Looking Great!
How Andie Lost 140 lbs

Focus on Wellness

Plus
Sports + concussions
Movement disorders + genetics
Teens + suicide
Supplements + seniors

Lifestyle Medicine
Your Questions Answered

Robotic Precision Surgery
Knee Replacement

FALL 2019
MISSION: TO DELIVER THE BEST CARE WITH THE MOST CARE

For 134 years, Mission Health has been there for you – building new hospitals for each generation.

Now Mission is investing in cutting-edge technology and design – to maximize your comfort and create an environment where you and your family can relax and focus on what really matters.

The new Mission Hospital North Tower. Built for you.

MISSIONHEALTH.ORG
Be well. Get well. Stay well.

**Fall 2019**

3 . . . **Hello**
Greetings from Greg Lowe,
North Carolina Division President

4 . . . **Ask the Doctor**
Brian Asbill, MD, answers questions
about lifestyle medicine

6 . . . **Mission Possible**
Losing 140 pounds through Mission Weight
Management’s medical weight-loss program

10 . . . **Postpartum Weight Loss**
Healthy strategies to help shed those
pounds after giving birth

11 . . . **Farm to Hospital**
A partnership between TRACTOR Food and
Farms and Blue Ridge Regional Hospital supports
the community

14 . . . **Striving for the Best**
Karen Croom is a stroke survivor thanks to care
at Mission McDowell Hospital

18 . . . **It’s Personal**
Mission Children’s Hospital’s NICU goes above and
beyond to provide individualized, attentive care

20 . . . **Suite Start**
New Mission Hospital McDowell birthing suites
give families comfort and security

21 . . . **Teens + Suicide**
Talking (and listening) to your child
can lead to prevention

22 . . . **Dense Breast**
Ultrasound Q + A
Helen Sandven, MD, tells what you need to
know about ABUS breast tissue screening

8 . . . **Fall Favorites**
See Something You Like!

Like us  
facebook.com/missionhealthnc

Tweet us  
twitter.com/missionhealthnc

Follow us  
@missionhealthNC

Pin with us  
pinterest.com/missionhealthnc

Download us  
missionhealth.org/magazine

Email us  
MyHealthyLifeMagazine@msj.org

Write us  
My Healthy Life magazine  
Mission Health/Marketing and Communications  
509 Biltmore Avenue  
Asheville, NC 28801-9824

Tune in with us  
missionhealth.org/podcast

Can’t wait until the next issue?

Keep current with health and wellness tips at  
blog.missionhealth.org.  
Subscribe today!

23 . . . Bladder Matters
Here’s what you need to know about keeping it under control

24 . . . Top 5 Reasons to Choose an Inpatient Rehabilitation Facility
CarePartners Rehabilitation Hospital offers the best rehabilitative care for your recovery

25 . . . Supplements for Seniors
Vitamins D and B12 are essential as we age

26 . . . Movement Disorders and Family History
The dilemma of genetic testing

27 . . . In the Red Zone
Swelling and heat are the first signs of overuse injuries

28 . . . Heads Up
The sooner you’re seen after a concussion, the sooner recovery can begin

29 . . . New Physician

30 . . . Fall Calendar

32 . . . I Was Part of That
A journey with a mission

Finish Strong this Fall

We may be nearing the end of 2019, but we’re finishing it with news of good things that lie ahead! Start on page 3 with a letter from Greg Lowe, North Carolina Division president. He shares his vision for Mission’s growth opportunities in the region and beyond.

In this issue you’ll also find stories that will inspire you to keep at it (or even begin again) with your health and wellness goals for the year. Motivate yourself with Andie Slivinski’s story on page 6. She lost 140 pounds without surgery and has shared her tips for success. If you’ve recently given birth, you’ll find customized tips for postpartum weight loss on page 10.

For hearty yet healthy fall meals, check out the recipes in our Fall Favorites, found on page 8. And for an easier way to incorporate fruits and veggies into your diet, read about the community-supported agriculture program available to residents in the Blue Ridge Regional Hospital service area.

If you want motivation to accomplish your goals this fall, consider the inspiring stories of a young Asheville girl who is thriving with a prosthetic hand, page 12, a Glenwood grandmother who survived a stroke, page 14, an 82-year-old cyclist back on his bike after two knee surgeries, page 16, and a Waynesville mother and baby who are both doing well after respective hospital and NICU stays following an emergency C-section, page 18.

Additionally, we have information on a number of other conditions, including teen suicide, page 21, breast ultrasounds, page 22, bladder control, page 23, supplements for seniors, page 25, overuse injuries, page 27, and concussions, page 28. And there’s much more than that! Take a look, and don’t forget to also check out our fall calendar. We have all the information you need to be well, get well and stay well this fall!
Hello
Greetings from Greg Lowe, North Carolina Division President
By Greg Lowe

Since my very first day here, I’ve received such a warm welcome to Asheville. I see every day that Mission Health is a great health system with talented, caring people — from doctors to nurses and other clinicians to housekeeping to food services — who are committed to providing exceptional care for you, our patients.

Long before I took on my new role here, I already knew of Mission Health as a wonderful, high quality organization. About eight years ago, my wife and I were visiting Asheville, driving past Mission Hospital and I literally said, “Wow, it would be cool to be part of that hospital.” I’ve watched from afar, and then the opportunity came up to become a part of it. Now, it’s amazing to be here as Mission Health has become part of HCA Healthcare.

So far I’ve spent most of my time listening, learning and immersing myself in all the great things Mission Health is doing. My goal is to seek ways to leverage the very best of Mission Health and the best of HCA Healthcare, always keeping patient care top of mind. Our focus, first and foremost, will be on what is already here, while also being open to growth opportunities in the region and beyond that will lead to a stronger healthcare system for our community.

We’re excited about investing in more physicians in the smaller counties, a new 120-bed behavioral health facility, minimally invasive robotic surgery upgrades, new surgical oncology suites, an upfit for cardiac MRI right here in the region — and so much more.

As we continue serving you with a patient-first mentality, I want to see us continue to receive national accolades for the work being done here. Above all else, I want your friends, family, neighbors and our team members to experience the compassionate, quality care that defines Mission Health. We know our community has options to receive care elsewhere, but I know that the best care is within our Mission Health system.

I am so happy to be here and a part of this community, and I’m truly excited about the future and seeing what we build together.

About Greg
Education: Studied Healthcare Administration at University of Utah, and Masters of Healthcare Administration and Masters of Business Administration from University of Minnesota
Years at HCA Healthcare: 6
Family: Wife Lee (20 years) and four sons ages 15, 13, 11 and 9
Away from the office: Cycling, coaching, volunteer scoutmaster
Playlist favs: The Smiths, The Stone Roses, Saint Raymond, Sublime, Yo La Tengo
Also: Fluent in Spanish

Mission Health is dedicated to improving the health and wellness of the people of western North Carolina. For more information about our services, visit missionhealth.org.
Ask the Doctor

Brian Asbill, MD, cardiologist at Asheville Cardiology Associates and Mission Heart, answers some questions about lifestyle medicine.
Q What is lifestyle medicine?

A Lifestyle medicine is the evidence-based practice of helping individuals adopt and sustain healthy behaviors that affect health and quality of life. It does so by focusing on the root causes of disease, such as diet, exercise, sleep and stress.

Q How long have you formally practiced lifestyle medicine?

A I was surprised to find at the initial board certification exam October 2018 that I was the first person in the world to register for the exam and thus have certificate #00001!

Q What type of training does the lifestyle medicine specialist receive?

A There are different types of certification for physicians, nurses, dietitians or PhDs offered through the American Board of Lifestyle Medicine, all requiring 30 total hours of Continuing Medical Education (CME) plus 10 hours of in-person CME. Then, of course, the provider must study for and pass the certification exam.

Q How does lifestyle medicine differ from primary care?

A Lifestyle medicine practitioners focus on things like nutrition, exercise, tobacco cessation, stress management, sleep and relationships as the foundation of good health. This method stresses these modifications over pills and procedures as preventive measures whenever possible. Primary care involves initial care for a patient, and then coordination of their comprehensive care. I believe strongly that comprehensive care should incorporate the principles that are foundational to lifestyle medicine. Therefore, primary care is really the ideal environment for introducing patients to these principles. Lifestyle medicine is a tool that can be used by primary care physicians, specialists and other allied health professionals, and we should all be well-versed in how to incorporate its principles so that we all are supporting our patients in a more comprehensive way.

Q What types of conditions and problems can be treated through lifestyle medicine?

