

ASK THE EXPERTS

Comfort Care

Q Graduate from Hospice Care?

A. "You would never guess but my 102-year old mother just graduated from hospice and we're still celebrating!" a friend excitedly told me as she wheeled her mother to a table for lunch at a local café.

Earlier this year her mother had part of her colon removed and she had such a tough time recovering she chose hospice care because she and her caregivers felt she had less than 6 months to live.

The daily home visits from the hospice staff were re-assuring for both pain relief and her colostomy care.

Miraculously, her mother perked up and began to become more independent as she regained her strength and began to feed herself again. Her daughter confidently assumed care of the colostomy.

The hospice staff agreed with the patient and family that she could "graduate" from hospice and resume her previous home health care. This example illustrates that hospice is not always a last stop and that recovery from hospice care is indeed possible!!



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Family Medicine

Q Is Vitamin D Important?

A. You may have been hearing a lot about Vitamin D in the news. There is a lot of information that is being discovered about the importance of Vitamin D. People that live in the northern climates such as us here in SD and NE, tend to have lower levels of Vitamin D, as it is manufactured by sun exposure. Vitamin D deficiency can be manifested by such symptoms as bone discomfort or pain in the low back, pelvis, and lower extremities. Muscle aches and weakness can also be an issue. Vitamin D plays a role in heart disease and colon health, as well as depression. Research really seems to indicate that Vitamin D is an important vitamin in regards to our overall health. This is even more important for people as they get into their 60's or 70's on up. It is important to discuss this with your doctor. Here at Lewis and Clark Family Medicine, we would be happy to discuss this or any other questions with you.



Jeffrey Johnson, M.D.



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Brad Adams, PA-C



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Ear, Nose & Throat

Q Dr. Rumsey, I always have difficulties hearing on the telephone. Is there anything available to help me hear better on the telephone?

A. This is a great question. Several of my patients report the same difficulties regardless the severity of hearing loss. One helpful solution we can offer is an amplified telephone which range in price from \$40.00 to \$300.00. South Dakota and Nebraska have distribution programs, which provide funding for qualified individuals to purchase amplified telephones. I would be happy to help you through this process. It is very simple. First we have to test your hearing to confirm you are a candidate. Once we have completed the test and confirmed you are a candidate I can help you fill out the appropriate paperwork. Call (605) 665-6820 to schedule an appointment if you want help applying for this program or any other hearing related programs.



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Podiatry

Q I've read several articles about people running barefoot. Do you think this is a good idea?

A. The latest research that I have read discussed a few simple basic points that may help you. Running with a well-padded typical running shoe causes a person to do two basic things; One, run with a "heel-to-toe gait." That is, that person will strike on the heel, and the foot will naturally roll to the ball, and then onto the toes. Second, the typical running shoes causes a runner to lengthen the stride. Therefore, the shoe-runner will strike the ground less often running the same distance as the barefoot runner running the same distance. The shoe-runner will also put more pressure and strain on the heel.

Running barefoot, causes 2 basic changes in running; One, running stride will be shorter, and the runner will strike the ground with the ball of the foot and not the heel. Therefore, the barefoot runner will avoid pressure on the heel, while at the same time take more steps when running the same distance as would the runner with the typical running shoe.

Runners who use a "minimalist" running shoe may run with a stride somewhere in between the barefoot runner, and typical "running shoe." This is a very generalized statement, because there are many different types of minimalist running shoes, with different amounts of shock absorbing material.

Therefore the answer to your question depends on what you believe according to statements above. My advice would be that if you decide to become a barefoot runner, start with a typical running shoe. Then, switch to a minimalist running shoe, and finally to barefoot running. Take it slow, and deliberate. I believe, if you do a combination of the three different running styles, and listen to your body, you can decide which type of running is best for you. Perhaps, running equal amounts of distance and speed with the three types of running, will work your muscle groups differently. This may avoid overuse injuries that people experience from using only once style of running.



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Orthopedics

Q Is a broken bone an emergency?

A. Fractures typically do not require urgent surgical care, but they will be quite painful until they are splinted so the fractured bones are not moving. Being able to move an injured body part doesn't rule out a fracture. Splinting will reduce fracture pain and is an important initial step in fracture management. First-aid splinting can be with cardboard, a pillow, or anything stiff that is secured with a bandage or tape. Once secured, medical personnel should be consulted and can apply a better splint in the office, urgent care, or the emergency room.

