of spinning, especially with position changes, and having a poor sense of balance all the time.”

“It felt like I was falling and I couldn’t stop falling. And, you’re afraid you’re going to fall all of the time,” said Harris.

Osborne used a modified version of the Epley maneuver to treat Harris. Osborne turned Harris’s head to the side where the vertigo was the worst. Then, she laid the patient on her back with her head hanging off the edge of the table. Osborne gently moved Harris’s head in different positions, essentially realigning crystal debris in Harris’s inner ear that communicates balance to the brain, until the vertigo disappeared.

Osborne said, “I describe it to my patients as like the kid’s maze toy where you have to roll the marble in a hole. Once we get the marbles in the correct hole, the symptoms of vertigo go away.”

“The treatment is painless,” said Harris.

Most people get 80 to 90 percent healed with one treatment. “My goal is 100 percent improvement,” said Osborne. “Because even a small amount of debris will cause disequilibrium and poor balance. Because it’s fixable, my goal is to fix it.”

“It’s been wonderful, because Sarah’s helped me so much,” said Harris. “I’m able to do more things. I can drive and go to the store. Clara is back!”
Parkinson's disease is progressive, with symptoms intensifying over time. The once confident motions of a brisk walk become stiff and slow. While Parkinson's disease may make subtle advances, what's not subtle is the effect exercise has to roll back time when combined with drug therapy.

**Progression of Parkinson's Disease**
Without a test to confirm Parkinson's, neurologists diagnose patients who are mostly age 60-80. Parkinson's disease impairs brain cells, slowly stopping them from making dopamine, a chemical responsible for delivering messages about movement and coordination. Family members often first notice slow walking, balance issues or resting tremors — the telltale signs of Parkinson's. Other signs are lost sense of smell, difficulty with small movements like buttoning clothing and stiffness in limbs or trunk.

**Good Reason for Optimism**
"Patients fair better when they are devoted to exercise," said Brian Averell, DO, neurologist with Mission Neurology. "It’s almost as important as taking their medicines." According to studies, patients who exercise have more normal motor activities. Mounting evidence suggests exercise may protect brain cells from further loss and restore lost connections. Exercise is fast sprinting to the spotlight as a crucial part of managing Parkinson's.

"We’re hopeful, because we never know what advances are right around the corner,” said Dr. Averell.

**Treatment**
Medications used to manage Parkinson's replace dopamine in the brain. Deep brain stimulation is an option to help manage tremors and stiffness and slowness. Specially designed exercise programs for Parkinson's like LSVT BIG® and LSVT LOUD® help patients exaggerate movement and sound to negate the minimizing effects of Parkinson's. While some patients consider alternative treatments and dietary modifications, these should only be considered as part of a legitimate exercise and medication regime.

"Patients feel they’ve turned back time, after addressing Parkinson's with medicines and exercise," said Dr. Averell.
Dramatic scenes from popular movies may have slanted our views on mental health. Britt Peterson, MD, MPH, DFAPA, a psychiatrist with Mission Psychiatric Services and the Fresh Start Behavioral Health Program of Transylvania Regional Hospital, takes a closer look at the facts.

Myth 1
Mental illness is not a real medical problem; it's a personal weakness.
Fact: Genetics, environment, life events and other stresses can affect brain activity that influences our mood, thinking and ability to function. Mental health is complex, and recovery often requires more than positive thinking. Professional help can lead to finding effective therapies to improve brain function and quality of life. Asking for help shows strength, not weakness.

Myth 2
There is no connection between my physical and mental health.
Fact: People with mental illness have higher rates of chronic diseases like chronic pain, heart disease and diabetes. On the flip side, studies show improved mental health leads to better management of physical health conditions. As US Surgeon General David Satcher once said, “There is no health without mental health.”

Myth 3
People with mental illness are all “crazy” and get forced treatment.
Fact: Numerous mental illnesses affect millions of Americans differently including anxiety, mood, eating and substance use disorders, or ADHD. Treatments usually range from talk and behavioral therapy to medications. Hospital treatment, especially against someone’s will, is rare and occurs only when someone is in immediate danger because of severe mental illness.

Myth 4
Mental illness is common for older adults, but not for children and teens.
Fact: Many mental illnesses in adults begin in childhood or adolescence. About 20 percent of children have mental health problems. While mood changes and intense emotions are normal, problems functioning can point to the onset of a mental health condition. Mental health is complex. It’s important to be your own advocate for your overall well-being.
BEING LITTLE IS A BIG DEAL.

