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Have a Well Winter

It’s that time of year again — time to meet the challenges and rewards of the winter months head on. In this issue, you’ll find many stories that will inspire you to do just that. On page 12, read how Kendra Hamm used bariatric surgery at Mission Weight Management to achieve a healthy weight, and see her healthy eating tips for the holidays.

Check out healthy recipes for winter vegetables and soups on pages 8 and 9. Additionally, on page 10, learn how to train your brain to love healthy eating, and on page 11, find out how to start your weight-loss journey.

Don’t forget to get your flu shot this winter. You can find out everything you need to know about the vaccination by reading our fact sheet on page 3. You can also learn about staying in shape this winter, page 18, and protecting your back during the cold-weather months, page 24.

And as always, we have plenty of inspiring stories of patients who have succeeded and overcome with the right treatments and therapies. Turn to page 6, to learn how Jon Jones is meeting his goals after elective amputation, and then flip to page 14 to find out how little Olivia Stille is thriving after physical therapy for a congenital muscle condition.

There are many more topics covered in this issue, such as new technology for heart failure patients, page 16, early detection for scoliosis, page 21, eating disorders in children, page 22, and a new app for epilepsy sufferers, page 27. Along with these stories, you’ll find much more in this issue to help you be well, get well and stay well. Happy holidays; we’ll see you in the New Year!

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David Stegall, PA-C, is Director of Operations at Mission My Care Now.
Britt Peterson, MD, a psychiatrist with Mission Health, answers some questions about behavioral health
How would you define behavioral health?

I would define behavioral health as enhancing, maintaining and restoring functioning in people’s lives that can be impacted by their moods, thinking and/or daily activities.

What are some common behavioral health issues that you see?

Some of the most common issues involve the following: issues with extreme mood states, such as problems with depression, anxiety, or anger; issues with substance abuse or other addictive behaviors; issues with thinking, such as problems with concentration, memory or perceptions.

What are warning signs to look for behavioral health problems?

Some common warning signs are worsening isolation from other people, increased forgetfulness, doing things that one normally wouldn’t do that worry yourself or other people, using substances in an increasing or uncontrollable manner. More serious signs would be having wishes of death or dying, aggressive or violent behavior, thinking thoughts that others don’t understand or hearing/seeing things that other people don’t.

How should someone approach someone else about getting help with a behavioral health problem?

First, express to them that you will support them no matter what, and you want to better understand whatever they may be going through. Second, encourage them that there is no shame in seeking help from a professional — it is a brave and strong thing to ask for help when you really need it. A behavioral health professional is often an important resource, but it may be helpful to start with your primary medical provider. It is helpful for he or she to be aware of your concerns, and they can often get you started on the road to best finding the needed resources. Third, emphasize that they are not alone and there are many others who have experienced similar problems and have been able to recover. There are many helpful resources in our region and nationally to provide peer support and education for people living with behavioral health conditions.

What’s the biggest misconception about people with behavioral health issues?

There is unfortunately a large number of misconceptions surrounding behavioral health conditions. The biggest I would say is there is one type of person or behavioral health issue. There are a number of different behavioral health conditions and an even larger number of people living with these conditions. There are some common themes, such as living with the stigma of having a behavioral health condition.

What’s your personal motivation to help people?

The more I work with those individuals living with behavioral health conditions, the more I am amazed at their resilience. They have this despite facing many difficult life circumstances, symptoms that may sap even basic functioning that most people take for granted to get through life, and the stigma they often face in our society. It is a privilege to work with them to help find for the first time or find a new hope and courage to work through these challenges to not just recover from their illnesses, but even help others recover with great wisdom and compassion. It pays forward to everyone, including me, in helping us all learn how to better overcome the challenges and adversity in life that we all face in various points of our lives.
CarePartners physical therapist Laura Dylus first met Jon Jones in January 2018 when he came in for a physical therapy evaluation. “I asked him, ‘How can I help you today?’ and he said, ‘I want to cut my leg off,’” recalled Dylus.

A 20-Year-Old Injury
In 1996, Jones, an Asheville artist, was involved in a car accident that broke his neck. “Three of my cervical vertebrae were fractured and bone fragments pierced parts of my spinal cord, resulting in what’s called an incomplete spinal cord injury,” Jones said.

Paralyzed at first from the shoulders down, against the odds Jones regained enough of his left side in the first year to walk with the aid of orthotics on his right leg and two forearm canes.

But the orthotics were painful, and even as he joined a gym and began living a healthier lifestyle, he was in constant pain because of his right leg. “My right leg wasn’t paralyzed, numb and limp,” he said. “Rather, my right leg was in constant spasm or flexed out straight, knee locked, pointing my toe like a calf cramp.”

Eventually, after much research and consultation with doctors, surgeons, orthotists, physical therapists and neurologists, Jones reached a decision: He would have his right leg amputated between the bones of the knee — what’s known as a knee disarticulation.

Before setting a date for surgery, Jones wanted to know what the postsurgery weeks and months would be like. That’s when he contacted CarePartners.

Preparing for Surgery
“I had been directed to CarePartners by my orthopedic physical therapists at Asheville Family Fitness, because they wanted someone whose expertise was spinal cord injuries and amputations to oversee my rehabilitation,” Jones said. “I met with Laura Dylus and she astounded me by digesting my 20-year spinal cord injury history and my goal of an elective knee disarticulation in the 20 minutes it took me to put it in words.”

“This is the first time in my 17 years as a physical therapist that I had a patient elect to have an amputation related to a spinal cord injury,” said Dylus. “After we discussed his history, we went into the physical examination, which included assessing Jon’s muscle strength, sensation and balance. We did an analysis of his walking and movement. Jon needed therapy to prepare him for using his prosthesis and work on overall muscle recruitment in ways he was not currently doing.”

Before he left CarePartners that day, Jones added, he was scheduled to work once a week with Dylus on gait training and once a week with aquatic therapist Ellen Hoechstetter for core strengthening. He also met with Jeremy Migner at CarePartners Orthotics & Prosthetics to better prepare for his “transition into amputee life with a prosthetic leg,” Jones said.

Jones’ elective amputation was performed on March 23.

“A couple of weeks before surgery, I got a ‘cut here’ tattoo on my right leg, exactly where I thought the first incision would be,” he said. “After my tattooed punchline got a good laugh in the operating room, Donald Gajewski, MD, of Mission Cancer Care, removed my lower right leg (tibia, fibia and foot), while leaving my entire femur intact. I was released from the hospital within days and was at CarePartners Outpatient for physical therapy within a week.”

By the way, Dr. Gajewski was able to preserve the tattoo.

“I see weekly results as I continue my physical therapy with Laura, and every day has moments in which my new stride gives me so much joy.”
Meeting the Challenges

At first, said Jones, his physical therapy was focused mostly on pain management and maintaining his flexibility.

“The pain and lack of sleep was taking its toll on my morale, but my entire CarePartners team aided me with encouragement, empathy and did all they could to help me find ways to sleep and rest through my recovery,” Jones said.

One month after his surgery, Jones was standing on a prosthetic leg. “I haven’t been that happy since I first stood after my spinal cord injury,” he said. “I see weekly results as I continue my physical therapy with Laura, and every day has moments in which my new stride gives me so much joy.”

As a therapist, said Dylus, there is no greater gift than seeing your patient be successful with meeting their personal goals. “Jon lets me challenge him — and it’s obvious he trusts me because I work him hard,” she said. “We have strong communication, and that is vital because I need to know how he is doing with activities and pain when he isn’t in the clinic. I cannot praise him enough for the work he continues to do outside of therapy.”

Jones says he spent almost 20 years accepting and adapting to his injury, but never doubted his ability to live a fulfilling life. “I had lost hope that science would find a way to heal spinal cord injuries while I was young enough to benefit,” he said. “Amazingly, the key to a better life for me was to be discovered in the world of prosthetics.”

