

# SENIOR CONNECTIONS



## Lower Stroke Risk

STROKES ARE A LEADING CAUSE of death and disability in the United States. But controlling risk factors can help prevent strokes.

Here is a list of common risk factors. Talk to your doctor about your risks and how to manage them.

**High blood pressure.** Pressure of 140/90 or above is considered high. This is the most important risk factor to control.

**High total cholesterol.** Plaque buildup in the arteries due to high cholesterol creates narrow spaces where blood clots can form or become lodged, stopping blood flow to the brain.

**Carotid artery disease.** Carotid arteries in the neck supply blood to the brain. If an artery is blocked due to a buildup of cholesterol and other materials, a stroke occurs.

**Cigarette smoking.** Smoking has been linked to plaque buildup in the carotid arteries and makes blood more likely to clot. Nicotine raises blood pressure.

**Inactivity and obesity.** These are risk factors for heart and blood vessel diseases that can cause stroke.


**Atrial fibrillation.** The heart's upper chambers quiver, causing blood to pool and clot.

**Diabetes.** Diabetes causes destructive changes in all blood vessels, including those in the brain.

**Transient ischemic attack (TIA).** This mini-stroke produces strokelike symptoms and makes an actual stroke more likely.

If you or someone with you has a stroke, immediate treatment at a hospital can greatly reduce brain damage. Call 911 right away.

SOURCES: AMERICAN STROKE ASSOCIATION; NATIONAL INSTITUTES OF HEALTH

 Rome Memorial Hospital's Stroke Support Group, for people who have had a stroke and for their families, meets the second Thursday of each month. If you are interested in attending, please call **315-338-7600**.

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## CUSTOM-FIT TOTAL KNEE REPLACEMENTS

# Don't Live With Knee Pain

**I**F YOU OR SOMEONE close to you suffers from knee pain, you know it interferes with just about every aspect of your life—from walking and exercising to playing with your grandchildren and getting a good night's sleep.

“You don't have to live with knee pain,” says Mitchell Rubinovich, MD, CM, a Rome Memorial Hospital (RMH) orthopedic surgeon with more than 24 years of experience. “With today's advancements in orthopedics, we are helping more patients return to a more active lifestyle.”

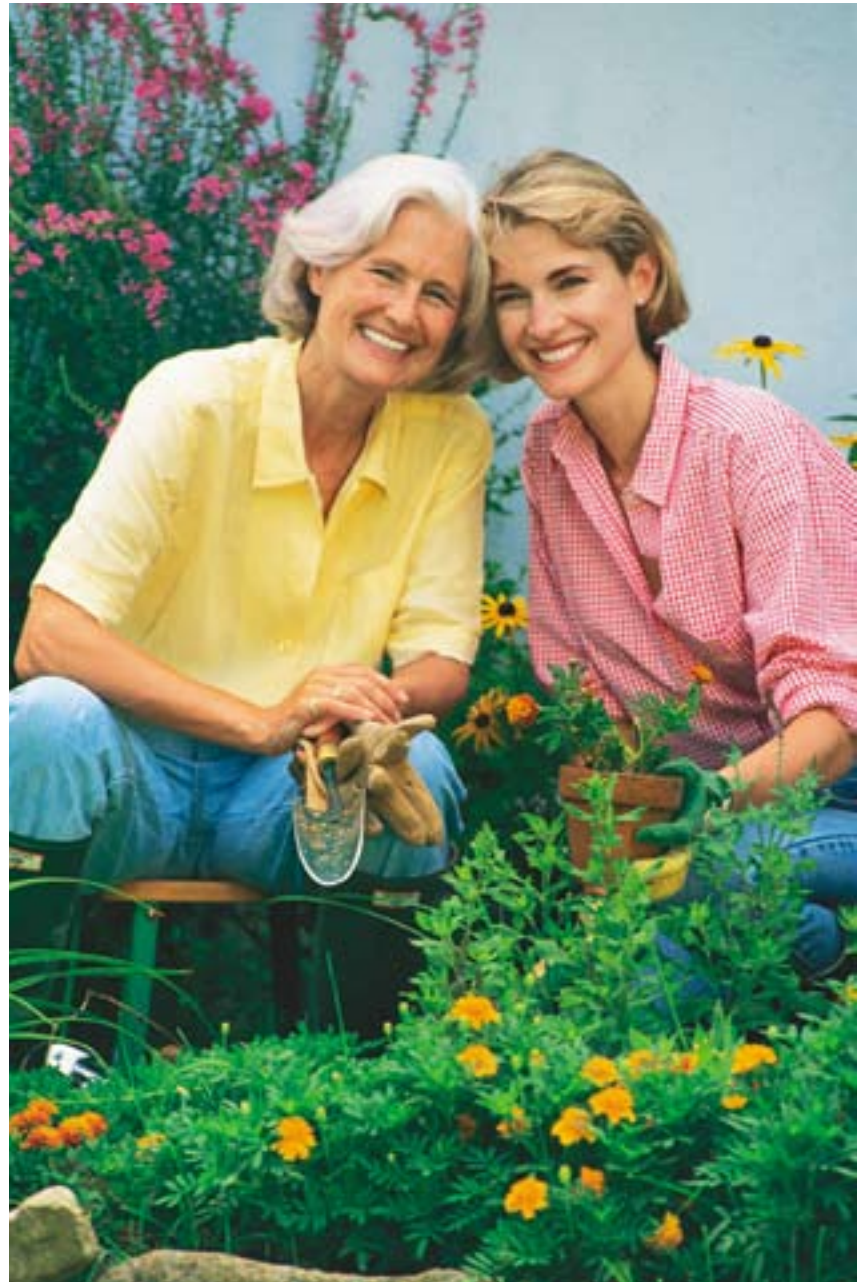
**A MORE PRECISE FIT.** RMH recently purchased a new computer-assisted navigation system that allows Dr. Rubinovich to map out each patient's anatomy on a computer for a better custom fit when a knee joint needs total replacement.


