



Reaching your goals with
wearable technology

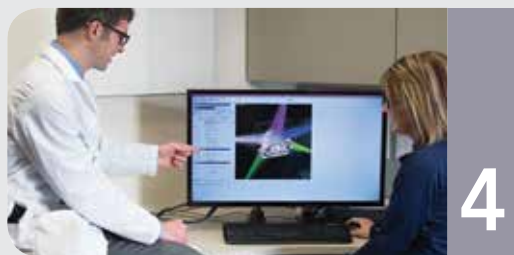
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COVER PHOTO: Physical therapy patient Quincy Benedict performs a resisted ambulation exercise to improve strength, balance and coordination with Charlene Mitschelen, physical therapist, as her guide.

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Reaching your goals with wearable technology

Fitness trackers have changed how we view (and measure) health. From exercise newcomers to gym fanatics, the benefits of wearable tech are appealing to people of all shapes, sizes and walks of life. These wristbands, armbands, sock clips and other devices encourage more daily activity, challenging you to take the stairs instead of the elevator or burn enough calories to have that extra slice of pizza. They can also help you get more out of your workout by tracking your time, your distance and even your heart rate.

“There’s certainly an increased interest in wearable technology. I would encourage people to ensure these tools positively contribute to their health and wellness goals,” says Wellness Coach Jeanette Roberts, of Community Hospitals and Wellness Centers. “When fitness trackers add fun, connect friends or help motivate, they’re great. However, if goals are unrealistic, or the device adds frustration instead of encouragement, they defeat the purpose and could actually add unhealthy stress to your life.”

That’s why it’s important to find an option that works for your life and goals. While there is a variety of choices — from Fitbit® trackers and Jawbone UP® wristbands to Shine™ sensors — consider the following when weighing which fitness tracker may be right for you.

CLIP-ON OR WRISTBAND?

When it comes to how you want to wear your activity tracker, you have a few options. The most common type is one that you wear on your wrist. You just put it on and go. Most of these trackers will record your steps and sleep, and allow you to track your calorie usage with each new exercise.

If watches and bracelets bother you, consider choosing a device that can be attached to your clothing. Try a fitness tracker that measures distance, steps, sleep



and more while staying snugly clipped to your pocket, belt or bra.

No matter how impressive the other features of the tracker seem to be, you won’t wear it if it isn’t comfortable and stylish. Pay attention to design, color and how it feels before making your purchase.

APP OPPORTUNITIES AND OBSTACLES

Nowadays, the majority of wearable technology has a partner app you can download on your phone or computer. These digital trackers support wellness with goal-setting functions, health monitoring and even positive reinforcement messages. But, beware, not all exercise applications are created equal. Make sure when you begin your fitness regimen that your activity tracker is calculating exercise correctly. Some tech can say you’ve walked three miles when really you just bounced your leg at your desk all day. More advanced applications can identify that difference and portray an accurate movement calculation you can rely on.

It’s also important to note that oftentimes your information is captured and collected in these applications for the technology company to access (e.g., your location, daily running route, health habits, etc.). If you don’t want to share this information, consider an old-school pedometer or heart-rate monitor that doesn’t utilize an Internet connection.

FUTURE OF WEARABLE TECHNOLOGY

The future looks bright for trackers that measure health-related information. From a smart toothbrush that monitors brushing habits to improve dental health to a heart rate monitor that tells you when to train and rest — the sky’s the limit. Start setting your goals today!

Recommendations for breast cancer screening still emphasize choice

Cheryl Daniel, RN, MA, explains the ultrasound process and breast cancer screening to volunteer Amy Thompson.

In fall 2015, the American Cancer Society (ACS) turned everything the public thought they knew about breast cancer screening upside down when new guidelines — primarily surrounding mammograms — were recommended. Rather than beginning at age 40, the ACS now suggests women get annual mammograms from age 45–54, and then switch to every other year beginning at age 55. Screening should continue, ACS says, as long as a woman is in good health and is expected to live 10+ years.

Although these changes made headlines in and outside of health circles, the reasons behind them still aren't fully understood by many. What difference does five years make? What risks are involved with mammograms and delaying breast cancer screenings? What prompted these changes from one of the most well-regarded cancer organizations in the world?