Whether it's a broken arm, appendicitis or asthma, care from a kid expert is essential. Mission Children’s Hospital is home to the region’s kid experts.

To learn more about western North Carolina’s only full service children’s hospital, visit missionchildrens.org

(828) 213-1740
Rami Arrouk, MD, joins the pediatric specialist team at Mission Children’s Hospital. Dr. Arrouk is a graduate of the University of Damascus Faculty of Medicine in Damascus, Syria. He is board certified in pediatrics and previously served as a pediatrician with Golden Valley Health Centers in Modesto, California, for several years before returning to academics to complete his pediatric gastroenterology fellowship at Louisiana State University.

Marc S. Haro, MD, joins Mission Orthopedics Asheville Orthopaedics Associates, an affiliate of Mission Health. Appointed as the Medical Director of Mission Sports Medicine, Dr. Haro is a board certified orthopedic surgeon with specialized fellowship training in complex knee injuries and cartilage restoration. He earned his medical degree from the Indiana University School of Medicine, and completed his residency at the University of Virginia School of Medicine. In 2013, Dr. Haro completed a fellowship in sports medicine at Midwest Orthopaedics at Rush, and since 2014, has served as an Assistant Professor in the Department of Orthopaedics at the Medical University of South Carolina in Columbus. His “on the field” experience includes working with the Indianapolis Colts, Chicago Bulls and Chicago White Sox, as well as the athletic departments of Purdue University, University of Virginia, James Madison University, DePaul University and Wabash College. He was most recently the lead team physician of the Charleston Riverdogs, the New York Yankees minor league team affiliate in Charleston, and will now serve as the lead physician for the UNCA Bulldogs.

Tristan Keys, MD, urologist, joins Mission Urology and Victoria Urological Associates, an affiliate of Mission Health. Dr. Keys attended medical school and recently completed his residency at Wake Forest University School of Medicine in Winston-Salem, North Carolina.

Dr. Keys sees patients from the Victoria Urological Associates office located at 100 Victoria Road in Asheville. The phone number to schedule an appointment is (828) 254-8883.

Roy W. King, DO, joins Mission Neurology as a Neurologist and Sleep Medicine specialist. Dr. King is a graduate of Lake Erie College of Osteopathic Medicine in Erie, Pennsylvania. He completed his internship and residency at the Medical University of South Carolina in Charleston, South Carolina. Dr. King is board certified in Neurology and Sleep Medicine.

Dr. King sees patients from the Mission Neurology office located at 890 Hendersonville Road, suite 200, in Asheville. The office number is (828) 213-9530.

Eric Yeung, MD, joins Asheville Cardiology Associates – Hendersonville. Dr. Yeung is a graduate of Boston University School of Medicine in Massachusetts. He completed his residency at the Naval Medical Center Portsmouth in Virginia and later earned his cardiovascular fellowship at the Walter Reed National Military Medical Center in Bethesda, Maryland. Dr. Yeung is board certified in internal medicine and cardiology.

Dr. Yeung sees patients from the Asheville Cardiology Associates – Hendersonville office located at 691 Blythe Street Court in Hendersonville. The office number is (828) 693-5010.

Please join us in welcoming them to our community.
Calendar of Events

September through November 2017

All events are free unless noted. Event dates and times subject to change.

BLOOD DRIVES

Angel Medical Center  
Oct 6, 8 am-2 pm  
120 Riverview St., Franklin

Blue Ridge Regional Hospital  
Nov 16, 11 am-2 pm  
125 Hospital Dr., Spruce Pine

Highlands-Cashier Hospital  
Oct 2, 9 am-2 pm  
190 Hospital Dr., Highlands

McDowell Hospital  
Sep 14, 12 am-5 pm  
430 Rankin Dr., Marion

Mission Health Business Office  
Oct 12, 10 am-3 pm  
50 Schenck Parkway, Asheville

Mission Health CarePartners  
Oct 11, 12:30-5:30 pm  
68 Sweeten Creek Rd., Seymour Auditorium, Asheville

Mission Memorial Campus  
Oct 19, 7-6 pm  
501 Biltmore Ave., lobby, Asheville

Transylvania Regional Hospital  
Oct 12, 9 am-3 pm  
260 Hospital Dr., Brevard

MEN’S HEALTH

Men’s Night Out: Prostate Cancer  
Sep 26, 5:30 pm  
Angel Medical Center, 120 Riverview St., 3rd floor Video Conference Room, Franklin

Men’s Night Out: Men’s Health  
Nov 14, 5:30 pm  
Angel Medical Center, 120 Riverview St., 3rd floor Video Conference Room, Franklin