Laura Dylus is a physical therapist with CarePartners.
Winter Kale and Brussels Sprout Salad

**ingredients**

- ¼ cup fresh Meyer (or regular) lemon juice
- 2 tsp Dijon mustard
- 1-2 Tbsp olive oil
- ¼ tsp salt
- 1 tsp freshly ground black pepper
- 1 tsp maple syrup (substitute Splenda® or stevia for noncaloric option)
- 1 large bunch of kale, center stem discarded, leaves thinly sliced
- 12 oz Brussels sprouts, trimmed, finely grated or shredded
- ½ cup toasted chopped walnuts
- ½ cup finely grated Pecorino or parmesan
- 2 Tbsp dried cranberries

**preparation**

Whisk together the first 5 ingredients to make the dressing. Add a small amount of sweetener to desired taste. Add kale and shaved Brussels sprouts to a large salad bowl.

Pour the dressing over the greens and massage the leaves for 1-2 minutes until slightly wilted. Add walnuts, parmesan and cranberries, and stir to combine. Let sit for 15 minutes before serving. **Tip:** Add shaved fennel for a unique flavor component.

**4 servings**

Nutrition information (per serving): 178 calories; 11.7 g fat; 464 mg sodium; 14.3 g carbohydrates; 3.9 g fiber; 5.8 g sugar; 5.4 g protein
20-minute Chicken Creole

**ingredients**
- 12 oz boneless, skinless chicken breast, cut into thin strips
- 1 cup canned whole peeled tomatoes, chopped
- 1 cup chili sauce (look for lowest-sodium version)
- 1½ cup green bell pepper, rinsed and chopped
- 1½ cup celery, rinsed and chopped
- ¼ cup onion, chopped
- 1 Tbsp garlic, minced (about 2-3 cloves)
- 1 Tbsp fresh basil, rinsed, dried and chopped (or 1 tsp dried)
- 1 Tbsp fresh parsley, rinsed, dried and chopped (or 1 tsp dried)
- ¼ tsp crushed red pepper
- ¼ tsp salt
- Cooking spray

**preparation**
Spray sauté pan with cooking spray. Preheat over high heat. Cook chicken in hot sauté pan, stirring for 3-5 minutes. Reduce heat. Add tomatoes with juice, chili sauce, green pepper, celery, onion, garlic, basil, parsley, crushed red pepper and salt. Bring to a boil over high heat, and then reduce heat to simmer. Simmer, covered, for 10 minutes. *Tip:* Serve over brown rice.

**4 servings**

Nutrition information (per serving): 274 calories; 5 g fat; 1 g saturated fat; 383 mg sodium; 30 g protein; 30 g carbohydrates; 4 g fiber

*Source: National Heart, Lung, and Blood Institute*

White Bean and Rosemary Hummus

**ingredients**
- 1 15-oz can cannellini beans, rinsed and drained
- 2 Tbsp tahini
- 2 Tbsp balsamic vinegar
- 2 Tbsp lemon juice
- 1-2 cloves garlic, minced
- 2 Tbsp freshly ground black pepper
- ½ tsp salt, or to taste

**preparation**
Add all ingredients to a food processor, and pulse until creamy. Add small amount of water as needed. Adjust seasonings to taste. Let sit in the refrigerator before serving. *Tip:* This makes a great appetizer for a holiday get-together. Serve with baby carrots, fresh broccoli or toasted whole wheat pita bread.

**8 servings**

Nutrition information (per serving): 65 calories, 2 g fat, 10 g carbohydrates; 3 g fiber; 0.2 g sugar; 3.7 g protein
To Cheat or Not to Cheat

Train your brain to love healthy eating

By Garth Davis, MD, FASMBS

I have seen many who were successful doing diets I would never recommend, and others who have struggled with my prescriptions. That being said, there is enough data to make some generalizations, and I don’t like cheat days or cheat meals.

Extreme diets rarely work. I can list many reasons I don’t like cheat meals, but the prime reason is that it implies you are doing an extreme diet. There is a database known as The National Weight Control Registry of people who have been successful losing weight and keeping it off.

I see people lose huge amounts of weight on extreme diets like ketosis and HCG, but they always gain back the weight. For me, success is not weight loss, but weight maintenance, and when you look at the registry of maintainers, they are not doing extreme diets. They eat a generally low-fat diet, but more importantly, eat a consistent diet. Consistency is key, and cheat meals are the antithesis of consistency.

Cheat meals tend to strengthen our weaknesses. You say to yourself, “If I can just eat healthy all week, then I can have a cheeseburger on Sunday.” Seems innocuous enough. You are inadvertently reinforcing your love of the cheeseburger and conditioning yourself to hate healthy eating.

All week you will dream of the burger. When you finally take a bite, you will begin dreading the next week of healthy eating.

Train your brain. I often have patients take a picture of themselves that they don’t like, maybe holding a bag of medicines, and surround that picture with pictures of food that they typically eat. After that visual daily, when they see a cheeseburger, they no longer crave it. Instead, the cheeseburger is associated with gaining weight.

Likewise, I have them take a picture of their goal, maybe a healthy person crossing a finish line, and surrounding that picture with pictures of colorful fruits, vegetables and bean dishes. That way, they associate these foods with reaching their goals and notice the beauty of colorful vibrant foods.

It doesn’t take willpower. A cheeseburger looks like a fat, greasy, colorless food that will make me feel ill. I would much rather eat a beautiful, bright salad with fresh, local ingredients that I know will make me feel fantastic and help me reach my goals.

This isn’t just a mindset change, it has actually changed my tastes. So the idea of “cheating” becomes bizarre. Instead, I enjoy every healthy meal during the week, and I stay consistent.

Garth Davis, MD, FASMBS, is the Medical Director of Mission Weight Management.

To learn more about Mission Weight Management and to sign up for a free information session, call 828-213-4100 or visit missionweight.org.
Free Weight-Loss Info Sessions

Q+A

Start your journey to a healthier you

By Lindsey Grossman

Mission Weight Management Executive Director Bonnie Nece can’t think of a better moment in her day than one centered around speaking with patients in the waiting room, at check-out and particularly during the free weight-loss information sessions. “Seeing the faces of our patients glowing with anticipation, happiness to feel supported and ultimately when they reach their personal wellness goals brings me great personal and professional joy,” said Nece.

If you’re considering a weight-loss plan, Nece explains why Mission’s free medical and surgical weight management information sessions are a great first step.

Q: Can anyone attend?
A: Mission Weight Management welcomes any individual who desires more information about surgical weight-management care or medical weight-management care. We welcome prospective patients and anyone they want to bring along for support.

Q: What happens during a session?
A: Patients meet in one of our weight management classrooms, which are comfortably set up with multiple screens and easy-to-access (wheelchair accessible) seating. A bariatric surgeon shares information in the sessions for our surgical program, and one of our lead dietitians presents the info for our medical programs. After the education seminar, patients have the opportunity to sign up for an orientation.

Q: What’s the greatest benefit to attending a session?
A: Patients get to see the clinic and meet some of the team who will be eventually taking care of them. Both sessions (medical and surgical) provide a tremendous amount of information for patients so they can make an informed decision about their weight-management care.

Q: Why are the sessions free?
A: We want prospective patients to feel there are no barriers to learning about all the services we provide. They are able to ask any and every question they may have without obligation.

Q: What surprises people most about the session?
A: The sessions are very, very informative, making the process easier with less concern about the unknown. Our staff is accommodating and helpful and genuinely loves helping and being there to support patients get healthier. We treat obesity as a disease, not a weakness in willpower.

Bonnie Nece is the Executive Director for Mission Weight Management.