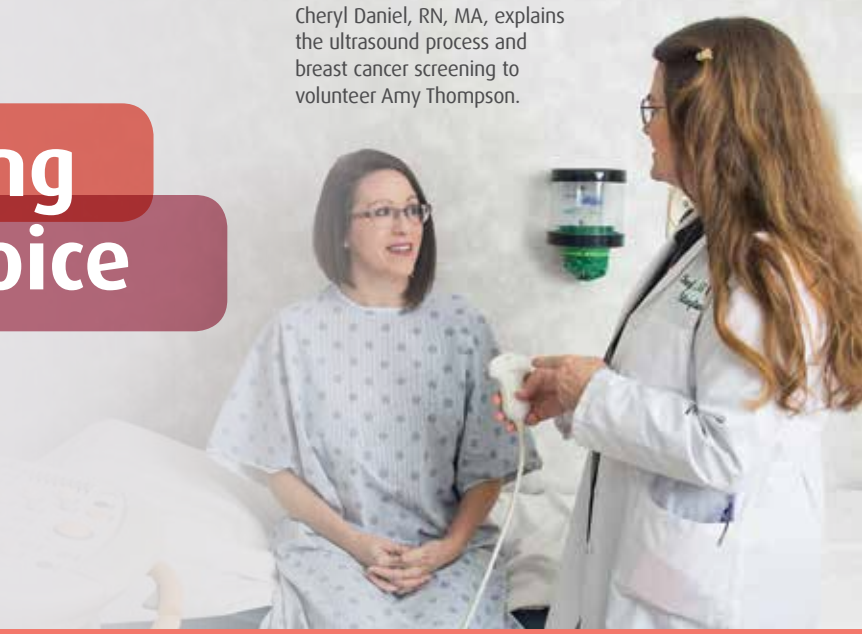
WHAT DIFFERENCE DOES FIVE YEARS MAKE?

Helping sort out the many details of this complex issue is Cheryl Daniel, RN, MA, who leads the patient navigation program on breast health at Community Hospitals and Wellness Centers (CHWC) and Parkview Physicians Group in Bryan. Daniel explains that many women in their early 40s begin to go through menopause. Among numerous bodily changes during this time, breast density is significantly reduced. Before this happens, however, it's difficult to determine what dense tissue is, and what a tumor from a mammogram is. "It's not definitive like it would be with most older women," Daniel says. "Because of this, mammograms aren't good tools for checking what's going on in younger women's breasts."

"At 40," Daniel continues, "women are having screening mammograms done and they're seeing something that they're not sure what it is. So they go for a diagnostic mammogram, an ultrasound, then have a biopsy done, then the biopsy will tell you if it is or isn't cancer. Now you've had mammograms, an ultrasound, a biopsy, all this cost, all this angst. With the millions of women getting mammograms, ACS asks if it's worth putting them through all that for largely benign findings, or if we should wait until they're older."

RISKS INVOLVED IN MAMMOGRAPHY

Although screening mammography is largely proven to decrease breast cancer mortality, there are risks involved. One such risk is false positives and the resulting anxiety. Another issue is over-diagnosis of "insignificant cancers," meaning that unneeded treatment is given for a type of cancer that would not have become a threat to a woman's health during her lifetime.

 **TO LEARN MORE** about CHWC's breast health patient navigation program, visit the Health Education section at www.chwchospital.org.

Another risk is that mammography can, ironically, cause radiation-induced breast cancer, especially if exposure occurs before age 30 and is at high doses. The National Cancer Institute states that the dose associated with a typical mammogram is "extremely unlikely" to cause cancer, noting that theoretically, annual mammograms in women ages 40–80 may cause up to one breast cancer case per 1,000 women.

ALTERNATIVE OPTIONS FOR WOMEN

While mammography isn't the most effective tool for detecting breast cancer in younger women who still have dense breast tissue, there are other options for women to make sure they're in good health.

Daniel explains that ultrasounds are used for younger women who find palpable lumps and those with strong family histories of breast cancer. Occasionally, MRIs are used for these women if ultrasounds show abnormalities. False-positive findings are a possibility, Daniel says, which is why a physician's interpretation is extremely important.

The biggest key, she says, is for women to know their breasts so they can recognize any changes. "A lot of women have found their own lumps. Yes, this can lead to false alarms, but it's important for people to know their bodies. One in eight women will get breast cancer. That's a huge number of people. Thanks to early detection, though, 85 percent of women survive breast cancer."

COVERAGE COMPLICATES THE ISSUE

Despite the logical explanations from ACS regarding these new screening recommendations, there has been considerable controversy over this change. Among others, the American Congress of

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Radiation Oncology Center **BRINGS THE FINEST** cancer care to Bryan

In a lot of small cities throughout the U.S., advanced health care can be a long drive away. In Bryan, however, Community Hospitals and Wellness Centers (CHWC) has secured a successful partnership with Toledo Radiation Oncology (TRO) to bring the finest cancer care right in town.

COLLABORATING FOR SUCCESS

Toledo Radiation Oncology has been providing high-quality radiation oncology services in northwest Ohio and southeast Michigan for many years. The group is made up of 13 board certified radiation oncologists, with three of these physicians, Drs. Wayne Court, Jeffrey Forquer and Dhaval Parikh, sharing daily patient services at CHWC. Dr. Court serves as medical director and liaison for the CHWC Radiation Oncology Center.

Dr. Court explains, “In a way, we have all 13 radiation oncologists participating in Bryan because we do a lot of peer review. If you have a partner who will come in and look at what you’ve been doing, that’s great. But I’ve got 12 people looking over my shoulder, asking, ‘have you considered this?’ It keeps us fresh and sharp and on target.”