SUPPORT

ALS (Lou Gehrig’s Disease) Support Group  
4th Friday of each month, 1-2:30 pm  
23 Edwin Place, Asheville  
Contact Pamela Brown at (828) 252-1097

Aphasia Support Group  
Every Monday, 10 am-12 pm  
Grace Covenant Presbyterian Church, 789 Merrimon Ave., Asheville  
Contact Edna Tipton at (828) 684-9619 or ednatip@aol.com  
For more information, visit www.ashevilleaphasia.org

Begin the Conversation: End-of-Life Care Planning  
3rd Monday of the month, 5:30-6:30 pm  
CarePartners, 68 Sweeten Creek Rd., Seymour Auditorium, Asheville  
Contact Dylan Babb at (828) 775-7111  
Please call ahead if you are attending

Bereavement Support Groups  
Call for dates and times  
CarePartners Bereavement Center, 68 Sweeten Creek Rd., Asheville  
For information, call (828) 251-0126

Brain Injury Support Network  
4th Tuesday of each month, 6-7:30 pm  
Foster Adventist Church, 375 Hendersonville Rd., Asheville  
Contact Lynn Williams at (828) 683-8788 or Karen Keating at (828) 277-4868

Brain Injury Support Group  
Open to adults who have experienced any form of brain injury, such as stroke, traumatic brain injury, Parkinson’s or ALS  
1st Wednesday of each month, 3:30 pm  
Angel Medical Center, 120 Riverview St., Cafeteria, Franklin  
For more information, call (828) 349-6641 or (828) 349-6679

Breastfeeding Support Group  
You’re not in this alone! Whether you’re a new or experienced mom, we want to help! Bring your little ones, meet other moms, and engage in breastfeeding & pumping education and peer support. Led by a certified lactation consultant. Other siblings are welcome. No appointment is needed, just drop in. Every Wednesday of the month, starting Aug 9, 10 am-12 pm  
McDowell Pediatrics Office, 387 US-70, Marion

Burn Survivor Support Group  
1st Saturday of each month, 2-4 pm  
CarePartners Seymour Auditorium, 68 Sweeten Creek Rd., Asheville  
Contact Frank Hensley at frank@greenstreet.org

Caregivers Support Group  
3rd Wednesday of each month, 3:30-5:30 pm  
CarePartners Adult Day Services, 68-A Sweeten Creek Rd., Asheville  
Contact Kenya Miles at (828) 277-3399

Ehlers-Danlos Syndrome Support Group of Asheville  
4th Saturday of each month (except in November and December, 3rd Saturdays)  
10 am-12 pm  
Unitarian Universalist Congregation of Asheville, 23...
Edwin Place, Asheville
For more information, visit chronicpainpartners.com/asheville-nc-eds-support-group/

Grief Classes
CarePartners Bereavement Center, 68 Sweeten Creek Rd., Asheville
For information, call (828) 251-0126

Hearing Loss Support Group
3rd Saturday of each month, 10:30-11:30 am
CarePartners Seymour Auditorium, 68 Sweeten Creek Rd., Asheville
Contact Ann Karson at (828) 665-8699 or akarson57@gmail.com

Limb Loss Support Group
1st Thursday of the month, 4 pm
CarePartners Conference Room B, 68 Sweeten Creek Rd., Asheville
Contact David Taylor at (828) 254-3392

Ostomy Support Group
2nd Thursday of each month, 5:30 pm
1 Hospital Dr., suite 4300, Asheville
To verify date and speaker, call (828) 213-4652

Post-Polio Resource Group
2nd Saturday of the month, 1-3 pm
Asheville
Contact Charles Henson for location at (828) 648-1938 or janicehenson1@aol.com

Spinal Cord Injury Support Group (patients and caregivers)
3rd Thursday of the month, 11 am-12 pm
CarePartners Rehabilitation Hospital Family Room, 68 Sweeten Creek Rd., Asheville
Contact Debbie Johnson, PT, at (828) 274-2400, ext. 41112

Stroke Education and Support Group
2nd Thursday of the month, through May, 12:15-1 pm
CarePartners Seymour Auditorium, 68 Sweeten Creek Rd., Asheville
Contact Robin Smith at (828) 274-9567, ext. 41101

Mission Hospital, 1 Hospital Dr., Asheville
Call (828) 213-4100 or visit missionhealth.org

Mission Weight Management: Free Medical Information Session — Mission Hospital
An information session on a program designed to help you lose weight without surgery with the help of trained medical professionals.
Sep 6, 11 am; Sep 21, 6 pm; Oct 4, 11 am; Oct 19, 6 pm; Nov 1, 11 am; Nov 16, 6 pm