Do you have a weight-loss New Year’s resolution? To register for a free information session, call 828-213-4100 or visit missionweight.org.
I Did It My Way

Bariatric surgery helped Kendra Hamm achieve health and weight-loss success

By Jennifer Sellers
It was never about the weight. That’s what Kendra Hamm, a paralegal who lives in Sylva, had to say about her decision to undergo bariatric surgery.

“My motivation throughout this whole process has always been about my health,” said Hamm. “I was never motivated by losing weight, per se, or being thin or wearing a bikini. I really just wanted to get healthy and bring my body back to good health.”

Hamm said she had struggled with her weight for her entire life, but especially the past two decades. As a result, health problems like sleep apnea and high blood pressure started creeping in. Hamm said that as her weight gain escalated, so did her sleep apnea, in particular. She was at the highest level on her BiPAP machine when her pulmonary doctor suggested surgery.

“My physician told me, ‘You’re going to be looking at some serious health issues in the very near future if you don’t address this,’” said Hamm. “She’s the one who encouraged me to go to the informational meeting.”

Prior to seeking information about bariatric surgery, Hamm had attempted to lose weight on her own and with the help of her primary care doctor. However, she says her body was just very out of whack at that point.

**Making the Decision**

When Hamm decided to undergo bariatric surgery through Mission Weight Management, she was very serious about it, and her planning reflected that. However, she said she was always planning to give herself an out, just in case.

“Honestly up until the very date I went there — even after I was fully committed in my efforts — in my mind I was still like, ‘You can still back out,’” said Hamm.

But go through with it, she did. And to prepare, she lost 50 pounds in advance. She did so by exercising and cutting things out of her diet that she would have to after surgery.

“I thought if I’m going to do this, I want to do it now — because if I can’t do it, I don’t want to put myself through surgery for something I’ll fail at,” she said.

**Maintaining Success**

Hamm’s surgery was in November 2016, following one of her more memorable Thanksgiving holidays. “I was on a liquid diet for that meal because it was just a week before my surgery,” she said.

In combination with the weight Hamm lost prior to surgery, she lost 125 pounds, total, following it. She has been able to maintain that loss for a year, and she said the credit goes to committing to the approach that was right for her.

“In conjunction with my surgery, I started doing yoga, meditation and therapy to make a holistic experience of it,” said Hamm. “These practices help me keep my focus on being healthy and kind to myself. So my focus now is less on food and more on how to do good things that aren’t detrimental. It’s a more balanced approach.”

“Surgery alone is only one tool in a patient’s weight-loss journey,” said Katherine Habenicht Yancey, MD, a bariatric and general surgeon with Mission Surgery and Mission Weight Management. “There are statistical percentages of body weight loss that is expected after surgery, but patients who lose the most weight and gain the most health benefits after their surgery participate in our multidisciplinary approach.”

**Holiday Eating after Weight Loss**

The holidays can be challenging for anyone trying to watch their eating, but especially for those controlling their weight following bariatric surgery. Now going on her third holiday season following the start of her weight-loss journey, Kendra Hamm is now a pro.

Her No. 1 tip is that she eats a protein bar shortly before the holiday dinner. That keeps her from wanting to overfill her plate during the meal.

“If I had any advice it would be that,” she said. “Try to time it out so that you eat a little something before your meal. That way, you can enjoy socializing without overeating.”

**Support from a Team**

Hamm said the team at Mission Weight Management supported her in her efforts every step of the way.

“They are a fantastic team,” said Hamm. “When you choose bariatric surgery, not everyone you tell will be supportive, but I felt very confident in telling people I have a whole team of people looking out for me, including counselors and nutritionists who are very helpful in encouraging my holistic approach.”

According to Dr. Yancey that’s how the Mission Weight Management team prefers to operate. “What’s unique about our program is that we have a medical arm and a surgical arm, and we tailor the experience for each patient,” she said. “We are able to cross between both sides of those resources and maximize weight loss for patients who have weight-loss surgery, as well as those who choose not to. It’s not all about surgery; it’s also about nutrition, body fitness, and overall mental and physical health.”

Hamm said that it has also been important to her that the team at Mission Weight Management has continually pointed her back to her hard work. “They remind me that I’ve been successful because I’ve done the work,” she said. “They let me have ownership of that. They attribute the success to me, not to them — but I enjoy sharing the success with them, because my surgery was a critical step, and the team really has helped me and encouraged me every step of the way.”

**Meet the Mission Weight Management team:** (l to r) Nicole Martinez, RD, Katherine Habenicht Yancey, MD, Garth Davis, MD, and Mary Messenger, PA

Mission Weight Management offers advanced weight-loss programs in a clinical and supportive environment. If you need a helping hand with weight management, we have safe and effective medical and surgical treatments for you. For more information or to register for a free information session, call 828-213-4100 or visit missionweight.org.
Olivia Stille was born in April 2016 with congenital muscular torticollis (CMT), a congenital condition caused by shortened neck muscles on one side of the body. But at the time, that was the least of her parents’ concerns — in fact, neither they nor Olivia’s doctors were aware of it yet.

“When I was pregnant with her, I found out she had some heart issues — when she was born, dealing with that was our first priority,” said Burnsville resident Dee Dee Stille, Olivia’s mother.

Olivia also had feeding issues in her early months and was additionally diagnosed with plagiocephaly, a condition in which a baby develops a flat spot on one side of the head.

It wasn’t until Olivia was around 6 or 7 months old that the CMT became apparent during a medical appointment.

“To be honest, I never really noticed it until it was pointed out,” said Stille. “She was already wearing a helmet for the plagiocephaly. It wasn’t until the doctor showed us, we could see that she was favoring her right side. It turns out that her muscles were very stiff.”

The Stilles were referred to Huff Center Therapies, where they would work with Julie Roueche, PT, to even out Olivia’s muscle strength and balance.

What Is CMT?
Due to the shortened muscles on one side of the neck, CMT can cause an infant to look and tilt his or her head more to one direction than the other, leading to stiffness and balance problems.

“Torticollis, or CMT, is essentially a clinical symptom,” explained Roueche. “You typically see the child’s head tilt to one side with the chin turned to the opposite side. This is mainly due to tightness of a neck muscle on one side — the muscle known as the sternocleidomastoid. Torticollis can occur due to a number of causes, a common one being intrauterine positioning.”

Stille said Olivia found a unique resting place during her natal development — under her mom’s ribs. “She actually has a scar from her nose to her eyebrow that is rib-shaped,” she said. “That’s where she preferred to be; I guess that’s just where she was most comfortable.”

While CMT can seem harmless, it does have negative effects if not addressed. “It can have a marked effect on the child’s motor development,” said Roueche. “It may affect the child’s perception of midline, the ability to hold the head upright and to look to both sides, roll to both sides, sit symmetrically and crawl. Vision could also be affected, and, left untreated, there is an increased risk for scoliosis over time.”

Playful Balance
Physical therapy is the best and simplest way to address CMT — and the earlier the better, said Roueche. “With early treatment, there is less stiffness and habit to work against,” she said. “Plus, treatment is much more difficult if the child is already crawling or walking.”

Stille started taking Olivia to physical therapy. They were soon able to do most of the exercises at home, with occasional follow up with the physical therapist. Unlike
being in a clinical environment, Olivia loved the home therapy because, to her, it was just like play.

“We made it fun for her,” said Stille. “She would sit on my stomach, and I would shift my weight from one side to another to help her stretch out her muscles. Or, I would put her toys on one side of her and make her reach for them, or get her to turn while playing peak-a-boo.”

“I just incorporated it into our playtime,” continued Stille. “It made it easier on both of us, and since we would play together anyway, it fit into our day nicely. There was no pulling out exercise mats and trying to force her to do stretches.”

Noticable Improvements
Stille said they started noticing improvement in Olivia’s CMT almost right away after starting therapy. Although, initially, their play therapy was almost too effective — Olivia shifted from favoring her right side to favoring her left. However, with a few adjustments, they were able to balance it out.