A About 75-80 percent of chronic disease is related to poor lifestyle choices, and 75-80 percent of the cost of healthcare in this country is for the treatment of chronic disease. Those patients who benefit most from a lifestyle-focused treatment plan are those with several lifestyle medicine-rated diseases, including obesity, hypertension, diabetes, high cholesterol and cardiovascular disease. People are often surprised to find that a lifestyle-focused treatment plan is effective in treatment of conditions like early-stage dementia, certain cancers, some autoimmune disorders, arthritis and erectile dysfunction.

Q What kind of results have you seen in patients?

A I have seen some truly life-changing results in patients! My patients who have been treated with a number of different medications for their blood pressure, cholesterol and blood sugar, for example, have lost weight and seen dramatic improvements in all of these metrics. Many, if not most, of them have been able to reduce their need for multiple medications, and some of them have been able to discontinue their medications altogether.

Q What motivated you to pursue lifestyle medicine?

A I was drawn to lifestyle medicine because so many of my patients had the same collection of chronic diseases that ultimately lead to cardiovascular disease. Cardiovascular disease is the leading cause of death in the United States. Those chronic diseases associated with it include obesity, diabetes, hypertension, dyslipidemia and tobacco abuse.
It’s common these days to click online or open up a magazine to see success stories of formerly obese people who have lost large amounts of weight due to weight-loss surgery. You’re less likely to read stories like Andie Slivinski’s. She lost 140 pounds simply using the advice, tools and support she received through the Mission Weight Management medical program.
It’s true that plenty of people can achieve weight-loss success without surgery — and not just those who have only small or moderate amounts to lose. People like Slivinski, who have 100-plus pounds to drop, may still find success through a different route. That’s why Mission Weight Management offers a medical path as well as a surgical one.

**When Pounds Creep On**

Slivinski never experienced dramatic weight gain. Instead, it resulted in a series of poor decisions over several years. “It wasn’t all at once,” she said. “It wasn’t a stress-related thing. I wasn’t an overeater. It was just, literally, the result of making poor food choices on a regular basis over the course of 20 years. Over time, all those excess calories add up.”

As her weight went up the scale, Slivinski, 39, noticed other things started increasing too — like her cholesterol levels, blood pressure and the pain in her joints. “I was approaching 40, and I knew I had to turn the ship around,” she said. “I was heading down the chronic issues track.”

Slivinski is a clinical nurse specialist, so she has a background in nutrition information, but as she would try different diets, she would experience limited success. The missing key, she said, is that she didn’t have anyone holding her accountable.

“I knew what to do, and what not to,” said Slivinski. “I knew, you know, that I should be eating grilled chicken instead of a Big Mac. But the question was: ‘How do I make those choices sustainable over time?’”

Slivinski realized figuring these things out on her own wasn’t working. As an employee of Mission Health, she was aware of Mission Weight Management’s services through peers who work there, so she decided to give it a try. “I knew these people would have my back,” she said.

Slivinski started with Mission Weight Management in August 31, 2017, and chose the medical weight management track. By December 2018, she had already met her goal weight. And that’s not all. Her cholesterol and blood pressure had dropped significantly, and her feet and knees started feeling much better too.

**Medical versus Surgical**

Slivinski’s story is not uncommon at Mission Weight Management. Many people who choose the medical route have similar experiences. Selecting this route is as simple as making an appointment to discuss your options.

Shannon Glenn, NP-C, nurse practitioner with Mission Weight Management, said the typical factors in determining a weight-loss track include:

- **Body mass index (BMI):** You must have a BMI of 40 or over to have surgery. Those who fall within the 35 to 39.9 range are usually pointed toward medical weight management, although those with a BMI over 40 may also choose the option.

- **Insurance coverage:** Not all health insurance covers weight-loss surgery. Those without coverage will need to cover the cost out of pocket or go the medical weight-management route.

- **Health history:** In addition to evaluating suitability for surgery, the weight-management team will look at health factors related to eating and dieting, such as how long you’ve been overweight and what your eating and weight-loss habits have been. If you only recently gained weight or you’ve never made a serious attempt at weight loss in the past, your best option is to go with medical weight management.

- **Personal preference:** Some people simply prefer to avoid surgery or prefer to exhaust their options before going the surgical route. Unless advised otherwise by their doctor, medical weight management could be the best route for many people.

“It really is evaluated on an individual basis,” said Glenn. “We want to know if they’ll benefit from surgery and if they’ll be successful afterward. We also want to know if there’s a better, less-invasive way for them to achieve the same, or similar, results.”

**Choosing the Medical Path**

For those who choose the medical path, there are many resources available to them. Glenn said education and support are the big pieces of what they offer — but most importantly, they put the pieces together.

“We have educational classes on nutrition, exercise and behavioral management,” said Glenn. “Of course, to some degree we all know how to lose weight, right? But if it were that easy, two-thirds of our country wouldn’t be struggling with their weight. The key is to make sure the information you have is helpful and doable. And from there, having the support that will help you put that information into action.”

This means classes, counseling, support groups, personal evaluations and tips are all part of the Mission Weight Management equation.

“We want people to look at their habits and environments in new ways so that they can make better choices,” said Glenn. “What’s been their downfall in the past? What’s worked? Who in their lives can encourage them? All of these things factor into long-term success. We want them to learn effective habits over the long run. We’ve found this approach works because, ultimately, it’s tailored to each individual’s needs.”

Slivinski agreed that this approach is key. “The secret is that they give you all the tools you need to lose weight and keep it off — you just have to take it and do it,” she said. “That’s it — that’s the whole story, the bottom line. At the end of the day, you have everything you could possibly need. All you have to do is stick to it.”

---

**Andie's Top Tips for Weight-Loss Success**

Andie Slivinski shares three factors that helped her lose 140 pounds through Mission Weight Management’s medical program:

1. **Be introspective.** Take a serious look at why you gained weight. Are you a boredom eater? A stress eater? Are you too busy to make smart decisions? You have to know what to fix before you can fix it.

2. **Learn to integrate your new habits into your daily life.** You can’t stay in the diet bubble forever; eventually it will intersect with real life. That’s why they call it a lifestyle change rather than a diet. I’m almost two years out, and I can see that it had to be a global change.

3. **Persevere.** This is really the biggest thing. There are going to be days when you make bad choices, or weeks where you don’t lose much, if any, weight. You can’t let it define you. Just keep at it, and you won’t regret it.

---

Shannon Glenn, NP-C, is a nurse practitioner with Mission Weight Management.
Glazed Chicken and Swiss Chard Roll-Ups

**ingredients**
- 4 chicken cutlets (1 lb)
- 4 large Swiss chard leaves
- 1 Tbsp extra virgin olive oil
- 2 medium carrots, peeled and cut in 1-inch diagonal slices
- 4 small shallots, thinly sliced
- 4 cloves garlic, minced
- salt and freshly ground black pepper
- olive oil cooking spray
- ¼ cup shredded, part-skim mozzarella cheese
- ¼ cup honey
- ½ tsp dried mustard

**preparation**
Preheat oven to 375 degrees F. Pound cutlets until ¼-inch thick. Set aside. Rinse Swiss chard, cut stems from leaves and chop leaves and stems into 1-inch pieces, separating stems from leaves.

In large skillet, heat oil over medium-high heat. Sauté carrots and Swiss chard stems 5 minutes. Add chard leaves, shallots and garlic and sauté 5 minutes. Salt and pepper to taste. Set aside.

Prepare large, shallow baking pan with cooking spray. Place cutlets in pan and spoon chard mixture evenly on cutlets. Sprinkle cheese evenly over chard mixture. Roll up cutlets and fasten with toothpicks. Leave seam side upward.

In small dish, combine honey and mustard and baste roll-ups.

Bake roll-ups for 30-35 minutes or until internal temperature is 165 degrees F. While roll-ups are baking, baste periodically. Remove roll-ups from oven and let rest a few minutes before servings. Serve roll-ups whole or sliced.

**4 servings**

Nutrition information: 290 calories, 6 g total fat (2 g saturated fat), 29 g carbohydrate, 2.5 g dietary fiber, 31 g protein, 354 mg sodium

Courtesy American Institute for Cancer Research
Mushroom Barley Soup

**ingredients**
1 Tbsp canola oil, divided
1 medium onion, chopped
2 celery ribs, chopped
½ cup pearl barley, rinsed and drained
6 cups reduced-sodium vegetable broth, divided
5 cups (about ½ lb) chopped mushrooms
2 tsp Worcestershire sauce
3 medium carrots, peeled and diced
salt and freshly ground black pepper
cayenne pepper to taste

**preparation**
In a large soup pot, heat ½ Tbsp of oil over medium heat. Add onion and celery and sauté for 3 minutes. Add barley and stir constantly for 2 minutes. Add 4 cups of broth and bring mixture to boil. Reduce heat to low, cover and simmer for 40 minutes.