“Typically, candidates for total joint replacement are people who are in their 60s who have significant pain or disability caused by an arthritic condition,” says Dr. Rubinovich. “However, advances in materials used for joint replacements and computer-assisted navigation enable us to provide relief to even younger patients who have lost function and mobility because of pain.

“A healthy knee joint moves easily and without pain,” he says. “But when the joint becomes diseased or injured, the resulting pain can severely limit a person's ability to work and play.

“With computer-assisted total joint replacement, we can help you get the most out of your new knee,” Dr. Rubinovich says. “The navigation system enables us to be more precise in our alignment, which is important to reduce joint wear so the new joint works better and lasts longer.”

**YOU'RE IN GOOD HANDS.** “With Dr. Rubinovich's expertise and our investment in state-of-the-art technology, Rome Memorial Hospital's reputation in total joint replacement is growing,” says President and CEO Darlene Burns, MS, RN. The hospital also has a total joint program that includes a consultation with a physical therapist before surgery and then rehab to speed recovery.



 You don't have to live with knee pain. For more information about total joint replacement, call **315-338-9200**.

## Meet the Expert



**Mitchell  
Rubinovich,  
MD, CM**

Mitchell Rubinovich, MD, CM, specializes in the complete care of the musculoskeletal system, including the diagnosis, treatment and prevention of injuries to the muscles, bones, joints, tendons and ligaments in patients of all ages. He is experienced

and specially trained to perform general orthopedic, sports medicine, arthroscopic and total joint replacement procedures, including the latest ceramic-on-ceramic replacements.

Dr. Rubinovich earned his medical degree from McGill University in Montreal. After completing his surgical internship and residency at the Royal Victoria Hospital, he gained additional training as a research and clinical fellow of sports medicine at the Nova Scotia Sports Medicine Clinic, Dalhousie University, Halifax, Nova Scotia.

He is board-certified as a fellow of the Royal College of Surgery in orthopedics. A fellow of the American College of Surgery, he also received his diploma in sports medicine from the Canadian Academy of Sports Medicine. Dr. Rubinovich maintains his technical proficiency by regularly attending specialty courses to learn the latest advancements in orthopedic surgery.

Dr. Rubinovich opened his practice in Rome in 2005. His office is located in Chestnut Commons at 107 E. Chestnut St.

# Breathe Easier

## RMH LAUNCHES PULMONARY REHABILITATION PROGRAM

**R**OME MEMORIAL HOSPITAL (RMH) has launched an outpatient pulmonary rehabilitation program to help people with chronic lung conditions increase their activity levels and gain confidence to become more involved in life again.

“We know that pulmonary rehabilitation can help reduce respiratory symptoms, enhance patients’ ability to perform activities of daily living and improve their quality of life,” says Eileen Luley, MS, RRT, director of cardiopulmonary services.

Patients undergo a course of supervised strength training, stretching and aerobic exercise in an effort to break the downward spiral of lung disease, deconditioning and increasing shortness of breath.