Once medical personnel evaluate and splint the fracture, definitive treatment can usually be scheduled electively. Orthopedic surgeons are the specialists who are often consulted regarding the treatment of fractures. If surgery is deemed necessary, it is often safer to do the operation when the patient has stabilized, his/her stomach is empty, and during regular operating room hours when all medical personnel are available and well rested. Waiting several days (up to 10 days) before the operation can sometimes make treatment easier with fewer complications (i.e. swelling subsides and soft tissues recover).

Fractures that are associated with open wounds (i.e. "open fractures") or those with joint dislocations, loss of blood supply, or a pinched off nerve are indeed emergencies requiring expeditious treatment. In these cases, surgery within six to 24 hours is typically required.



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Dr. Dan Johnson, M.D.
Board Certified
Orthopedic Surgeon

Urological

Q I am 72 years old and I have just been diagnosed with early stage prostate cancer. Should I be treated? It is my understanding that most men with prostate cancer die from other causes?

A. Excellent question with a not so easy answer. A very important study from Sweden, compared men with early state prostate cancer who were treated with surgery to those who chose "watchful waiting" or no treatment but who had regular frequent checkups to make sure their cancer was not progressing. At 15 years, the incidence of the death from prostate cancer was 14.6% for those treated with surgery compared to 20.7% for those men who chose no treatment. The study also showed that only men 65 years old or younger benefited from having surgery. For those older than 65 the survival rate was similar no matter if they had surgery or no treatment. So, if you are young or have at least a 15 year life expectancy then consider having your prostate cancer treated. If you are 70 years old or older, you should seriously consider being monitored for disease progression and hopefully avoid having to be treated. You need to have this discussion with a doctor who is experienced in treating all stages of prostate cancer and who can recognize the characteristics that make your prostate cancer risky enough to be treated.

Yankton Urological Surgery, Prof., L.L.C.

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Dr. Joseph Boudreau
MD, F.R.C.S.

Chiropractic

Q What is chiropractic about?

A. Chiropractic care is a great choice for many different types of problems and especially wellness. It is a personalized service of professionals who take time to understand the patient's history and problem. It continues to rank high in patient satisfaction rates. Historically, it has great benefits in a multitude of conditions. Chiropractic has withstood the controversy in health care and wellness. And, over the past several years, research has proven the effectiveness of chiropractic care in various conditions of pain and pain management. With increased demand by their patients, it has been made more accessible to the public. If you are considering chiropractic, please visit us and use our resources available on our website at firstchiropracticcenter.com.

Have a safe and healthy Holiday season!



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Sheila Fitzgerald,
DC

Fitness/Health

Q Is stretching really that important?

A. As basic as this question is, it really isn't that simple to answer. For a great number of years research has been done on this topic and a stellar answer has yet to be found if stretching does what we've always thought it did, reduce exercise related injuries for one. Stretching tight muscles is generally a safe bet but a 5-10 minute warm up should be completed first. Stretching cold isn't a good idea. Some of the debate comes from what type of stretching is best for which people and what will provide the most benefit. For beginning exercisers the static (stretch and hold) stretch seems to be the best and for the conditioned athlete a dynamic stretch (movement stretches) may assist in providing athletic improvement. Post exercise stretching has been found to help loosen tight muscles and reduce exercise related aches and pains. Assistance in the development of a safe and effective stretching routine from someone experienced may prove beneficial.



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Angie O'Connor
Clinical Exercise
Specialist

Pharmacy/Nutrition

New Suggestions For Using Corticosteroids in Asthma Patients

For years we have told our patients to use thier inhaled corticosteroids (eg, Advair, Flovent) daily to control their asthma symptoms. New evidence suggests that using inhaled corticosteroids on an "as needed" basis may control asthma symptoms just as well. This "as needed" basis works for patients who are well-controlled on a low daily dose of inhaled corticosteroids.

For this "as needed" dose to work, patients need to use 2 puffs of their corticosteroid along with their albuterol inhaler (short-acting inhaler) for symptoms. Patients will normally get the same control with half the steroid dose; this is especially beneficial in children. If patients feel like they have to use their albuterol inhale more than 2 days a week though, they should go back to using their corticosteroids daily.



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