Meanwhile, in nonstick pan, heat remaining oil over medium-high heat. Add mushrooms and sauté for 6 minutes, stirring constantly, until mushrooms are tender. Add Worcestershire sauce and stir for 1 minute. Remove mushrooms from heat. Stir in carrots and set aside.

After barley has simmered for 40 minutes, add mushroom and carrot mixture and remaining 2 cups of broth. Bring to a boil, then reduce heat to low and simmer, covered, for 30 minutes, until vegetables and barley are very tender. Season to taste with salt, black pepper and cayenne. Serve immediately or refrigerate for up to 4 days.

**6 servings**
Nutrition information: 123 calories, 3 g total fat (<1 g saturated fat), 21 g carbohydrate, 4 g dietary fiber, 5 g protein, 632 mg sodium

Mashed Red Potatoes

**ingredients**
1¼ lb red potatoes, cubed
2 cups cauliflower, chopped into florets
3 garlic cloves, smashed
2 bay leaves
¾-1 cup low-fat buttermilk (can substitute 1 cup unsweetened almond milk plus 2 tsp apple cider vinegar for nondairy option)
salt and pepper

Other additions: rosemary, roasted garlic, Parmesan

**preparation**
Add potatoes and cauliflower to a pot, and then add garlic cloves, bay leaves, ½ tsp salt, and cover with vegetable broth. Bring to a boil, turn down the heat and simmer for about 20 minutes, or until potatoes are tender. Drain the potatoes and cauliflower and remove bay leaves and garlic.

Add potatoes back to pot. Add buttermilk and use potato masher to mash to desired consistency. Add salt and cracked pepper to taste.

**6 servings**
Nutrition information: 99 calories, 2.4 g total fat, 391.5 mg sodium, 17.9 g carbohydrates, 3.3 g protein

Courtesy American Institute for Cancer Research
Postpartum Weight Loss
Healthy strategies to help shed those pounds after giving birth

By Elizabeth Holmes, MS, RD, LDN, CSOWM

Postpartum weight loss is similar to weight loss at other times in your life. The major difference is the change to your body and life after having a baby.

What worked to lose weight and stay healthy before the baby may not work the same after baby. Losing weight after having a baby will take time, and it can take longer after baby No. 2 or 3. Some of the weight you gain during pregnancy lingers after baby, such as increased fluid volume, increased breast tissue and the weight of the enlarged uterus. It will take time for these to shrink back down. Try to be patient with yourself and your body.

Taking care of a new baby changes a lot of things. Stress may increase and self-care may decrease. Self-care includes a lot of the key areas for weight management, including sleep, exercise, planning and cooking meals.

Managing stress with a new baby can be challenging. There is evidence supporting increased stress levels resulting in decreased weight loss and even weight gain. A few things to think about with managing stress are: staying connected with family and friends, prioritizing your time (the laundry can wait), seeking support when needed and staying active. Exercise has been shown to be effective in managing changes in mood, including stress, and could decrease the desire to cope with foods.

Here are a few ideas to get you started on losing weight after giving birth:

Map out a schedule for exercise. Set specific realistic goals such as 30 minutes, three times a week on specific days and times. Put it on your calendar like an appointment. Protect this time as you would an actual appointment. Find activities you can include the baby in, such as walking with a stroller or using a gym with childcare.

Schedule time to plan meals, shop and cook. Try batch cooking. Cooking foods in larger amounts will give you quick microwavable options for when you have less time. This may also help you avoid unplanned eating out. Some examples can include roasting or steaming vegetables, crockpot chicken and batches of stir fry. Think of meals you may need to eat with one hand so you can hold your baby with the other.

Plan for quick, grab-and-go healthy foods. This will be a lifesaver when you are short on time and need snacks fast. Some examples include fruit, nuts, individually wrapped cheeses, veggies in prepacked food storage containers, meal replacement bars or shakes.

Log food to get a better estimate of calorie intake. You could be under eating, especially if you are breastfeeding and exercising. Meeting with a dietitian could help you figure out how many calories you need to support breastfeeding, exercise and weight loss.
Three years ago, Blue Ridge Regional Hospital (BRRH) wanted to make it easier for their employees to obtain fresh, local produce. After evaluating the idea through a survey process with NC State University’s agriculture department, the hospital began a partnership with TRACTOR Food and Farms, a nonprofit food hub.

TRACTOR is a multi-farm Community Supported Agriculture. TRACTOR sources produce from more than 30 small farms in western North Carolina. This provides a wide variety of produce for members.

It’s a model that allows a single farm to sell directly to consumers for a lump sum. In return, the farm delivers a bag of produce to the consumer on a weekly basis. June through October, the bags are delivered to the hospital where employees can pick up their portion. The contents of the bags vary based on what’s in season and has recently been harvested.

“It helps employees, as well as their families, to be healthier,” said Colby Boston, HR and volunteer engagement specialist at BRRH. “We hear from employees all the time that it’s a huge time-saver for them, that they can now have more veggies to make for their family without having to think too much about it.”

Spruce Pine resident Kathy Huie, a BRRH volunteer who assists with the program, receives deliveries too, and she’s found that it’s helped her be a lot more creative in the kitchen. “My husband and I have been subscribers for the last three years, and we eat a lot more vegetables during the program than at any other time,” she said. “Like a lot of the employees, we feel like it’s Christmas morning when we find out which vegetables are going to be in the upcoming delivery!”

The employee response has been better than expected, said Boston. So much so that they decided to help the community partake as well. Now BRRH serves as a delivery center for members of the community who subscribe — they pick up their produce bags there. This is especially helpful to Spruce Pine residents who may be unable or unwilling to drive to Burnsville for pickup.

“The first year was such a success with BRRH employees, that they allowed us to open up the program to community members who don’t work at the hospital,” said Becca Smith, sales manager for TRACTOR Food and Farms. “Colby also recommended us to Mission Hospital McDowell, and we’re now delivering bags there.”

Boston is happy to spread the word about TRACTOR to the local community. “Over the last two years, the partnership between BRRH and TRACTOR has created an opportunity for enhancing wellness within the organization and community,” he said. “Having access to locally grown fruits and vegetables while supporting our farming community has been a great success.”

TRACTOR Food and Farms is always looking for more members. To subscribe, call Becca Smith at 828-536-0126 or visit tractorfoodandfarms.com.

Colby Boston is HR and volunteer engagement specialist at Blue Ridge Regional Hospital.
A custom prosthetic hand gave young Cheyanne her childhood back

By Robert A. Poarch
Before, Cheyanne would hide her hand. If I went to introduce her to people, she would stick it in her pocket a lot, or in her hoodie, or hide it behind her back if she didn’t have a pocket,” said mother Jessica Worley of Asheville. “She doesn’t have to worry anymore. She walks around like any normal child would now.”

Now, 11-year-old Cheyanne has a beautiful prosthetic hand.

“When I first got it, I thought this was my other hand,” said Cheyanne. “It looks really real. Some people didn’t know which is the fake hand.”

From Hiding to Hope

At age two-and-a-half, Cheyanne’s life changed when her right arm and part of her arm were severely burned. She lost all of her digits down to small nubs on that hand, and she had to have complete skin grafts. “She had to have a total of 37 surgeries,” said Jessica. “She doesn’t have sweat glands anymore, so her arm doesn’t sweat like a normal person. She doesn’t have the same layer of skin that the other arm does.”

At age 10, Cheyanne had had as many plastic surgeries as possible, and her plastic surgeon released her to get a prosthetic. Working with the orthotists at Mission Health’s CarePartners Orthotics & Prosthetics, Cheyanne was fitted with a putty device.

“I felt for her, because she was so young when it happened, and her fingertips were so sensitive,” said Amy Street, CPO (certified prosthetist orthotist), with CarePartners Orthotics & Prosthetics. “When we were trying to figure out what we were going to do, my first thought was for her to be able to write with that hand. And then aesthetically, we could figure out what would be a good match. The solution was a custom-made pencil holder made out of putty.”

Functionally, the putty allowed Cheyanne to eat with utensils and write with a pencil. Aesthetically, mom and dad didn’t want their little girl to have to hide her hand. The next step was to figure out a prosthetic solution.

Creating a Personal Prosthetic

“I like to call it a functional cosmetic silicone restoration,” said Street. “Cosmetically it looks just like the other side, but it is functional.”

The first step in creating the prosthetic was to take an impression of Cheyanne’s arms, and from that detailed molds are created. The mold is then flipped and inverted for her right arm.