Roueche said that the therapy for CMT always involves gentle stretching, positioning and strengthening, but is customized based on the age of the child.

“Parental involvement is key,” said Roueche. “I have found that, once they understand the basics of the exercises, parents often come up with very inventive approaches to them — some that I borrow for other parents.”

Stille said Roueche was just as creative in helping Olivia. “Olivia is very much her own person — and she can be a bit stubborn — but Julie always makes everything fun for her,” Stille said. “She always knew exactly what Olivia preferred to play with and would intuitively pick out toys and activities for her.”

“I feel like we never had to explain anything to the staff; they always just knew what to do and what was best for Olivia — even Donna the scheduler knew us well and was there when Olivia graduated from therapy,” continued Stille. “I just love them. They always gave me the support I needed.”
A Higher Standard

Technology helps keep heart failure patients out of the hospital

By Jennifer Sellers
Having a stroke is a scary and confusing experience. During such a disorienting time, your life is in someone else’s hands. When those hands also happen to be capable and caring, it can make all the difference in your outcome. Lucille McClure of Highlands, and her husband, Richard, said that was definitely the case when she had her stroke in October 2017.

A Surreal Experience
“I woke up that morning and felt like I had vertigo,” Lucille remembered. “And when I moved my arms and legs, it felt like they kept going away from my body all the way across the room.”

The 73-year-old retiree had this experience while her husband was out on an errand. Somehow, she was able to make it to her living room to call her sister-in-law for help. To this day, she has no idea how she was able to get to the phone or make the call. “It was a God thing,” she said.

Medical professionals recommend dialing 911, rather than friends or family, during an emergency — especially in the case of a potential stroke, during which time loss leads to brain loss. Fortunately Lucille’s sister-in-law made the call when she arrived.

Lucille said the EMS crew arrived quickly and whisked her to Angel Medical Center (AMC). They also administered Altaplase, which helped Lucille until she could receive additional care.

“Altaplase is a lifesaving medication that attacks the blood clot that causes an acute ischemic stroke,” explained Lori Smith, Acute Stroke Ready team leader at AMC. “This medication is used to dissolve the clot and help restore blood flow to the brain.”

A Team Approach
Richard was able to get to the hospital just before Lucille arrived. He said he was impressed with the care they received there and from Mission Hospital, via video conference. “The neurologist in Asheville was there on video and could see everything that was needed and give instructions,” he said.

This is the type of seamless care patients can expect, said Smith. “AMC is an Acute Stroke Ready Hospital that works hand-in-hand with Mission Hospital, which is a comprehensive stroke center,” she said. “Together, we are able to provide prompt treatment at AMC, as well as comprehensive treatment options at Mission. On-site and telehealth resources are available 24/7 at both locations to better serve western North Carolina.”

AMC’s Acute Code Stroke Certification means the hospital has increased standards to support better outcomes for stroke patients. “AMC has gone through many steps to ensure patients are receiving top-notch care,” said Smith.

From the consultation at AMC, Lucille was taken to Mission Hospital to have a stent put in. The Altaplase was able to help her remain responsive most of her time at AMC and throughout the trip to Asheville, but as she arrived, she was regressing again. After the procedure, Lucille remained in the hospital for six days. She said she doesn’t remember anything about recovery until she entered CarePartners. There, she said, they kept her busy with physical therapy, speech therapy and occupational therapy from the time she woke up each morning until she went back to bed each evening.

“She had therapy of all kinds there, and she responded really well,” said Richard. “Her speech came back fast, and she was able to write as well as she did before. She always has had the most beautiful handwriting.”

Going Strong
Lucille has had an excellent recovery. She gets tired sometimes and needs to rest, but for the most part she’s back to life as normal, which includes engaging in her favorite form of physical and mental therapy: weed trimming.

Lucille also has fibromyalgia, and she had discovered that using a weed-eater had a therapeutic effect on her shoulder pain. She said it helps her focus her mind, too, and has been a favorite activity of hers since her stroke. “It’s kind of therapy for me,” she said. “I do a lot of it, and I love it. We have a big farm, so there’s a lot for me.”

Tending the farm is a long way from where Lucille was a year ago, but she’s thankful for all of the people who helped get her here. From the couple’s prayer group at Pine Grove Church to the EMS workers who took Lucille to the hospital to the staff members at Angel Medical Center, Mission Hospital and CarePartners, the McClures said all were integral in getting Lucille where she is today.

“She’s doing great,” said Richard. “As far as care goes, we couldn’t have asked for any better. From the time she left the house that day, to the time she returned, everything was taken care of. Because everyone did everything they were supposed to do, everything went well and smoothly.”

Time Matters
Lucille McClure’s amazing recovery from a stroke last year is due to a number of factors, but her husband, Richard, said one thing continues to stand out in his mind: timing. When it comes to stroke, quick treatment is a matter of life or death.

“Stroke care is time sensitive,” said Lori Smith, an Acute Stroke Ready team leader at Angel Medical Center. “It’s estimated that each minute a stroke goes untreated, the patient loses potentially 1.9 million neurons and ages the brain by over three weeks. It’s very important to seek treatment immediately upon any unusual symptoms appearing.”

Smith said AMC uses the BE FAST mnemonic to teach people to quickly identify stroke and get help:

- Balance
- Eyes
- Facial droop
- Arm weakness
- Speech difficulties
- Time: call 911 at onset of symptoms

Lori Smith is an Acute Stroke Ready team lead at Angel Medical Center.
Why is it that settling into the winter season comes so easy? Whether you’ve spent the last six months training or you’re just getting started after a long hiatus, as soon as the days get shorter and temperatures begin to drop, excuses surface. When this happens, that little voice tends to talk you “out of” more than “into” your next workout, and before you know it, it’s April and you haven’t laced up since before Thanksgiving.

Embrace the Cold

7 tips to keep up your fitness regimen this winter

By Calvin Mabry
While every case is different, it’s possible to conquer that sleeping bear (pun intended) inside you. With that in mind, Mary Helen Letterle, MBA, LAT, ATC, an athletic trainer and the manager of Mission Sports Medicine, offers advice for conquering the winter months:

**Dress for Success**
When braving cold temperatures, it is best to dress in layers. It is better to have extra layers that you can remove as you warm up rather than not enough. This is crucial to ensure that your head, torso and extremities are covered. Wool and sweat-wicking material are an ideal combination to help insulate and keep sweat away from your body. Avoid cotton, as it soaks up moisture from sweat and the elements, which can cool your body temperature drastically. Waterproof footwear and all-weather clothing are also important items. Bright-colored clothing is also important with the reduced visibility of the elements and shorter days.

**Skin Safety**
You may not be on the beach in 80-degree weather, but your skin is still at risk in the harsh elements. The dry and harsh temperatures tend to dehydrate your skin. To help combat this, drink plenty of fluids. Eight 8-ounce glasses of water a day is a good place to start. Moisturizing creams and lotions can also help with the seasonal dryness. Especially in the mountains, we are still at risk for sunburn. With every 1,000 feet of elevation, UV exposure increases 8-10 percent. Snow also reflects these powerful rays back at our bodies. Sunscreen and lip balm with SPF as well as sunglasses are just as important in the winter months.

**Breathe Easy**
It can often be uncomfortable when breathing in cold dry air. Air passages tend to narrow as the temperature of the air drops. This makes inhalation much more difficult. Don’t let this intimidate you and keep you from venturing outdoors. Breathing in first through your nose helps to warm and humidify the air before it gets to your lungs. Another strategy is wrapping a bandanna or scarf around your mouth, which will help keep the air you inhale moist.