**SPECIALIST CARE.** Pulmonary rehabilitation coordinator James Dowsland, RRT, provides treatment and education for patients enrolled in the program. He also serves as the liaison among the patient, physician and other members of the multidisciplinary team. He is experienced in physical and occupational therapy, medications,

nutrition, smoking cessation, and social services.

Kesava Potluri, MD, is the medical

director for the program and is responsible for the safety and quality of care provided.

The program provides patients of all ages with individualized treatment plans to help them with any chronic lung disease or condition that affects breathing, such as COPD, pulmonary fibrosis or chronic bronchitis, as well as pre- and post-lung transplantation patients.

“Patients who smoke are not required to quit, but we will help them with cessation tools,” Dowsland says. “We encourage early intervention to better manage chronic lung conditions rather than waiting until shortness of breath prevents patients from doing the things that they enjoy.”

“We want patients with chronic lung conditions to know that rehabilitation can help them become more active again,” Dowsland says. “People with respiratory conditions find their activities are limited because they can’t catch their breath. And, understandably, when they can’t breathe, they panic. Then they further restrict their activity, which leads to a vicious circle. They lose the very conditioning that they need for breathing.”

**INCREDIBLE RESULTS.** Dowsland, an experienced registered respiratory therapist who developed and managed pulmonary rehabilitation programs in Maine and Florida, says that results can be “incredible.”

“We work together slowly to help retrain breathing, increase strength and endurance, and overcome the fear that limits activities,” says Dowsland. “Patients have a better understanding of their medications and treatments.”


“In addition to reducing respiratory symptoms, pulmonary rehabilitation can reduce the need for emergency department visits and hospitalizations,” he says.

To reach their goals, patients have access to exercise equipment such as treadmills, stationary bikes, hand weights and resistance equipment.

“Rome Memorial Hospital is committed to developing programs that improve the overall health of our community,” says Luley. “Pulmonary rehabilitation is a needed service that can have a dramatic impact on a patient’s quality of life.”

**WHERE DOES THE PROGRAM TAKE PLACE?** The program is located in the physical therapy department on the hospital’s ground floor. Patients usually attend one-hour sessions two to three times a week for six to 10 weeks. Free valet parking is available at the hospital’s main entrance.

Pulmonary rehabilitation services are reimbursable through Medicare, Medicaid and most private insurance carriers with a referral from your primary care physician or pulmonologist and preapproval.

 For more information, call **315-338-7160**.

*Learn more about pulmonary rehab. Call 315-338-7160. ~*



**James Dowsland, RRT**



**If you have a difficult time catching your breath because of a chronic lung condition, RMH’s outpatient pulmonary rehabilitation can help you breathe easier and become more active.**

# Find Fulfillment in Giving

## IT'S TIME TO MAKE A PERSONAL PHILANTHROPIC PLAN

**C**HARITABLE GIVING CAN BE quite fulfilling, especially when you find just the right organization. That decision will come easily when you take a few minutes to outline a personal plan. Here are a few tips to help you get started.

**Determine your values.** Think about the experiences, people and organizations that have mattered most in your life. Direct your philanthropic efforts to support the principles that you most strongly support.

**Concentrate your generosity.** From your list of values, determine a few organizations or causes of greatest importance to you. You will see where you can personally make the greatest difference.

**Think close to home and heart.** The nearer you are geographically or emotionally to a charitable organization, such as your community hospital, the more satisfying your efforts.

**Evaluate your choices.** Be as prudent when offering your volunteer time and money as you would with any other investment.



Take time to investigate and compare the missions and goals of the organizations in which you plan to invest.

**Make a personal plan.** Decide how much time and money you can devote to charitable causes. Do not let limited resources intimidate you. Even a few hours or a few dollars can make a meaningful difference.

**SERVING THE COMMUNITY.** Please consider your community hospital's Foundation when you make your plan. Every gift to the Rome Memorial Hospital Foundation helps fulfill the mission of the hospital: to provide quality care in a safe, compassionate environment in order to serve the health care needs of the people of Rome and the surrounding communities.


The Rome Memorial Hospital Foundation funds such hospital goals as:

- The delivery and continual improvement of high-quality patient care.
- The introduction of new technology, treatments and preventive programs.
- The recruitment of well-qualified physicians, professional nursing and technical staff, support staff, and volunteers.
- The promotion of good health and wellness activities.

Funds come from our donors' outright gifts and planned giving, such as annuities, life insurance policies and bequests included in wills.