“If you notice on her hand, her pinky is kind of doglegged, I think from an old accident, so her prosthetic pinky does too,” said Street. “The impression captures wrinkles and fingerprints, and it’s super detailed. So, all of that gets transferred.”

From the impression, inner and outer “gloves” are created. With Cheyanne present, an artist paints the inside surface of the outer glove, matching her skin tone. The painting took more than four hours. Fingernails are then fabricated and glued on and painted. “Everyone has different shapes of nails, so they have to match those, too,” said Street.

Silicone is then carefully squirted in between the inner and outer “gloves.” Too much silicone and the prosthetic will be too hard for Cheyanne to move.

“We didn’t want to make it so loose that it would wrinkle when she flexed her wrist,” said Street. “So, they make it a little bit looser through the wrist and fingers so that she could use it for a couple of years. It’s a little stretchy, so there’s some wiggle room.”

“The people who did the work with Cheyenne’s prosthetics, they were very hands on. It was really nice,” said Jessica. “And, Miss Amy is an amazing person. She’s really kind hearted. She really got on Cheyenne’s level. Cheyenne was really comfortable with her.”

It Looks So Real

“I felt really excited to be able to have a prosthetic arm to be able to do things,” said Cheyanne. “I wanted to know how to write better, to paint better, and handle stuff better.”

“It blew my mind that it looked identical to her real hand,” said Jessica, when she saw her daughter’s finished prosthetic for the first time. “We couldn’t tell the difference.”

With the prosthetic, Cheyanne had to get used to having a right hand again after all of those years. And, she’s making great progress.

“She is exactly on point as if she were just starting to use her hand for the very first time,” said Jessica. “She can button her pants, she can hold plates a lot easier, she can open bottles a little bit — she’s working on getting the grip down. She’s still trying to get used to the fact that she now has fingers. Because, mainly her entire life, she’s not.”

“When I’m at school, it’s awesome using it because I can write my work better, less sloppy. I can do PE. I can do STEM [science, technology, engineering, math] activities better,” said Cheyanne. “I can cut things at home. I can do a lot more with my family than I used to. I feel more confident.”

Cheyanne can now wear the prosthetic all day. “In the beginning when we first got it, we had to be very cautious, because of the material,” said Jessica. “The only time she chooses not to wear it is when she eats, because Cheyanne says that she doesn’t want to get any food on it.”

Seeing the Real Cheyanne Again

“It’s why I do this,” said Street. “It’s seeing people’s first steps. This device is more cosmetic. People get tired of being asked about their limb differences. A lot of people missing fingers or hands will keep their hands in their pocket all the time. They’re tired of people staring and asking questions. You’re living with this. It doesn’t define you.”

“It’s really kind of taken the weight off of our shoulders,” said Jessica. “Because, just making her happy is honestly our biggest thing. So, as long as she’s happy, that’s all that really matters to any of us. That’s all we ever want for our kids.”

Cheyanne said when she goes to college, “I would like to be a surgeon like my doctor. I would like to help people. I didn’t feel normal before I got the prosthetic. It just makes me feel better that everybody’s normal.”

Looking to the future, Jessica said, “There’s nothing but blue skies for my kid. She’s ready to take the world on now!”

---

Visit missionhealth.org/prosthetics for more information or to set up an appointment with CarePartners Orthotics & Prosthetics, call 828-254-3392 or visit missionhealth.org/prosthetics.
Striving for the Best

Karen Croom is a stroke survivor thanks to care at Mission McDowell Hospital

By Jason Schneider

When Karen Croom awoke one Thursday morning in January and called her husband, he realized something was wrong. “He said that my speech was slurred, that I couldn’t talk,” Croom said.

Croom had planned to take her grandson to some appointments that day, and her husband asked her to wake him up and put him on the phone. It was her grandson who called 911. Croom, who lives in Glenwood, was taken to Mission Hospital McDowell.

“After that, everything was sort of blurry,” Croom said. “I couldn’t communicate. I could communicate by writing, but I could not communicate by talking. It was about six days before I could actually speak.”

A Meticulous Process

Mission Hospital McDowell recently obtained Advanced Disease-Specific Care Certification as an Acute Stroke Ready Hospital (ASRH) from The Joint Commission and the American Heart Association/American Stroke Association.

“Stroke certification means that our hospital strives to provide consistent, standardized, up-to-date care for the evaluation and treatment of both ischemic and hemorrhagic stroke patients,” said Brooks Stewart, MD, an emergency department physician at Mission McDowell Hospital. “The certification should serve as a symbol to the community of our hospital’s commitment to this patient population.”

To achieve that certification, which is for a two-year period, hospitals must meet specific standards that improve outcomes for stroke patients. It also includes an on-site review by The Joint Commission, as well as ongoing requirements, such as participating in an Intracycle Monitoring conference call at the end of the first year to confirm continued compliance and regularly submitting data to The Joint Commission.

“Many nursing leaders, led by Angie Pettus, prepared over a year for our stroke certification. Among other things, this involved additional stroke education for our core stroke team, as well as ensuring consistent up-to-date education for all nurses and providers who care for our stroke patients,” said Dr. Stewart.

“The actual site visit by The Joint Commission occurred in February this year and was a day-long visit by two surveyors, including a stroke neurologist. The visit entailed multiple chart audits and a tracer, in which the surveyor traced the path that a stroke patient would take, visiting with and interviewing hospital staff and providers about our processes,” said Dr. Stewart. “The surveyors were impressed with our level of commitment to our stroke program and particularly impressed with Angie Pettus, who is the manager of our stroke program, and with Leah Frady, who is our nursing leader in charge of education.”
“Just Excellent”

Croom was in Mission Hospital McDowell for six days. “The treatment was excellent,” she said. “I got excellent care.”

Croom went to outpatient rehabilitation at Mission Hospital McDowell twice a week for two months, taking speech and occupational therapy. She said she feels fine now, and is driving and doing other activities she enjoyed before. The only lingering effect of the stroke is that sometimes she has trouble putting her thoughts into words. “Sometimes my thought pattern doesn’t come out like I want it to,” she said.

As for the care she received at Mission Hospital McDowell, Croom couldn’t be happier. “I can sing praises for everyone,” she said. “From the time I went in the door until the time I left, they were just excellent.”

Advanced Stroke Care

With Mission Hospital McDowell being an Acute Stroke Ready Hospital, stroke patients — such as Croom — will see even greater outcomes.

“The commitment to maintaining stroke certification improves patient care by ensuring that our institution is delivering standardized, modern, evidence-based care to every stroke patient that we see,” said Dr. Stewart.

“Being an ASRH means that the people of McDowell and Burke counties can receive the latest, up-to-date stroke care at their back door,” said Dr. Stewart. “In addition, with our affiliation with Mission Hospital, which is a Comprehensive Stroke Center, the Mission Health system can provide the most advanced stroke care available to any of our patients at any time.”

Is It a Stroke?

BEFAST

With stroke, time is critical for treatment and recovery. Recognize the signs of stroke and call 911 immediately:

- **Balance**
  - Is there a loss of balance?

- **Eye**
  - Is there a loss of vision in one or both eyes?

- **Face**
  - Is the face uneven? Does one side droop?

- **Arm**
  - Is one arm weaker or hanging down?

- **Speech**
  - Is speech slurred or difficult to understand?

- **Time**
  - Call 911 immediately!

Mission Hospital’s Stroke Center offers highly effective treatments that can limit damage to the brain and body during a stroke. To learn more, visit missionhealth.org/stroke.

Stoke survivor Karen Croom

Brooks Stewart, MD, is an emergency department physician at Mission McDowell Hospital.
Pedaling On

Robotic precision gets long-time biker back into the race after two knee surgeries

By Cherry Odom, BSN, RN-BC
Seasoned triathlete and retired Mars Hill University sociology professor Tom Plaut knew nine years ago that the pain in his left knee meant his many years of running, biking and swimming had taken a toll on his body.

“The wear and tear on my knee resulted in bone landing on bone,” said Plaut. After partial knee replacement surgeries performed by S. David Jarrett, MD, orthopedic surgeon with Asheville Orthopaedic Associates, on the left knee in 2010 and the right knee in 2013, Plaut said, “It’s a terrific procedure and made a real change in my mobility.”

No Stopping Him Now
Plaut added that science and technology have fostered many advancements in replacing knees. “The knee surgeries enabled me to continue biking,” he said. “A generation ago, I would not be very mobile and instead would be rocking on a porch.”

At nearly 82 years old, Plaut completed a 32-mile trek in the June 2019 WNC Flyer biking event near Mills River. His ride included a climb of over 1,300 feet. Earlier in the year, he and his wife of 48 years, Marian, went on a walking tour of France. He stays in shape by biking 15 to 20 miles once or twice a week and climbs of one to two thousand feet.