Mission Weight Management: Free Surgical Information Session — Blue Ridge Regional Hospital
Learn about our many surgical options for weight loss.
Sep 7, 5:30 pm; Nov 2, 5:30 pm
Mauzy-Phillips Center, 189 Hospital Dr., Spruce Pine
Call (828) 213-4100 or visit missionweight.org

Mission Weight Management: Free Surgical Information Session — Mission Hospital
Learn about our many surgical options for weight loss.
Sep 8, 1 pm; Sep 19, 5:30 pm; Sep 22, 1 pm; Sep 25, 5:30 pm; Oct 6, 1 pm; Oct 17, 5:30 pm; Oct 23, 5:30 pm; Oct 27, 1 pm; Nov 10, 1 pm; Nov 21, 5:30 pm; Nov 27, 5:30 pm
Mission Hospital, 1 Hospital Dr., Asheville
Call (828) 213-4100 or visit missionweight.org

Mission Weight Management: Free Surgical Information Session — Cherokee
Learn about our many surgical options for weight loss.
Sep 21, 5:30 pm; Nov 16, 5:30 pm
1 Hospital Dr., Cherokee
Call (828) 213-4100 or visit missionweight.org

Mission Weight Management: Free Surgical Information Session — Fletcher
Learn about our many surgical options for weight loss.
Oct 19, 5:30 pm
Fletcher YMCA, 2775 Hendersonville Rd., Fletcher
Call (828) 213-4100 or visit missionweight.org

Mission Weight Management: Free Surgical Information Session — Marion
Learn about our many surgical options for weight loss.
Sep 7, 5:30-7 pm; Nov 2, 5:30-7 pm
Corpening Memorial YMCA, 348 Grace Corpening Dr., Marion
Call (828) 213-4100 or visit missionweight.org

WEIGHT MANAGEMENT

For a full list of Mission Health’s events, visit calendar.mission-health.org
For more than ten years, Mission Health has treated patients in western North Carolina with the CyberKnife, a fully robotic and precise radiation delivery system that treats both cancerous and noncancerous tumors and other targets. Originally developed to treat brain tumors, the technology has dovetailed to also treat patients with inoperable lung cancers due to emphysema or other pulmonary issues.

“Though we’ve also used the CyberKnife to treat abdominal and pelvic tumors, the vast majority of our procedures, roughly 90 percent, have been brain tumors and lung cancers,” said Eric Kuehn, MD, Radiation Oncologist with Mission Health.

However, since the inception of the CyberKnife, there have been medical groups around the country that have used the machine to treat prostate cancer and, moreover, sing its praises for the positive outcomes that resulted. “The problem from Mission Health’s standpoint is that nobody had ever published any long-term outcomes or data about it. That’s why many facilities, particularly nonacademic facilities, weren’t willing to make that leap of faith to exercise the treatment of prostate cancer with the CyberKnife simply based on word of mouth,” said Dr. Kuehn.

To address this issue, in the last three years, institutions from across the country that were engaging in this treatment option pooled their collective data and published the report, which is what many radiation oncologists were waiting for.

Dr. Kuehn’s first use of the CyberKnife to treat prostate cancer took place this July, and he expects to use it almost exclusively for qualifying patients moving forward.

“Bottom line, from a clinical standpoint, the data looked great and strongly suggested that use of the CyberKnife for treating prostate cancer was just as good in terms of outcomes,” said Dr. Kuehn. “The major benefit of the CyberKnife for the patient is just five treatments over a week and a half versus the more traditional 39 treatments over a course of eight weeks.”

As the only provider in western North Carolina with this technology, Mission Health hopes to dramatically improve the care experience of patients with prostate cancer by exponentially decreasing the time of delivery, allowing patients to move on with their lives more quickly and cancer free.

To learn more about your treatment options with Mission Cancer Care, call (828) 213-2500 or visit mission-health.org/cancer-care.
Getting sick isn't convenient. We are.

How many times have you gotten sick or hurt before the doctor's office is open or after the doctor's office is closed? Now you can walk in and get the help you need sooner – even lab and radiology services. Mission My Care Now is available seven days a week from 7 am to 10 pm with no appointment necessary.* Plus, with an integrated electronic medical record across Mission Health physician practices, your health information is collected and available in one place so your providers can access your care updates. Why wait?

(828) 213-4444
missionmycarenow.org

*Days, times and services vary at some locations
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