It all goes to show that your gift does make a difference—for you and your community.

**GET YOUR QUESTIONS ANSWERED.** Kerr Flanders, executive director of the Rome Memorial Hospital Foundation, can answer your questions and help you align your personal plan with the goals of the hospital Foundation.

 For more information about ways to make a charitable gift to the Rome Memorial Hospital Foundation, please write to the Foundation at 1617 N. James St., Suite 950, Rome, NY 13440; call 315-337-5309 or e-mail [kflanders@romehospital.org](mailto:kflanders@romehospital.org).

### Personal Plan Work Sheet

My values and principles:

\_\_\_\_\_

\_\_\_\_\_

Where can I make a difference?

\_\_\_\_\_

\_\_\_\_\_

Charities close to home:

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How do they compare to my goals?

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# A Need for Speed

## RMH'S RAPID RESPONSE TEAM SAVES LIVES

**A**NYONE WHO HAS EVER WATCHED a medical drama on television has seen a patient “code” in a hospital. The medical team rushes in to jump-start the heart and lungs in an attempt to save the patient’s life.

But what if medical professionals could intervene before patients coded—before their hearts stopped beating and they stopped breathing? It’s possible. And it’s happening at Rome Memorial Hospital (RMH).

**HELP WHEN YOU NEED IT MOST.** Since May 2007, fewer patients have coded at RMH because of our rapid response team. The rapid response program was implemented to teach caregivers to listen to their professional intuition and call for extra help when a patient is beginning to deteriorate—before the patient goes into full arrest.

“Before a patient’s condition takes a turn for the worse, there are often subtle warning signs of an impending respiratory or cardiac arrest,” says Eileen Luley, MS, RRT, director of cardiopulmonary services. “When these subtle changes are noted, the rapid response team can be called in for an extra set of eyes—two sets actually.”

The team is called when the patient’s physician is not immediately available.

“The rapid response team acts as a consultant to the staff nurse at the bedside,” says Linda Taylor, RN, director of critical care services. “We’ve taught our nurses to trust their instincts. If they think their patient’s condition has changed for the worse, they’re encouraged to call in the team. For new nurse graduates, it’s especially reassuring to know that this resource is available.”

**WORKING TOGETHER.** The rapid response committee worked with the hospital’s physicians to develop procedures that give the team the ability to run tests to assess the patient’s condition. Regardless of the hour, the team contacts the patient’s physician to update him or her and obtain any further instructions before the physician arrives. A special code alerts the physician that the call concerns a patient in distress.

“With this coordinated effort, we can intervene faster, prevent patients from going into arrest and save lives,” Taylor says.

About 40 people volunteered to be members of the rapid response team, according to education director Gale Barone, BS, RN. “These are seasoned professionals who attended additional training programs to reinforce their assessment skills.”

**SAVING LIVES.** Over the course of seven months, the rapid response team responded to 71 calls, according to critical care coordinator Richard Simpson, RN. In its subsequent review of the patients’ charts, the rapid response oversight committee identified the patients that had a high probability of coding without the early intervention. “Without the team, we believe 39 of these patients would have gone into full cardiac arrest,” Simpson says.

“About 84 percent of patients who go into arrest have signs and symptoms up to 12 hours beforehand. Rescue is much more effective than resuscitation,” he says. “If a patient goes into cardiac arrest, the risk of death increases tremendously. With rapid response we are saving lives.”

Establishing a rapid response team was one of RMH’s patient safety initiatives. Nationally, it is credited with saving thousands

*“With this coordinated effort, we can intervene faster, prevent patients from going into arrest and save lives.”*

of lives as part of the Institute for Healthcare Improvement’s 100,000 Lives Campaign. “National statistics suggest that rapid response teams can reduce the number of patients that code by 25 to 50 percent,” Simpson says.



**When the rapid response team is activated, an experienced critical care nurse and a respiratory therapist drop what they are doing and report immediately to the patient’s bedside to assess the patient’s condition.**

## SKIP THE DRAMATIC MAKEOVER

# Small Steps to Eating Well



IF YOU'RE TRYING TO IMPROVE your diet, good for you.

Making wise food choices is one of the most important things you can do for your health.

But rather than attempting a dramatic makeover, try a little tinkering instead. And that's solid advice no matter how much your diet needs upgrading.

Human nature being what it is, change on a large scale can often seem overwhelming. Yes, it's possible. But it can be difficult to sustain.

In contrast, small adjustments tend to have staying power.