Robotic Equipment Improves Accuracy
“The manufacturer of the robotic equipment trialed the robot in several centers for a few years before making it available to hospitals in general. I knew immediately when I saw it that it would help me do a better partial knee surgery,” said Dr. Jarrett. “The robot can improve the accuracy of bone removal to within a tenth of a millimeter and enables us to work through a smaller, more minimally invasive incision. Using the robot adds more details to the surgery, but the outcomes make it worth it. Happy patients are the priority.”

The precision of the surgery, Dr. Jarrett explained, is possible by creating a digital template via a mapping CT scan and verifying the template intraoperatively prior to bone preparation. “A burr on a robotic arm is moved over the surface of the bone by the surgeon until the designated bone is excised,” he said. “The robotic arm will not let the surgeon move the burr over bone not programmed to be removed.”

Depending on the time of day when surgery is completed, many patients are discharged home the same day. Dr. Jarrett said that these patients who recover well in the postoperative area and go home with either home health or outpatient physical therapy. Both of Plaut’s knee replacements involved overnight stays in the hospital.

Quick Mobility
Progressive mobility allows immediate weight bearing on the knee with the use of a walker, then a cane and finally independent movement. Driving does not damage the knee, but is only encouraged after the patient no longer needs narcotics for pain and has adequate range of motion to safely operate a vehicle.

“Plaut did amazing with both surgeries,” said Dr. Jarrett. “It’s people like him who make me proud of what I do for a career.”

Plaut attributes his excellent recovery and mobility to Dr. Jarrett’s willingness to perform the partial knee replacement at a time when robotic-assisted surgery was relatively new. “Dr. Jarrett was really courageous in doing this procedure in 2010,” he said. “The way Mission Hospital looked at new technology and got on it early made a great success story. My hat’s off to Dr. Jarrett for pioneering this.”
It’s Personal

Mission Children’s Hospital’s NICU goes above and beyond to provide individualized, attentive care

By Jennifer Sellers

Amanda Bauman and her son Owen
Baby Owen was due to enter the world in August of 2016. His mother, Amanda Bauman, 35, of Waynesville, had experienced a healthy pregnancy, and all was going as planned...until an obstetrics appointment in late June led to an emergency C-section. Bauman’s August baby arrived, surprisingly, on June 21.

A Sudden Turn of Events
“I had a completely normal pregnancy and just went in for a routine appointment,” said Bauman. “At the appointment, I was showing signs of preeclampsia, so I was sent to the hospital for monitoring, and things escalated very quickly from there.”

After delivering Owen by C-section, Bauman stayed in the hospital an additional five days due to the development of HELLP syndrome. Her doctors needed to get her blood pressure under control. Owen, a premature newborn, spent two weeks in Mission’s Neonatal Intensive Care Unit (NICU).

One-of-a-Kind in Western North Carolina
While no parent wants their child to have to spend additional time in the hospital, Bauman was grateful that specialty care for Owen was available. Mission Hospital’s NICU is the only Level III NICU in western North Carolina. Without it, many newborns in our region would not have access to life-sustaining medical treatment provided by physicians, nurses, technicians and staff who specialize in treating sick and premature infants.

Providing state-of-the-art neonatal care is not confined within the walls of the NICU department, said Linda Yandell Smith, MSN, RNC-NIC, IBCLC, NICU Nurse Manager at Mission Children’s Hospital. The NICU even has an Infant Transport Team that brings mobile NICU to medical centers within the region so that newborns in need can get the care they require.

“Mission’s NICU team is ready and waiting to care for any baby who has unexpected medical needs,” said Smith. “We have a delivery team that is ready to attend to a baby who needs immediate care after delivery. Our goal is to bring our expertise to the baby and provide exceptional care so that the baby has the best outcome possible.”

A Personal Touch
Providing critical medical care to newborns in western North Carolina isn’t all the NICU does. It also provides personal care. Bauman saw this firsthand. It was especially evident in one of Owen’s nurses, the late Andy Evans.

“When you have to deliver early, everything happens so quickly,” said Bauman. “We were in shock. It was my first pregnancy and we didn’t know what to expect, then all of a sudden, everything was happening two months early. But the doctors, nurses and staff did everything they could to make things easier for us. They were incredibly kind and patient and made sure we understood all the medical lingo and jargon, and all the things that were going on with Owen.”

Evans, in particular, simplified things for the family, and provided them with many comforts during Owen’s stay.

“Andy was the first one who asked me how I was doing,” said Bauman. “The NICU is all about making the babies better, but the parents are going through a lot too. I was still recovering myself, and not in the best health, so being asked how I was doing and being told that it was okay for me to rest and not be in the NICU around the clock was very important for my recovery.”

Bauman said that Evans was also the first person who told her she was allowed to hold her baby. “I was still in shock,” she said. “I hadn’t prepared myself that we’d be in the NICU, much less what that meant for how we’d interact for Owen. So when I visited him, I would just sit outside and look in. But when Andy was assigned to us, one of the first things he asked was if I wanted to hold my baby. Of course, I did, but I didn’t know better. Andy thought to ask, and that meant so much to me.”

While Evans will always be a standout to his patients and colleagues, he exemplified the care philosophy Mission’s NICU strives to live out for patients and families day in and day out, said Smith.

“Within the NICU team, the goal is to partner with the baby’s parents,” said Smith. “The parents are unsure of their role, so the team goes over and above to protect the parents’ relationship with their baby. Distance from home, having other children and dealing with the needs of everyday life can make it difficult on families. Nurse interactions, like as seen with Andy Evans, can guide the parents’ experiences and provide them with ongoing support.”

A Sense of Security
Since Owen’s time in the NICU, he has gone on to thrive. He recently turned three and has a new sibling.

“Thankfully, he came full term,” Bauman said of the family’s newest addition. “But if we had not had such awesome care at the NICU with Owen, I’m not sure we would’ve had confidence with this second pregnancy. But knowing the NICU would be there if we needed it was helpful to us.”

“Most of our community has not experienced the NICU world unless the need happened,” said Smith. “When talking with parents and families, the overwhelming gratefulness is humbling. Our hope is by partnering, we can lessen the anxiety and help parents focus on their baby. It is our honor to care for those who need us.”

While Bauman was grateful they didn’t need the NICU this time around, she remains thankful for them — especially Andy. “He was our rock,” she said.

missionhealth.org/womens

To learn more about having your baby at Mission Health, visit missionhealth.org/womens.
Suite Start

New Mission Hospital McDowell birthing suites give families comfort and security

By Carolyn Comeau

B ringing a baby into the world is one of life's most joyful events. September is National Baby Safety Month, and in western North Carolina expectant parents are enjoying the amenities and enhanced safety offered by Mission Hospital McDowell's five new state-of-the-art birthing suites.

Margaret Sullivan, MD, obstetrician and gynecologist at Mission Women’s Care - McDowell and service line leader of Women’s Services at Mission Hospital McDowell, explained that the roomy suites offer families a new care model. “Traditionally, families were moved from the delivery room to a hospital room after the birth. Our new suites were designed so labor and delivery, recovery and the postpartum bonding period all happen in one place, causing less disruption for new families,” said Dr. Sullivan.

Parents can also access education modules via the suites’ TVs. “Programs offer information appropriate to wherever parents are in their birthing journey. They can learn about pain management when mom’s in labor or breastfeeding after the birth,” said Dr. Sullivan.

Feedback from parents has been very positive. “Parents are saying that they no longer feel shuffled around and hurried,” said Dr. Sullivan. “This equals less stress for them, and that’s exactly what we want to hear.”

Newborns are safer in the new suites also, according to Dr. Sullivan. “When a baby is born here, they receive an anklet that monitors and displays their location at all times on a tracking board at the nurse’s station. If a baby is transported anywhere outside the unit, an alarm is activated and a full hospital lockdown occurs,” said Dr. Sullivan.

“Smart Room” technology also allows each suite’s TV screen to display the badge name and photo of any staff member who enters or exits. If NICU services are needed, Mission Children’s Hospital is quickly accessible.

“Our birthing suites were intended to make a new family’s start smoother,” said Dr. Sullivan. “So far, our families, and we, are very pleased.”

For information on Mission Hospital McDowell’s birthing suites and the women’s care team of physicians, midwives and certified nurse practitioners, call Mission Women’s Care at 828-659-3621 or visit missionhealth.org/womens.