**Use Your Head**
Always be aware of your surroundings when you venture outdoors. Be cautious with sheets of ice prevalent on sidewalks and roads. Avoid frozen bodies of water, as usually in western North Carolina the layer of ice is too thin to support much weight. With the winter months bringing more hours of darkness, make sure you plan your activities earlier in the day. Tell a friend where you are going, what you’re doing and how long you expect to be there.

**Partner Up**
Find a friend, family member or co-worker who you can pair up with for some winter workout sessions. If you have someone to exercise with, it can make the activity more enjoyable and help to hold you accountable. You don’t have to work out every day together, but you can share your workout plans and goals with them to help keep you on track. Sharing your goals with a partner can help maintain your motivation.

**Goal Setting**
Set both short-term and long-term goals for yourself and reward yourself along the way. By setting SMART goals (Specific, Measureable, Attainable, Relevant and Time-bound), you can celebrate your successes along the way. Having these goals in mind can help make your winter workouts seem a little more exciting and give them more purpose.

**Embrace the Season**
Sure the winter months can be drab, dark and cold, but there is always a bright side. Finding new activities can add some excitement to your winter routine. Skating, skiing, snowshoeing, sledding and playing in the elements are all fun ways to add some joy to your life in the winter months. A snowball fight may not seem like a workout, but it gets you outside and can add some enjoyment to your day. If the weather prevents you from venturing outside, you can mix your routine up by adding in a circuit workout or discovering a new hobby.
Grace Rice, CNM (certified nurse midwife), at Mission Women’s Care, sheds light on common midwife misconceptions. Rice emphasizes that whether you choose a doctor or midwife, your comfort level comes first: “The best caregiving relationships happen when communication is open, decisions are shared and mutual trust has been established.”

**MYTH 1**

**Doctors are safer than midwives.**

**TRUTH**

Solid research over the years has shown that midwives are just as safe as doctors when attending normal, healthy births with common complications. In reality, a CNM generally works in collaboration with a doctor who is consulted if complications arise.

OB/GYN physicians specialize in high-risk pregnancies and births, and are trained surgeons when cesarean deliveries are medically indicated. The best patient care is team-based, and Mission Health is committed to multidisciplinary teams of caring women’s health providers.

**MYTH 2**

**Midwives can’t (or won’t) prescribe medication.**

**TRUTH**

Actually, CNMs can and do prescribe the same medications as doctors. Midwives have many comfort measures to offer and pain relief tricks up our sleeves, like massage, acupressure, hydrotherapy (warm showers and birth tubs), position changes and birth balls; but using all of the resources available to us includes pain relief medications and epidurals. Midwives also routinely prescribe medications to treat infections and provide birth control.

**MYTH 3**

**Midwives and doula are the same.**

**TRUTH**

Doulas are a resource for those families who desire additional support beyond that of a CNM during their labor and birth experience. Doulas are trained childbirth coaches who give comfort and guidance throughout labor, including many of the nonpharmacological pain relief methods described in this article. Research has shown that having a doula decreases a woman’s need for pharmacological pain relief and intervention in labor.

**MYTH 4**

**Midwives only assist in home births.**

**TRUTH**

Many midwives do choose to provide home birth services, but midwives work in a variety of settings. You’ll find CNMs all over the US offering well-woman, prenatal and birth services at hospitals, clinics, birth centers and at home.

**MYTH 5**

**Midwives just deliver babies.**

**TRUTH**

Midwives actually provide a wide range of services including well-woman care (like Pap testing and contraception) in addition to prenatal and birth care. Women can establish a relationship with a midwife as their health provider, from adolescence and childbirth to menopause and beyond, like an OB/GYN.
When you look at a healthy back, you should see a spine that runs straight down the middle. With scoliosis, a person’s spine has an abnormal curve. Today’s modern medicine is proving that early detection can help prevent progression of spinal deformities.

It’s important to identify scoliosis as early as possible, said Amy Street, a certified prosthetist orthotist with CarePartners Orthotics & Prosthetics, “Early orthotic intervention can help delay and prevent surgery. Once the curve has been diagnosed, our main goal is to prevent progression.”

Families — with the help of their pediatricians — should watch a child’s spine throughout the year, advised Street. “If we begin treating the patient before the curve becomes too large, we have a much better likelihood of holding it there, in that smaller magnitude, through growth spurts,” she explained. “Without treatment, that curve can progress 12 or more degrees in one year.”

If a curve is detected, a patient is often sent for X-rays and referred to an orthopedist. “Their condition will be monitored via X-ray every six months or so,” said Street. “If the curve stays under 20 degrees, no treatment may be needed. If it progresses above 20-25 degrees, the orthopedist will generally prescribe a scoliosis brace.”

Once diagnosed with scoliosis, treatment lasts until the patient is finished growing. For girls, this can be around 18 months after they start their menstrual cycle; for boys it can be a little longer, depending on their growth rate.

Early detection of scoliosis is critical for ensuring better long-term outcomes. “We want to keep small curves small and do what we can to improve alignment and balance for those with larger curves, while also preventing progression,” said Street.
While kids can make endless excuses for not eating right, restricting or fixating on food can point to dangerous eating disorders in teens and children. Since February is National Eating Disorder Awareness Month, Jenny Combs, MSW, LCSW, a behavioral health expert at Mission Pediatrics - McDowell, takes a closer look.

“You don’t have to be extremely thin to have an eating disorder,” said Combs. She suggests tracking your child’s growth history rather than comparing to national averages.

According to Combs, here are signs of an eating disorder to look out for:

**Anorexia (children and teens)** Anorexic children are afraid to gain weight and don’t see their body as it really is. Restricting food can cause weight loss or failure to gain weight. Signs of anorexia include eating in secret, missing family meals, depression, anxiety, monitoring every bite and excessive exercise. Anorexia can lead to organ damage and even death.

**Bulimia (teens)** Teens with bulimia feel powerless to stop eating while binging. Later forced vomiting, use of laxatives or diuretics, or excessive exercise prevents weight gain. These teens may be leaving the house or going to a secluded bathroom within an hour of eating to purge. Long-term effects are damage to teeth and esophagus, and psychological issues.

**Binge eating disorder (teens)** Teens with this disorder consume larger amounts of food than normal in a short amount of time but do not purge. Their weight can fluctuate with their binging pattern. Teens feel embarrassed or ashamed about their eating and may eat in secret.

**Avoidant and restrictive food intake disorder (children and teens)** Children with this disorder have fears about foods and set specific rules about foods deemed “safe.” They become pickier about food choices over time.

“Getting help early is very important,” said Combs, who refers patients to eating specialists. “Weight loss at all costs in not a healthy mindset for anyone.”

If you would like to have your child seen by a pediatric behavioral health specialist, call Mission Pediatrics - McDowell at 828-652-6386 or visit missionchildrens.org.

By Cheri Hinshelwood
Brushing Up
What to do when your child needs special dental services

By Lindsey Grossman

With Children’s Dental Health Month in February, there’s no better time to take a closer look at your kids’ smiles. Paige Nance, DDS, a dentist with Mission Children’s Hospital, emphasizes the importance of parents checking in their children’s mouths between those 6-month checkups.

“If they see any dark spots, holes or swollen gums, that would be a reason to call the dentist, because there may be a cavity or abscess,” said Dr. Nance. If patients keep their appointments and follow the dentist’s treatment recommendations, there shouldn’t be any surprises aside from possible trauma (common examples include sports-related injuries or falling while learning to walk). “Any trauma — bleeding around a tooth, broken teeth, knocked out teeth, lacerated lips — should always be evaluated by a dentist,” she said.

Toothbus Services
But what if you don’t have proper access to dental care for your children? If you live in a county in western North Carolina that doesn’t offer a dental public health clinic, Dr. Nance and her team have two hi-tech Toothbuses that visit schools. These fully functioning dental offices on wheels serve kids in kindergarten through fifth grade, performing any service you can get in an office, from cleanings and X-rays to fillings and biopsies.