In fact, if you make one or two changes in the way you eat, those changes—in as few as two to four weeks—are apt to become habits. And then you can tackle additional modest changes.

**SMALL STEPS, BIG REWARDS.** Obviously, what you change is up to you. But for a little inspiration, consider some of the possibilities that follow. Each will improve your diet in some way—for example, by helping you find ways to eat more fruits and vegetables or cut back on unhealthy kinds of fats.

Among your options:

- Add cucumber and tomato slices along with spinach to your sandwiches.
- Avoid overeating at restaurants by asking for two plates and splitting a dish with someone.
- When eating, always take time to sit down, eat slowly and savor

## Do I Need to Change What I Am Eating?

Does your diet need revamping?

To check, ask yourself these questions:

- Does diabetes, cancer, heart disease or osteoporosis run in my family?
- Am I overweight or steadily putting on pounds?
- Do I have a medical problem, such as high cholesterol or high blood pressure, or am I at risk for such a condition?

If you answered yes to any of these questions, you may need to change what you eat in order to protect your health. Talk with your doctor about ways to improve your diet.

SOURCE: AMERICAN ACADEMY OF FAMILY PHYSICIANS



One simple way to eat more vegetables is to add cucumber and tomato slices along with spinach to your sandwiches.

flavors. This way, you're less apt to eat mindlessly.

- Replace sugary beverages with water flavored with a twist of lime or lemon.
- Indulge yourself—sensibly. Enjoy an occasional sugary or high-fat dessert, but limit yourself to a modest portion.
- Use healthy vegetable oils (such as canola, corn, soybean and olive) instead of butter or stick margarine.
- Add fiber to your diet by eating whole-grain breakfast cereals and breads.
- Keep a variety of nutritious, ready-to-eat snacks on hand. Smart choices include nonfat or low-fat yogurt, whole fruit, and cut-up raw vegetables. You'll make good choices when the urge to nibble strikes.

*If you make one or two changes in the way you eat, those changes—in as few as two to four weeks—are apt to become habits. ~*

➔ For more information on ways you can improve your diet, visit the American Dietetic Association website at [www.eatright.org](http://www.eatright.org).

SOURCE: AMERICAN DIETETIC ASSOCIATION

## Handling hay fever

**H**ay fever—which got its name from people working in hay fields and sneezing as a result—affects millions of Americans.

Also known as seasonal allergic rhinitis, hay fever is caused by your body's reaction to airborne pollens. If you're allergic to certain pollens, your immune system responds, causing symptoms such as a stuffy or runny nose, sneezing, itchy or watery eyes, and coughing.

The most common cause of hay fever is ragweed, which pollinates from late August until the first frost.

To help avoid pollens:

- Wear a pollen mask, which you can buy at most pharmacies, when working outside.

- Change heating and air-conditioning system filters monthly.

- Keep windows and doors closed.

Hay fever symptoms can often be relieved by

over-the-counter or prescription medications. If you think you might have hay fever, talk to your doctor. ■

SOURCE: AMERICAN ACADEMY OF ALLERGY, ASTHMA & IMMUNOLOGY



## Ways to stay well hydrated

**W**hen your body needs water, you get thirsty—right?

Not necessarily.

Many of us lose some of our sense of thirst as we get older. We may not notice our bodies are running dangerously low on fluids until we feel ill.

That's why you should pay attention to how much fluid you're getting each day. To stay hydrated:

- Drink at least eight cups of water daily. Other liquids, such as juice and milk, count toward this

amount. But plain water is often the best choice, since it's low in sodium and has no calories, fat or cholesterol, advises the American Dietetic Association.

- Eat foods that contain a lot of water, such as lettuce, watermelon, broccoli, grapefruit, carrots, yogurt and apples.
- Watch for signs of dehydration, including weakness and bright or dark yellow urine. ■

ADDITIONAL SOURCE: NATIONAL INSTITUTE ON AGING



## Preventing golf injuries

**G**olfing may seem like an easygoing activity. But just like any other sport, golf can cause injuries.

Two common injuries are:

**Golfer's elbow**, which is caused by straining muscles on the inside of the forearm. It can be avoided by strengthening those muscles. Also, don't bend your wrist when you swing.

**Lower back pain**, which is usually caused by poor flexibility and weak muscles. A bad swing can also be the cause because it puts pressure on the spine



and muscles. To avoid lower back pain, do exercises to strengthen your lower back muscles.