Margaret Sullivan, MD, is an obstetrician and gynecologist at Mission Women’s Care - McDowell and service line leader of Women’s Services at Mission Hospital McDowell.
Hearing the words “I don’t care” or “nothing matters” from your teen should be a red flag for parents. “While these comments could be chalked up to teen drama, they could also be a cry for help,” said Ashley Carver, DO, a pediatrician with Mission Pediatrics - McDowell.

Teenage years can be tumultuous and fraught with hormones, pressures to perform or struggles to fit in. Undiagnosed mental illnesses like anxiety or depression are also leading causes of teen despair. Teens often clam up, embarrassed by their feelings, especially when thoughts turn to suicide.

**Talk Is Good**
It’s a myth that talking about suicide will cause your child to act on those thoughts. “Communication is one of the best defenses,” said Dr. Carver. Create a safe, judgment-free environment early on to start important conversations with your child.

Ask open-ended questions about how he is feeling. Then listen. It is okay to ask if she is thinking about harming or killing herself.

**Factors Linked to Suicidal Thoughts**
While depression is the greatest risk factor for suicide, anxiety and other undiagnosed mental illness are contributors. Other leading factors for suicidal thoughts include:
- Bullying or cyberbullying
- Family history of suicide
- Parents with mental health disorders
- Major changes or stressors
- Conflict at home such as abuse, drug use or other trauma, or homelessness
- Struggles with sexual orientation

A teen who struggles with her identity or his self-image is at greater risk for suicide. Discovering your teen’s challenge is half the battle.

**Watch for Big Changes**
One of the biggest misunderstandings is that there has to be a specific reason for teens to consider suicide. Thoughts of suicide are not rational and are very hard to understand, especially for parents.

Help and hope are out there. “Studies show counseling combined with medication are effective options,” said Dr. Carver.
Dense Breast Ultrasound

Helen Sandven, MD, tells what you need to know about ABUS breast tissue screening

By Cheri Hinshelwood

When should ABUS be used?

3D whole breast ultrasound, also known as ABUS, is recommended annually for women with dense breasts. Dense breast tissue puts women at greater risk for having undiagnosed breast cancer. Because younger women more often have dense breasts, younger women benefit from this screening tool.

How does ABUS work?

It is like radar, using sound waves to detect hidden breast cancer. The 15-minute test requires no prep, often can be done on the same day as a mammogram, does not emit radiation and is relatively inexpensive.

Does breast ultrasound replace mammogram?

No, breast ultrasound and mammography work together. With dense breasts, some things are found better using mammography, while others are better detected with breast ultrasound. We’ve come a long way with detection. 3D mammography is better than 2D for finding early cancer, and breast ultrasound is one step better for women with dense breasts.

How do women know they have dense breasts?

Mission has included breast density information on mammography reports for years. Look at your last report for details. While breast tissue comes in four densities, only two are considered dense: heterogeneously dense and extremely dense.

Where is it offered?

ABUS is offered in Asheville and Brevard, making it easier to be screened. This simple test is the first good choice we have for detecting early breast cancer in women with dense breasts. It’s proven to find cancer early, and we’re grateful to offer this to our patients with dense breasts.

To find out more about ABUS breast tissue screening, visit missionhealth.org/imaging.

Helen Sandven, MD, is a radiologist and Medical Director of Breast Imaging at Mission Health.
From dribbles to gushes, leaking urine when you cough, jump, sneeze or lift can be embarrassing. Urology experts explain how to reclaim your freedom from stress incontinence.

**What causes it?** Stress urinary incontinence is defined as the leakage of urine during physical movement or activity, such as coughing, jumping or sneezing. It’s not related to psychological stress. “This leakage can occur,” said Nancy Howden, MD, a board-certified, fellowship-trained urogynecologist with Western Carolina Women’s Specialty Center, “when the muscles and tissues supporting the bladder and urethra weaken.”

**What are the risk factors?** Everyone with a bladder is at risk. Risk factors include age, pregnancy, vaginal delivery, prostate surgery, smoking and obesity. It also often has a genetic basis, and it can affect several members in the same family.

**What are the biggest misconceptions about stress incontinence?** According to James Theofrastous, MD, a board-certified, fellowship-trained urogynecologist with Western Carolina Women’s Specialty Center, one of the biggest misunderstandings is that this condition is a normal part of aging in women. Brian L. Cohen, MD, MPH, a board-certified, fellowship-trained urologist at Mission Urology, adds the myth that it only affects women. “Men and women are both affected,” said Dr. Cohen.

**How does this condition affect your quality of life?** “It’s cumulative as the leakage worsens,” said Dr. Theofrastous. Men and women stop running, jumping on trampolines, weightlifting or doing other activities they enjoy. “It can even occur during sex, which is deeply disturbing to patients and disrupts an important part of their relationships,” said Dr. Theofrastous.

**What are the treatment options?** Many safe options exist, including weight loss, specialized devices or simple procedures. Dr. Howden often encourages pelvic floor physical therapy with biofeedback for women. “It’s more than just doing your Kegel exercises; it’s learning to do them correctly,” said Dr. Howden. “If more conservative measures don’t work, a simple surgical option such as a suburethral sling procedure is available to men and women,” said Dr. Cohen. Designed to take pressure off your bladder during physical activity, the mesh sling provides needed support. “It’s not something you have to put up with,” said Dr. Theofrastous. “Life is too short.”

While incontinence is common, it does not have to be part of getting older. There are many options to help you regain control. For more information about our urology and urogynecology services, visit missionhealth.org/urology.
Top 5 Reasons to Choose an Inpatient Rehabilitation Facility

CarePartners Rehabilitation Hospital offers the best rehabilitative care for your recovery

By Jason Schneider

As the only licensed inpatient rehabilitation facility in western North Carolina, CarePartners Rehabilitation Hospital offers an intensive program of therapy and medical management at a hospital level of care. Here’s why CarePartners Rehabilitation Hospital is the best option for your rehabilitation needs:

1. **Hospital level of care.** “We are licensed as a hospital, so we have an exemption to provide acute rehabilitation as a hospital,” said Mitzi Holmes, executive director of CarePartners Rehabilitation Hospital. Other facilities that provide rehabilitation are typically licensed as skilled nursing facilities that provide rehab services. While CarePartners Rehabilitation Hospital doesn’t have an emergency room or provide surgical services, they do meet all the requirements of a hospital, including having medical staff and licensed RNs available 24/7.

2. **An intensive program of therapy.** Part of the admission criteria at CarePartners Rehabilitation Hospital is that patients must need and receive a minimum of three hours of therapy five days a week or fifteen hours of therapy over a 7-day period, depending on the patient’s condition.

   “The intensity of the therapy is very unique,” said Holmes. “It’s given throughout the day and has to be from at least two skilled therapy disciplines, such as physical therapy, occupational therapy and speech therapy. And what you learn in therapy is carried over into your nursing care, provided by nursing staff with specialized training in rehabilitation.”

3. **Each patient has an attending physician.** “Our physicians manage the rehab needs as well as the medical needs — they are board-certified in physical medicine and rehabilitation. They often consult with specialists in other areas if the patient’s needs are more complex,” said Holmes. The attending physician, she said, typically sees the patient every day.

4. **Balance between medical needs and therapy requirements.** “The medical needs have to require the hospital level of care, but also have to be stable enough that the patient can tolerate and benefit from the intensity of therapy,” said Holmes. “So it’s a balancing act that our medical staff and care team deal with every day.”

5. **Staff who are experts in rehabilitation.** “Rehabilitation is our specialty and our focus, so we provide the level of expertise not seen elsewhere in this region,” said Holmes. “We work as a team, with the patient and family being the most critical members of the team. It takes everyone working together.”

For more information about inpatient rehabilitation services at CarePartners Rehabilitation Hospital, visit CarePartners.org.

Mitzi Holmes is the executive director of CarePartners Rehabilitation Hospital.

Photo by Farisha Mohammed and Ryan Chambers

CarePartners Rehabilitation Hospital
Supplements for Seniors

Vitamins D and B12 are essential as we age

By Trisha McBride Ferguson

Mornings start the same for many older adults: coffee or juice, breakfast, and then the process of taking the day’s medicines and vitamins. Yet according to Chris Patterson, MD, CMD, Medical Director of CarePartners Program of All-inclusive Care for the Elderly (PACE), many seniors are missing adequate amounts of two critical vitamins: D and B12. And, even “normal” levels for these key vitamins may be too low for some patients, resulting in large populations unknowingly missing essential supplements.

Why Vitamin D?
Known as the source of strong bones, vitamin D offers more. “It turns out that vitamin D also has benefits to your muscles, colon, brain and immune system,” said Dr. Patterson. “Not getting enough vitamin D can also cause muscle weakness and lead to falls.”