“We are basically the children’s family dentist,” said Dr. Nance. “The bus allows the child to be seen at school, so the parent does not have to miss work and the child does not miss as much school.”

Too Young, Too Unhealthy or Too Anxious?
If you have a regular dentist, but your child gets apprehensive, has special needs or another situation that requires anesthesia for his dental work, then your dentist might refer you to Mission’s dental operating room program. The dental team at Mission Children’s Hospital Reuter Outpatient Center performs the same procedures as a typical dental office or the Toothbus, only the patient is unconscious.

“The operating room is supposed to be a one-time deal,” said Dr. Nance. “The objective is to complete all the dental treatment that child needs under one general anesthesia appointment and refer them back to their dentist for ongoing preventive care.”

Nance also said that they do see special needs children many times over their childhood and sometimes see adults with special needs as well.

Expanded Reach
The dental program at Mission recently expanded its services. Mission Children’s dental team works at the Asheville surgery center five days a week and at Mission Hospital one day per week. In addition to that, services have been expanded to Blue Ridge Regional Hospital in Spruce Pine one day per week and Mission Hospital McDowell in Marion one day per week.

To learn more about the dental services at Mission Children’s Hospital, visit missionchildrens.org.

7 Healthy Mouth Habits

1. Use a toothpaste with fluoride.
2. Older kids should brush for two minutes, twice a day (to make it fun, check out 2min2x.org).
3. Drink water with fluoride.
4. Eat a balanced diet and limit between-meal snacks.
5. Avoid sharing utensils with your child or “cleaning” his pacifier in your mouth.
6. Wear a mouth guard to protect teeth while playing sports.
7. Defend tooth surfaces against decay with dental sealants.

Source: American Dental Association

missionhealth.org
Back to Basics
Try these simple tips to ensure your back health this winter

By Trisha McBride Ferguson

It’s no coincidence doctor’s offices and emergency rooms get crowded in winter. Sure, there are the high-intensity sledding, skiing and skating accidents — yet a majority of wintertime injuries are far less exciting.

“Most back injuries in winter occur from slips on ice or shoveling, and from performing winterizing tasks around the home,” said Tammy McEntire, physical therapist with CarePartners. “Seek medical attention from a doctor or physical therapist for any pain that is not progressively resolving or that persists for longer than 2-3 days, any shooting pain or numbness/tingling in extremities, and any notable and unusual weakness.”

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**Do** Be aware of common hazards such as icy sidewalks, steps and driveways.

**Don’t** Forget about black ice, it can be particularly difficult to see, so identify and avoid the areas around your home that ice over first.

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**Do** Walk slowly and take extra time and care in hazardous weather conditions.

**Don’t** Overexert yourself or attempt to clear a lot of snow on your own if you aren’t regularly active. What may seem like a manageable task can overexert your body in winter conditions.

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**Do** Ask a neighbor, family member or friend for assistance.

**Don’t** Forget about handrails. A majority of falls that lead to injury occur when someone doesn’t have something they can hold onto for support.

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**Do** Lift with your legs, use a wide stance for balance and maintain a curve in your lower spine.

**Don’t** Hold your breath or bend or twist at the waist when lifting.

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**Do** Clear the path beforehand.

**Don’t** Pull a load if you can push it.

Learn more about CarePartners Outpatient Rehabilitation services at carepartners.org.
sexually transmitted diseases (STDs) happen. There is no shame in contracting an STD or being educated about them. The more you know, the more informed decisions you can make, conversations you can have and seek treatment.

Gonorrhea
Gonorrhea is characterized by thick discharge from the penis or vagina, one to 14 days after exposure. It may also infect the rectum, throat, eyes, blood, skin and joints. Fifty percent of women and 10 percent of men have no symptoms, but usually show up with discharge, frequent or painful urination, or irregular vaginal bleeding.

Chlamydia
Gonorrhea and chlamydia are both bacterial infections. They often exist as a coinfection, so are often treated together. Up to 95 percent of women and 50 percent of men have no symptoms at all. Chlamydia and gonorrhea are not physically transmitted, like by kissing, handshaking or casual contact. You prevent them with a condom, and they are treated with oral antibiotics and/or a shot.

Herpes
Herpes simplex virus-1 (HSV-1) and virus-2 (HSV-2) are transmitted through sex, kissing or touching any affected area. HSV-1 causes blisters on the lips, mouth or nose. HSV-2 starts to show symptoms five to 20 days after exposure, with burning in the genitals or with urination, low back pain and red bumps on the genitals, which become painful blisters.

Periodic outbreaks go on for life, which can be caused by stress, sunburn or even certain foods. There is no cure, but there are prescribed medicines (oral and topical antivirals) that can reduce outbreaks and help with symptoms.

Syphilis
Syphilis is another bacterial infection characterized first by sores that are not painful. It shows up one to three months after direct contact including sex, kissing or blood exposure. Like chlamydia, the symptoms can be mild at first, delaying diagnosis. Syphilis progresses to a rash on the palms and soles, and also to flu-like symptoms.

A shot or oral antibiotics is usually required for treatment. Untreated syphilis can further lead to serious damage to the brain and nervous system. Pregnant women are at especially high risk of complications.

Getting Help
You shouldn’t feel ashamed to seek medical help. If something goes unchecked, the more danger and risk you pose on your health. As healthcare providers, our job is only to help, never to judge you — don’t be afraid to ask for help.
Easy to Swallow
Better tasting prep makes for easier colonoscopies
By Trisha McBride Ferguson

In order for a colonoscopy to be complete and accurate, the patient’s colon must be completely cleaned. While this part of the test has been met with apprehension by patients over the years, it is now easier than ever.

At Mission Hospital McDowell, the preferred test prep drink is a combination of Gatorade and Miralax. Patients are given the recipe and instructed to begin the evening prior to their test and split the drink into two doses with several hours in between.

“There are several reasons why it is our preferred prep,” said Daniel McLaughlin, MD, medical director of general surgery in the east region for Mission Health.

“The majority of people find the Gatorade mixture more palatable than the other options available. Additionally, the volume is only two liters, which is half the volume of the traditional four-liter prep, no prescription is required and many times this option is more affordable.”

Colonoscopies help physicians evaluate the inside of a patient’s colon. While they may be done for a variety of reasons, they are the standard screening method for colon cancer prevention and typically only take 20 to 30 minutes.

“Colon cancer starts as a small polyp, and over time that polyp has the potential to grow bigger and the cells within it to turn into cancer,” explained Dr. McLaughlin. “By performing colonoscopies at regular intervals these polyps may be found and removed, thus preventing them from turning into colon cancer.”

Colonoscopies should begin at the age of 50 or 10 years prior to the age a first-degree relative was diagnosed with colon cancer or an advanced colon polyp, advised Dr. McLaughlin. The recommendation for most people will be for repeat colonoscopies every 5-10 years, while some may require more frequent screening depending upon their history.

To learn more about surgery at Mission Health, visit missionhealth.org/surgery.
There’s an App for That

New technology offers some peace of mind for epilepsy sufferers

By Carolyn Comeau

Grand mal seizures — also referred to as tonic-clonic seizures — can have devastating effects on the 25-30 percent of America’s 3.5 million epilepsy patients who suffer from them. Lasting an average of two minutes, these seizures cause severe muscle contractions and patients lose consciousness, often suffering falls and injuries.

A recent technological advance offers new hope to these patients: the Embrace smart watch (empatica.com). Manufactured by Empatica, it received FDA approval last February.

“If a patient suffers a tonic-clonic seizure while sleeping, the caregiver may not know,” said Suzette LaRoche, MD, Medical Director of the Mission Health Epilepsy Center. Even more frightening is that grand mal seizures can be fatal, especially if they last longer than five minutes.