In addition, taking golf lessons, warming up and stretching can help prevent injury. If you're a beginner or an expert who took some time off from playing golf, start slowly. ■

SOURCE: AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS

## Urgent or emergency? Where to get help

You need medical care soon, but is it an emergency or something that can be handled in the walk-in urgent care center?

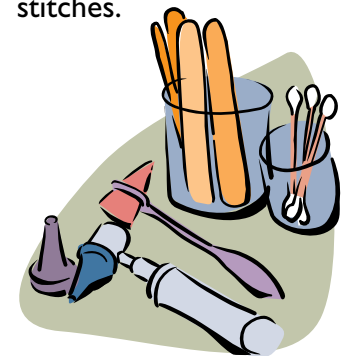
Here's a quick reference guide for determining which is which:

### EMERGENCY

- Loss of consciousness.
- Chest pain.
- Bleeding that doesn't stop after 10 minutes.
- Fainting, sudden dizziness, weakness.
- Changes in vision.
- Trouble talking.
- Confusion.
- Severe shortness of breath.
- Severe allergic reactions.
- Coughing up or vomiting blood.
- Head injury.
- Poisoning.
- Major bone breaks.
- Suicidal thoughts and feelings.

### URGENT CARE

- Fever and flu.
- Nausea.
- Minor bone breaks.
- Rashes.
- Insect and animal bites.
- Minor cuts that need stitches.



When in doubt, call 911. If you think that you might have an emergency, there's a good chance you do.

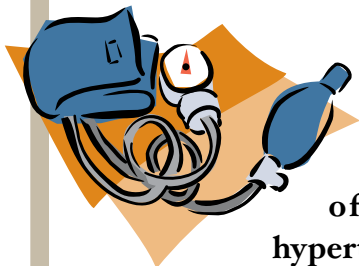
SOURCE: AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

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# Check Your Knowledge...

## AND YOUR BLOOD PRESSURE



SEE WHAT YOU KNOW about high blood pressure with this quick true-or-false quiz.

**1 It's easy to recognize the symptoms of high blood pressure, or hypertension.**

False. This is a trick question, because high blood pressure doesn't cause recognizable symptoms. Since you can have the condition and feel fine, it's important to get your blood pressure checked regularly. Ask your doctor how often you should get your blood pressure measured.

**2 If high blood pressure doesn't make you feel ill, it's not that serious.**

False. Even if you feel fine, high blood pressure that isn't found and treated may lead to heart attack, heart failure, stroke, kidney failure and blindness.

**3 Both numbers in a blood pressure reading must be high for you to be diagnosed with hypertension.**

False. Doctors consider you to have high blood pressure when either number in a blood pressure reading is too high. Generally, readings must be high at two or more appointments.

**4 Lifestyle changes may help both treat and prevent high blood pressure.**

True. There's a lot you can do: Stay at a healthy weight; eat

*Left untreated, high blood pressure may lead to heart attack, heart failure, stroke, kidney failure and blindness.*

plenty of fruits, vegetables, whole grains, and low-fat or nonfat dairy foods; limit salt intake; get regular exercise; and know the risks of drinking alcohol—it can affect blood pressure. If your doctor says you need medicine, take it exactly as directed.

**5 When treatment lowers blood pressure to normal levels, you no longer have hypertension.**

False. You still have hypertension. If a doctor asks if you have the condition, say yes. And keep taking your medicine.

SOURCES: AMERICAN HEART ASSOCIATION; NATIONAL HEART, LUNG, AND BLOOD INSTITUTE; NATIONAL INSTITUTE ON AGING



### Is the Pressure Too Much?

Blood pressure readings consist of two numbers, given in millimeters of mercury (mm Hg).

The first number refers to systolic pressure. It measures the pressure on blood vessel walls when your heart is pumping.

The second number refers to diastolic pressure. It measures the force on vessel walls between heartbeats.

Blood pressure readings fall into these categories:

**Normal.** The first number is 119 or

lower and the second is 79 or lower.

**Prehypertension.** The first number is 120 to 139 and/or the second is 80 to 89. (Prehypertension may raise your risk for high blood pressure.)

**Stage 1 high blood pressure.** The first number is 140 to 159 and/or the second number is 90 to 99.

**Stage 2 high blood pressure.** The first number is 160 or higher and/or the second number is 100 or higher.

SOURCE: AMERICAN HEART ASSOCIATION

CALL US!



A good night's sleep doesn't have to be a dream

Rome Memorial Hospital Sleep Disorders Center  
1617 N. James St., Suite 600, Rome  
Call 336-6277 for more information

## SENIOR CONNECTIONS

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