“The revised minimum requirement for a senior is now considered to be 1,000 units a day,” said Dr. Patterson. “Unfortunately, you’d need to drink 80 ounces of whole milk a day to get this amount in your diet, and sun exposure poses a cancer risk. This is why we prescribe vitamin D supplements for all our patients.”

Nearly every patient Dr. Patterson sees tests low or deficient in vitamin D. “We really don’t know what an optimal vitamin D level is, so I prefer to keep people in the higher end of the range and I typically prescribe at least 2,000 units a day. I recommend the D3 over the D2, as it is better absorbed,” said Dr. Patterson.

Why Vitamin B12?
Vital for balanced health, vitamin B12 is only found in animal products, such as meat and eggs, and is considered one of the most difficult vitamins to absorb. “Medications that neutralize acid can cause a B12 deficiency; other medications, such as metformin, also cause B12 to not get absorbed,” said Dr. Patterson.

Frequently associated with anemia, a B12 deficiency can also cause many neurologic problems, including depression, dementia, incontinence, balance problems and falls from damage to the spinal cord. “The nerve damage is typically permanent, so it is important to prevent becoming deficient in the first place,” said Dr. Patterson.

Patients without anemia can still develop neurological damage from a B12 deficiency. “If folic acid (B9) is adequate, they will not become anemic from low B12,” said Dr. Patterson.

Another concern is that patients will stop taking B12 after seeing improvement. “This person will once again have their level fall low enough to cause further permanent neurologic damage,” said Dr. Patterson, who recommends keeping B12 levels over 500 pg/ml.

Vitamins at a Glance

**Vitamin D**
- Improves calcium absorption
- Helps prevent osteoporosis
- Maintains muscle strength
- Reduces falls
- Potential benefits in brain, colon and immune system

**Vitamin B12**
- Essential for the nervous system
- Can be impacted by medications
- Deficiency can lead to permanent damage to the brain
- “Normal” levels of 400 pg/ml and lower can still be associated with a deficiency
- Oral supplements are inexpensive and usually effective

For more information about CarePartners Program of All-inclusive Care for the Elderly (PACE), visit CarePartners.org.

Christopher Patterson, MD, CMD, is Medical Director of CarePartners Program of All-inclusive Care for the Elderly (PACE).
The brain controls everything from how we process visual images to our ability to speak to our movements, like swinging a bat or knitting. Millions of Americans suffer with neurological conditions that affect movement, the most prevalent of which are essential tremor (ET), Alzheimer’s disease, epilepsy and Parkinson’s disease.

“These diseases disrupt patients’ lives in different ways, especially when they’re degenerative,” said Duff Rardin, MD, a physician with Mission Neurology.

Genetic testing is advised for some movement-disorder patients and their family members. “Knowing you have a higher disease risk can paralyze you emotionally,” said Dr. Rardin. “If no preventive treatment exists for the disorder, testing has dubious value.”

“When warranted, genetic testing results alone aren’t enough. They must be interpreted with a counselor to be fully understood and useful,” said Dr. Rardin.

Essential tremor (ET): Essential tremor, also known as benign familial tremor, affects 7 million people. Hand tremors while performing fine motor skills tasks and head tremors are common. The child of a parent who has ET has a 50 percent chance of inheriting the gene that causes it, though it also occurs in patients who have no family history.

Alzheimer’s disease: This is the second most common neurodegenerative disorder, with 5.8 million current sufferers in the US. Eighty-one percent are 75 or over. Five to ten percent of cases are genetic, and those are usually early onset under age 65, which make up only about 200,000 cases. In these early onset genetic cases, an affected parent has a fifty-fifty chance of passing it on to their child.

Epilepsy: About 3 million people are living with epilepsy, a brain disorder that causes many types of seizures. Childhood onset epilepsy has a genetic component and is far less common than adult onset, which usually has no genetic link.

Parkinson’s disease: Approximately 1 million Americans have Parkinson’s disease, which is a degenerative brain disorder. Prominent symptoms are hand tremors while at rest, slow movement, balance issues and stiffness. Some genetic mutations have been identified for Parkinson’s disease, but the majority of cases are not genetically linked.

Multiple sclerosis (MS): 623,000 people per year are diagnosed with MS. Though there is a genetic component that exists if a parent has MS, their child only has about a 2 percent risk of getting the disease. If a sibling has the disease, the risk is raised to 5 percent; if an identical twin has the disease, the other twin’s risk increases to 25 percent.

Huntington’s disease: This is the only movement disorder that is 100 percent genetic. About 30,000 people are diagnosed with Huntington’s each year. Genetic testing, if performed, should not be done until a person is 18 years of age.

Amyotrophic lateral sclerosis (ALS or Lou Gehrig’s disease): 16,000 cases are diagnosed each year. If another immediate family member has it, genetic testing may be warranted. Only 5 to 10 percent of cases are familial. ☑️

For information on genetic testing at Mission Fullerton Genetics Center, call 828-213-0022 or visit missionhealth.org/genetics.

To learn more about Mission Outpatient Neurology services, call 828-213-9530 or visit missionhealth.org/neurology.
"No pain, no gain" is a common mantra among dedicated athletes. Sometimes it’s best to give it a rest. Building muscles or bones starts by stressing these tissues first. “With time to heal, muscles and bones rebuild themselves stronger and better than before. That’s how the body works,” said Elise Hiza, MD, orthopedic surgeon at Asheville Orthopaedic Associates.

**Balance Is Best**
Overuse injuries are caused by doing too much activity too quickly, not using correct form and most commonly from doing the same exercises day after day. Common overuse injuries are inflammation of the muscles, tendons and ligaments, which can even escalate to stress fractures.

Affecting people of all ages, the best medicine is rest. However, for driven athletes, this advice can be a tough pill to swallow. “It’s difficult to convince fitness buffs to take time off from their favorite workout,” said Dr. Hiza. “Recognizing early warnings and letting things heal can prevent more serious injuries and longer recovery times.”

**On the Lookout**
Take note of patterns of pain, inflammation and swelling. Do you have difficulty opening a door after playing long tennis matches? Do your shins or knees ache after running that extra mile? These are some of the signs of an overuse injury.

**How to Treat Overuse Injuries**
Dr. Hiza recommends RICE — rest, ice, compression and elevation. In addition, taking over-the-counter anti-inflammatory medication and gentle stretching can bring relief. “If the pain persists, consider going to your doctor or physical therapist,” said Dr. Hiza.

**Virtues of Variety**
Instead of concentrating solely on one sport, play multiple sports. For example, basketball players can consider yoga, Pilates, aerobics or kickboxing. Runners may enjoy cross training, weight lifting or yoga to vary their workouts.

Watch for the early warning signs. “The vast majority of these injuries are successfully treated with simple remedies,” said Dr. Hiza.
Re:search predicts between 1.5 million and 4 million sports- and recreation-related concussions occur each year. Concussions are a traumatic brain injury, frequently caused by an indirect blow to the body or jolt to the head, a fall or two athletes colliding.

**Sports and Concussions**
Recent media coverage has brought to light the concern of repetitive brain injuries in athletes of all ages. “There’s been an increase in concussions over the last ten years, regardless of age and gender,” said Aaron Vaughan, MD, director of primary care sports medicine at Mission Sports Medicine.

Football, basketball, soccer, cycling and playground activities are leading causes of this injury in youth under age 20. And, after experiencing a concussion, an individual is more likely to sustain future concussions. “Individuals who suffer three or more concussions are more likely to develop anxiety, depression and chronic concussion symptoms,” said Dr. Vaughan.

**Know the Signs**
Recognizing the symptoms is the first step to managing a concussion. Signs most often include headache, dizziness, nausea, confusion and vision problems. “Symptoms usually begin right away, although they may develop over 24 to 48 hours,” said Dr. Vaughan. “If you’re in doubt, remove players from play immediately to avoid the possibility of reinjury or worsening injury.”

**Concussion Warning Signs**
- Headache
- Dizziness
- Lightheadedness
- Confusion
- Fuzzy or double vision
- Light sensitivity
- Memory loss
- Nausea
- Trouble concentrating
- Vomiting

If someone loses consciousness, is having trouble breathing or their condition is rapidly worsening, call 911 immediately.

**Making an Impact**
Mission Sports Medicine uses an innovative protocol to help assess and manage concussions. The result of a health systemwide initiative, the protocol was developed in collaboration with 20-plus Mission Health physicians, physical therapists, athletic trainers, ER practitioners and administrators. Designed as a tool to facilitate active recovery, the assessment program helps physicians determine when a patient is ready to return to school, work and athletics while also helping to determine if patients need to seek emergency care and imaging.