Dr. LaRoche noted that the smart watch can offer clinical benefits to physicians, and security to patients and families. “The watch employs a motion gyroscope and an accelerometer to measure unique arm movement patterns that accompany these seizures. It also monitors a patient’s electrodermal activity — or sweat gland activity — which typically rises dramatically during a seizure,” she said.

Dr. LaRoche also notes that in the 135-patient study that determined FDA clearance for the Embrace smart watch, the device detected 100 percent of the 40 seizures that occurred.

The smart watch is capable of tracking seizure frequency, too. This downloadable data can inform physicians’ treatment decisions, as opposed to the traditional, often incomplete, handwritten patient seizure logs. The smart watch can be purchased online for $250, and requires a small monthly monitoring fee.

The Embrace smartwatch is poised to become a useful tool for the detection of tonic-clonic seizures, and may also improve quality of life for the one-third of patients who continue to have seizures, despite taking medications.

“The smart watch can be an important part of keeping our patients as safe as possible, while reducing anxiety and providing peace of mind,” said Dr. LaRoche.

Top Reasons to Consider a Seizure Detection Smart Watch

- Seizure detection abilities for increased patient safety
- Provides physicians with seizure data that may influence clinical treatment plans
- Peace of mind for patients and families

Suzette LaRoche, MD, is the Medical Director of the Mission Health Epilepsy Center.
Andrew Beardsley, MD, joins Cancer Care of Western North Carolina. Dr. Beardsley is a graduate West Virginia University where he received his MD as well as his PhD. He completed his Fellowship in Medical Oncology at the University of California, and residency and internship at The University of Pittsburgh Medical Center. Prior to his medical career, Dr. Beardsley graduated from Virginia Tech with a BS in Biochemistry.

The physicians and providers with Cancer Care of Western North Carolina see patients from their office located at 21 Hospital Drive. To schedule an appointment with Dr. Beardsley or a Cancer Care of Western North Carolina provider, call 828-253-4262.

John Burns, MD, joins Mission Urology. Dr. Burns is a graduate of the University of Mississippi School of Medicine. He completed his fellowship in Urological Oncology at Virginia Mason Medical Center, and completed his residency in Urology and his General Surgery Internship at the University of Mississippi Medical Center. Prior to his medical career, Dr. Burns graduated with his Bachelor of Accountancy from the University of Mississippi, and postbaccalaureate in Biology from Western Carolina University.

The physicians and providers with Mission Urology see patients from their office located at 100 Victoria Road. To schedule an appointment with Dr. Burns or a Mission Urology provider, call 828-254-8883.

Ashley Carver, DO, joins Mission Pediatrics - McDowell. Dr. Carver is a graduate of Edward Via College of Osteopathic Medicine. She completed her residency in Pediatrics at The University of South Carolina School of Medicine/Palmetto Health Children’s Hospital. Prior to her medical career, Dr. Carver graduated from North Carolina State University cum laude, with her BS in Biology with minors in Spanish and Genetics.

Dr. Carver sees patients at Mission Pediatrics - McDowell at 387 US Hwy 70. To schedule an appointment with Dr. Carver or another provider, call 828-652-6386.

Brett Izzo, MD, joins Asheville Cardiology Associates. Dr. Izzo is a graduate of the State University of New York-Downstate College of Medicine. He completed his fellowship in Cardiology at Vanderbilt University Medical Center and his residency in Internal Medicine at the University of Michigan Health Center. Prior to medical school, Dr. Izzo graduated from Johns Hopkins University with his BA in International Studies.

Dr. Izzo sees patients at Asheville Cardiology Associates at 5 Vanderbilt Park Drive in Asheville. To schedule an appointment with Dr. Izzo or one of his partners, call 828-274-6000.
Stephen Kimmel, MD, joins Mission Blue Ridge Medical Yancey. Dr. Kimmel is a graduate of the University of North Carolina School of Medicine. He completed his residency in Family Practice at Mountain Area Health Education Center. Prior to his medical career, Dr. Kimmel received his BS in Emergency Medical Care from Western Carolina University.

Dr. Kimmel and the providers with Mission Blue Ridge Medical Yancey see patients from their office located at 800 Medical Campus Drive. To schedule an appointment with Dr. Kimmel or a Mission Blue Ridge Medical Yancey provider, call 828-682-0200.

Ryan Kohout, MD, joins our teams at Asheville Orthopaedic Associates, and Carolina Spine and Neurosurgery Center. Dr. Kohout is a graduate of Medical University of South Carolina. He completed his Physical Medicine and Rehabilitation residency at the University of Virginia, and his Primary Care Sports Medicine fellowship at New York University Langone Medical Center. Prior to his medical career, Dr. Kohout graduated cum laude from the University of Florida with his BS in Chemistry.

Dr. Kohout will be seeing patients for Asheville Orthopaedic Associates, and Carolina Spine and Neurosurgery Center from his office in Marion located at 472 Rankin Drive. To schedule an appointment with Dr. Kohout or an Asheville Orthopaedic Associates provider, call 828-252-7331, or for an appointment with Carolina Spine and Neurosurgery Center, call 828-255-7776.

Ioanna Mazotas, MD, joins Mission Surgery. Dr. Mazotas is a graduate of Washington University at the St. Louis School of Medicine. She completed her Fellowship in Endocrine Surgery at The Medical College of Wisconsin, and her general surgery residency at the University of Connecticut School of Medicine. Prior to her medical career, Dr. Mazotas graduated from Northwestern University with a BA in Biology.

Our physicians with Mission Surgery see patients from their office located at 14 Medical Park Drive. To schedule an appointment with Dr. Mazotas or Mission Surgery, call 828-252-3366.
Calendar of Events

December 2018 through February 2019
All events are free unless noted. Event dates and times subject to change.

BLOOD DRIVES

The Blood Connection of Greenville, South Carolina, is the sole provider of blood to Mission Health, guaranteeing that all blood donated stays here locally for the benefit of the community. To schedule a blood donation appointment, call 828-213-2222, option 2. Walk-in appointments welcome; however, appointments are requested.

Angel Medical Center
Jan 4, 8 am-2 pm
120 Riverview St., Video Conference Room, 3rd floor, Franklin

Blue Ridge Regional Hospital
Feb 7, 11 am-2 pm
125 Hospital Dr., Bloodmobile in hospital parking lot, Spruce Pine

CarePartners
Jan 16, noon-5 pm
68 Sweeten Creek Rd., Seymour Auditorium, Asheville

Highlands-Cashiers Hospital
Jan 25, 11 am-2 pm
Bloodmobile, Highlands-Cashiers Hospital parking lot, Highlands

Mission Hospital McDowell
Feb 21, noon-5 pm
430 Rankin Dr., Bloodmobile in hospital parking lot, Marion

Mission Health Business Office
Jan 17, 10 am-3 pm
50 Schenck Pkwy., Asheville

Mission Hospital
Feb 26, 7 am-noon and 1-6 pm
501 Biltmore Ave., Lobby, Asheville

Transylvania Regional Hospital
Jan 24, 9 am-2 pm
260 Hospital Dr., Carlson Conference Room, Brevard

CHILDREN’S HEALTH

Parenting and Baby Safe Classes
Educational opportunities for all caregivers. Various dates and times
Asheville
For details, visit store.mission-health.org/womens/

MEN’S HEALTH

Men’s Night Out: Tobacc-NO
Jan 22, 5:30 pm
Angel Medical Center, 120 Riverview St., Video Conference Room, 3rd floor, Franklin

SUPPORT

ALS (Lou Gehrig’s Disease) Support Group
4th Friday of each month, 1-2:30 pm
23 Edwìn 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

Start the Conversation: End-of-Life Care Planning
Nov 19, 5:30-6:30 pm
CarePartners, 68 Sweeten Creek Rd., Seymour Auditorium, Asheville
Please call ahead if you are attending. Contact Jon Felsinger at 828-777-6076.

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

Brain Injury Support Group
1st Wednesday of the month, 3:30-4:30 pm
Angel Medical Center, 120 Riverview St., Cafeteria, Franklin

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 Harrington at 828-277-4868

Cancer Survivors Support Group
2nd Thursday of the month, 4 pm
Transylvania Regional Hospital, 260 Hospital Dr., Newland Conference Room, Brevard
For more information, contact Joelle Cleveland, BSN, RN, OCN, at Joelle.Cleveland@msj.org or 828-883-3987

Grief Support Groups
This is a biblical-based grief program and consists of watching a DVD each week followed by a group discussion (participation not required).
Tuesdays, 1 pm; Thursdays, 6 pm
CarePartners Hospice & Palliative Care McDowell, 575 Airport Rd., Marion
Contact Chaplain Diane Brooks at 828-652-1313 or 828-442-9931

For a full list of Mission Health’s events, visit calendar.missionhealth.org.
WEIGHT MANAGEMENT

Read about Kendra Hamm’s weight-loss story with Mission Weight Management on pages 12-13. Mission Weight Management offers advanced weight-loss programs in a clinical and supportive environment. If you need a helping hand with weight management, we have safe and effective medical and surgical treatments for you. For more information or to register for a free information session, call 828-213-4100 or visit missionweight.org.

MISCELLANEOUS

Hospice Tree Blessing
Dec 3, 10:30 am
Angel Medical Center, 120 Riverview St., Main Lobby, Franklin

Peanut Roaster Fundraiser
Jan 16-17, times TBD
Sponsored by the Angel Medical Center Auxiliary
Angel Medical Center, 120 Riverview St., Cafeteria, Franklin

TRANSYLVANIA REGIONAL HOSPITAL

Growing through Grief Support Group
2nd and 4th Tuesday of each month, 2 pm
Transylnia Regional Hospital, 260 Hospital Dr., Chapel, Brevard
For more information, contact Amanda Alexander, LCSW, at Amanda.Alexander@msj.org or 828-883-5284

Hearing Loss Support Group
3rd Saturday of each month, 10:30-11:30 am; starting in 2018 the group will meet during the week (email or call for new meeting time)
CarePartners Seymour Auditorium, 68 Sweeten Creek Rd., Asheville
Contact Ann Karson at 828-665-8699 or akarson57@gmail.com

Hospice Tree Blessing
Dec 3, 10:30 am
Angel Medical Center, 120 Riverview St., Main Lobby, Franklin

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.
Dec 5, 11 am; Dec 26, 6 pm; Jan 2, 11 am; Jan 17, 6 pm; Jan 23, 11 am; Feb 1, 1 pm; Feb 23, 6 pm
Mission Hospital, 1 Hospital Dr., Asheville
Call 828-213-4100 or visit missionweight.org

Mission Weight Management: Free Medical Information Session — Mission Hospital
Learn about our many surgical options for weight loss.
Dec 7, 1 pm; Dec 18, 5:30 pm; Dec 28, 1 pm; Jan 4, 1 pm; Jan 15, 5:30 pm; Jan 25, 1 pm; Jan 28, 5:30 pm; Feb 1, 1 pm; Feb 19, 5:30 pm; Feb 22, 1 pm; Feb 25, 5:30 pm
Mission Hospital, 1 Hospital Dr., Asheville
Call 828-213-4100 or visit missionweight.org

Mission Weight Management: Free Surgical Information Session — Pardee
Learn about our many surgical options for weight loss.
Dec 20, 5:30 pm; Feb 21, 5:30 pm
Fletcher YMCA, 2775 Hendersonville Rd., Pardee
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.
Jan 3, 5:30 pm
Corpening Memorial YMCA, 348 Grace Corpening Dr., Marion
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.
Jan 3, 5:30 pm
Corpening Memorial YMCA, 348 Grace Corpening Dr., Marion
Call 828-213-4100 or visit missionweight.org

NAMI Connection Group
NAMI Connection Recovery Support Group is a free, peer-led support group for adults living with mental illness. You will gain insight from hearing the challenges and successes of others, and the groups are led by NAMI-trained facilitators who’ve been there.
2nd Tuesday of the month, 6:30-8 pm

NAMI Family Support Group
NAMI Family Support Group is a peer-led support group for family members, caregivers and loved ones of individuals living with mental illness. Gain insight from the challenges and successes of others facing similar circumstances.
2nd Tuesday of the month, 5-6:30 pm
Transylvania Regional Hospital, 260 Hospital Dr., Behavioral Health Group Room, Brevard
For more information, contact Kathryn Speckman at namitransy@gmail.com

Parkinson’s Support Group
1st Tuesday of the month, 10:30 am-12 pm
Greco United Methodist Church, 94 Tunnel Rd., Asheville
Contact Beth Pape at 978-729-3356 or AdWoman123@yahoo.com

Post-Polio Resource Group
2nd Saturday of the month, 1-3 pm
Asheville
Contact Charles Henson for location at 828-264-5263 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

Stoke 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

Stoke & Neurological Disorders Support Group
1st Wednesday of the month, 3:30 pm
Angel Medical Center, 120 Riverview St., Cafeteria, Franklin
For more information, call 828-369-4171

WNC Prostate Support Group Us Too
1st Tuesday of the month, 7 pm
First Baptist Church of Asheville, 5 Oak St., Asheville

WEIGHT MANAGEMENT

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.
Dec 5, 11 am; Dec 20, 6 pm; Jan 2, 11 am; Jan 17, 6 pm; Feb 6, 11 am; Feb 21, 6 pm
Mission Hospital, 1 Hospital Dr., Asheville
Call 828-213-4100 or visit missionweight.org

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Beyond Disability
Building a career with Project SEARCH
By Shelley Pereda

My daughter, Zoe, faced significant challenges at a very young age. She was nonverbal and mostly catatonic at 18 months, and her neurologist at the time predicted that she might need to be institutionalized. Needless to say, the idea of her one day having a job seemed completely unattainable.

It was Dr. Adrian Sandler and Dr. Steven Love at the Olson Huff Center who diagnosed Zoe with autism, which in turn enabled me to get her the support she needed. It took years of personal sacrifice and collaborative effort between us, the staff at Mission, her educators and community support services to teach her basic skills like walking, talking, self-feeding, writing and listening. All those years of effort culminated in tears of joy the day Zoe walked across the stage during her high school graduation.

But then we faced what seemed like another insurmountable hurdle: what would Zoe's life look like as a disabled adult? Project SEARCH, a collaboration between The Arc of NC, Mission Health and A-B Tech, helped bridge that gap. The program offers job and life skills training to individuals like Zoe, providing a pathway to meaningful work that accounts for the individual's level of disability.

Project SEARCH helped Zoe learn basic job skills like time management, meeting her boss's expectations, being self-motivated, writing a resume, attending job fairs and interviewing for a job. For Zoe, this opened up a world of options, and gave her pride in her accomplishments.

The day Zoe walked across the stage at A-B Tech for her Project SEARCH graduation, we celebrated hope for a future that we once had thought impossible. During her internship at Mission, Zoe's manager saw her capabilities, rather than her disabilities, and offered her a job. Now, Zoe is a proud team member in the EVS department at Mission.

We will forever be grateful to the staff at Mission, Zoe's support team and our friends for helping her grow into the kind-hearted, optimistic and capable adult that she has become.

Have a great Mission Health story to tell? Email us at MyHealthyLifemagazine@msj.org.

Through Project SEARCH, students are able to achieve their goal of finding and securing meaningful employment by developing skills that will help them build careers. Learn more about Project SEARCH at arcnc.org/project-search-asheville.
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