“Typically, we like to see patients within 24 to 72 hours of the injury so we can begin the active recovery process for them to return to school or work,” said Dr. Vaughan. Active recovery is proving to help decrease symptoms more quickly, prevent reinjury and help patients get back to the activities they enjoy sooner, he added.
Vinay Thohan, MD, FACC, FASE, joins Asheville Cardiology Associates to lead efforts to develop an artificial heart program. Dr. Thohan completed his Cardiovascular Disease fellowship and his Internal Medicine residency at Baylor College of Medicine. Prior to medical school, Dr. Thohan graduated from the University of Maryland with his BS in Biochemistry and Molecular Biology.

Dr. Thohan is a board-certified cardiologist who will see patients at Asheville Cardiology Associates at 5 Vanderbilt Park Drive. To schedule an appointment with Dr. Thohan or one of his partners, call 828-274-6000.

To find a Mission Health physician, visit missionhealth.org/findadoctor.
BLOOD DRIVES
Angel Medical Center
Sep 6, Nov 1, 8 am-2 pm
120 Riverview St., Video Conference Room, 3rd floor, Franklin

Blue Ridge Regional Hospital
Sep 30, Nov 25, 11 am-2 pm
125 Hospital Dr., Bloodmobile in hospital parking lot, Spruce Pine

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

Highlands-Cashiers Hospital
Oct 25, 9-11:30 am
190 Hospital Dr., Bloodmobile in hospital parking lot, Highlands

Mission Community Primary Care - Cashiers
Oct 25, 1-3 pm
57 White Owl Lane, Bloodmobile in parking lot, Cashiers

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

Mission Hospital
Oct 17, 7 am-noon and 1-6 pm
501 Biltmore Ave., Lobby of Mission Hospital, Asheville

Mission Hospital McDowell
Sep 5, Oct 31, noon-5 pm
430 Rankin Dr., Bloodmobile in hospital parking lot, Marion

Transylvania Regional Hospital
Sep 26, Nov 21, 9 am-2 pm
260 Hospital Dr., Carlson Conference Room, Brevard

Read Andie Slivinski’s weight-loss story on pages 6-7. Mission Weight Management now offers online and in-person surgical and medical weight-loss consultations. If you need a helping hand with weight management, we have safe and effective treatments for you. Visit missionweight.org to watch a free online information session or call 828-213-4100 to schedule a consultation.

CHILDREN’S HEALTH
Childbirth Classes
$45. Scholarship opportunities available. One-on-one childbirth classes also available.
Mission Hospital McDowell, 430 Rankin Dr., Marion
For information on classes, call 828-659-5300

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: Are You Ready? Disaster Preparedness
Sep 24, 5:30 pm
Angel Medical Center, 120 Riverview St., Cafeteria, Franklin

Men’s Night Out: Don’t Stroke Out – Stroke Awareness
Nov 12, 5:30 pm
Angel Medical Center, 120 Riverview St., Cafeteria, Franklin

SENIORS
Advanced Care Planning Community Event
Start the conversation on end-of-life planning.
Sep 9, 5:30 pm
CarePartners Rehabilitation Hospital, 68 Sweeten Creek Rd., Seymour Auditorium, Asheville
For details, contact Henry “Mac” McNair at 828-384-5926

Support
Brain Injury Support Group
1st Wednesday of each month, 2-3 pm
Angel Medical Center, 120 Riverview St., Cafeteria, Franklin

Brain Injury Support Network
1st and 3rd Wednesday of each month, 4-5 pm
CarePartners Rehabilitation Hospital, 68 Sweeten Creek Rd., Family Conference Room, Asheville
Contact Karen Keating at Karen.keating@bianc.net or 828-337-0208

Cancer Survivors Support Group
2nd Thursday of each month, 4 pm
Transylvania Regional Hospital, 260 Hospital Dr., Newland Conference Room, Brevard
Contact Joelle Cleveland, BSN, RN, OCN, at Joelle.Cleveland@msj.org or Nancy.Kurtts@msj.org
WOMEN’S HEALTH

Childbirth and Pregnancy Classes
Educational opportunities for women and families including a free orientation for women who plan to give birth at Mission Hospital.

Various dates and times
Asheville
For details, visit store.mission-health.org/womens

Ladies Night Out: Are You Ready?
Disaster Preparedness
Sep 24, 5:30 pm
Angel Medical Center, 120 Riverview St., Cafeteria, Franklin

Ladies Night Out: Check the Girls – Breast Health
Oct 22, 5:30 pm
Angel Medical Center, 120 Riverview St., Cafeteria, Franklin

Ladies Night Out: Don’t Stroke Out – Stroke Awareness
Nov 12, 5:30 pm
Angel Medical Center, 120 Riverview St., Cafeteria, Franklin

and loved ones of individuals living with mental illness. Gain insight from the challenges and successes of others facing similar circumstances. 2nd Tuesday of each month, 5-6:30 pm Transylvania Regional Hospital, 260 Hospital Dr., Behavioral Health Group Room, Brevard
For more information, contact Janice Kimball at namitransy@gmail.com or 828-230-5406

Spinal Cord Injury Support Group
2nd Thursday of each month, 12:15-1 pm CarePartners, 68 Sweeten Creek Rd., Family Room, Asheville
Contact Robin Smith at 828-274-9567, ext. 41101, or Robin.Smith9@HCAHealthcare.com

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

Stroke Education and Support Group
2nd Thursday of each month, 12:15-1 pm CarePartners, 68 Sweeten Creek Rd., Family Room, Asheville
Contact Robin Smith at 828-274-9567, ext. 41101, or Robin.Smith9@HCAHealthcare.com

WELLNESS

Lifestyle Medicine Symposium
Aug 1-2
MAHEC Mary C. Nesbitt Biltmore Campus, 121 Hendersonville Rd., Asheville
For more information or to register, call 828-257-4475 or visit mahec.net/cpd

Lunch with the Docs: All about Substance Misuse
Sep 19, noon-1 pm
Highlands-Cashiers Hospital, Jane Woodruff Clinic, Suite 103, Highlands

MISCELLANEOUS

Grocery Games
Proceeds to benefit March of Dimes
Oct 5, 9 am, registration begins at 8:30 am BI-L0, 245 Macon Plaza Dr., Franklin

Superhero 5K/Supervillain 10K
My Generation running series
Sep 21, 9 am
468 Riverside Dr., Asheville
missionhealth.org/mygeneration
I began as a Unit Secretary, Clerical Monitor Tech and Department Secretary for my first 19 years at Memorial Mission. During that time, I got married and had my three beautiful children that were all born at Mission. Each was a wonderful experience. During a difficult time in my life, I decided to leave Asheville and the Mission family, and after being away for some time, I really missed my parents and the mountains called me back home.

I interviewed with Mission Health and was rehired in 2004. Now, I've been with Mission collectively for 33 years. These positions include being a Physician's Office Assistant in Children's Dental and Office Specialist for Senior Services. In 2014, I received the news that my department was closing. Luckily, I was enrolled in the Student at Work program that helped me update my resume and prepare to interview.

After interviewing for a few positions, I accepted the most awesome job ever, as the Administrative Assistant for Facility redesign, also known as the project team for the Mission Hospital North Tower.

The Mission Hospital North Tower is the replacement hospital for St. Joseph and has 12 stories and is 630,000 square feet. It has 220 private patient rooms and a 94-bed emergency department. I think it's beautiful, and I hope the staff, patients, families and visitors will love it.

As the AA to this project, I manage up to 12 calendars, help the construction managers get access to the different areas for work, set up the commitment requisitions for every piece of equipment, furniture, signage, IT purchases, set up meetings that are mostly executive level where decisions are made, and too many other duties to list. So much gets packed into one day that a lot of times I wish time would slow down.

I would also like to mention that the Mission Hospital North Tower project team is an incredible group of people who have given me the freedom to grow in my position. They have taught me so much, I feel I am prepared to face the end of this project. It has been the best work experience of my life, so far, and although it will be sad when it ends, I am looking forward to the next adventure. (Hopefully, at Mission.) Also, I know every time I pass that new beautiful tower, I will be able to point to it and say, “I was a part of that.”

Have a great Mission Health story to tell? Email us at MyHealthyLifeMagazine@msj.org.
WALK-IN
EXTENDED HOURS
NON-EMERGENCY CARE

CARE ON YOUR SCHEDULE
BILTMORE PARK | FRANKLIN | HAYWOOD
MCDOWELL | SPRUCE PINE

828-213-4444
MISSIONMYCARENOW.ORG
FREE ONLINE
WEIGHT-LOSS INFORMATION SESSIONS

To watch an online weight-loss seminar or for more information, visit missionweight.org or call 828-213-4100.