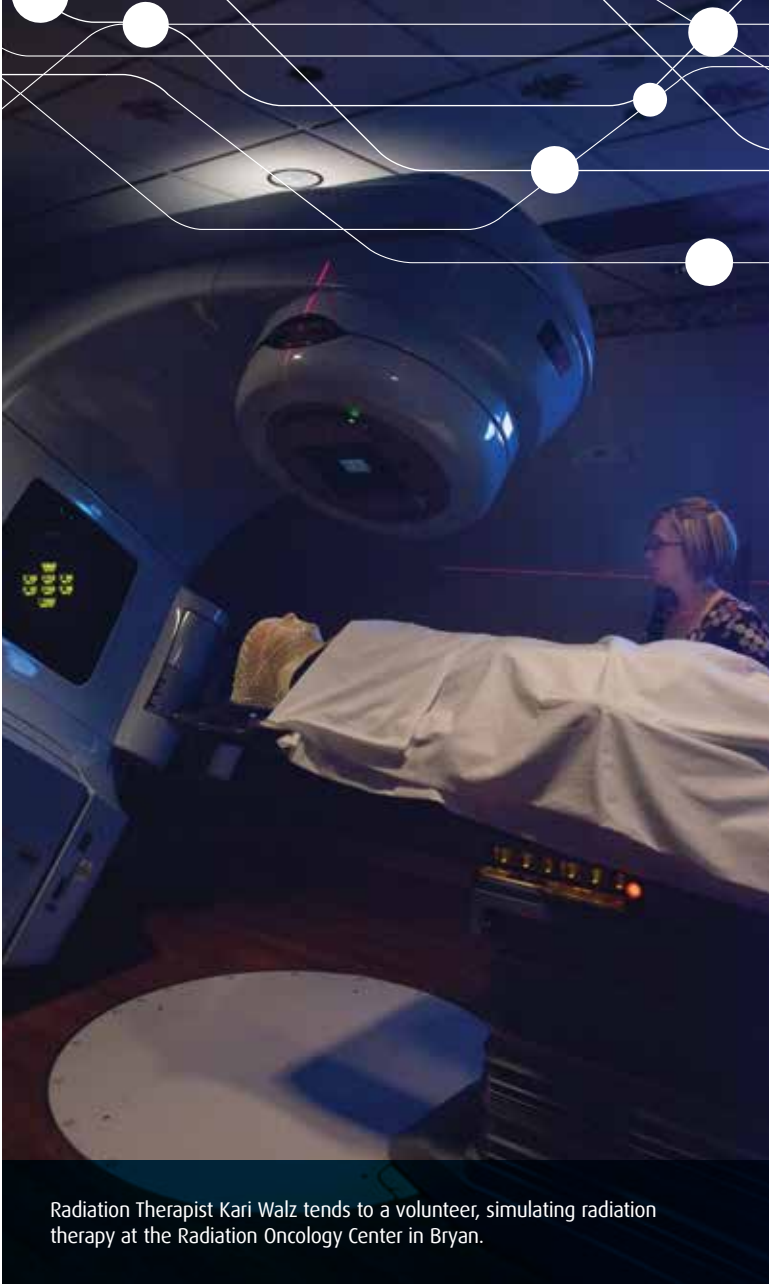
In addition to collaborating with one another, TRO works closely with surgical oncologists (doctors who treat cancer with surgery) and medical oncologists (doctors who diagnose and treat cancer with chemotherapy) throughout the course of a patient’s treatment. “Most of our patients have a combination of radiation, chemotherapy and surgery. It’s not that you get just one method of treatment,” says Dr. Forquer. “That’s one great thing about this field is we’re part of a bigger team of different specialists in order to develop the best plan of care for each person.”

THE BEST TECHNOLOGY FOR TREATMENT


The CHWC Radiation Oncology Center (ROC), located on West High Street just across from Bryan Hospital, is an esteemed facility that allows for state-of-the-art treatment of many types of cancer.

Before a patient undergoes actual treatment at the ROC, the patient is simulated — a process of mapping out the area to be treated. An individualized computer treatment plan is then generated with the information that is gathered at the simulation. This treatment plan allows doctors and staff to provide precise beams of radiation to the tumor while protecting surrounding areas of the body that do not need treatment.

During radiation treatments, a patient lies on a specialized table encircled by a linear accelerator, which produces X-ray beams delivered to the tumor from instructions programmed into a computer. Despite this being a highly technical process, Dr. Court sums it up simply with a laugh: “you point the beam where it’s supposed to go.” Radiation is invisible, he says, but the behind-the-scenes work makes the technique extremely refined. “That’s where the technology has



Radiation Therapist Kari Walz tends to a volunteer, simulating radiation therapy at the Radiation Oncology Center in Bryan.



Radiation Oncologist Dr. Forquer and ROC Director Kim Owen map out a plan of care in a treatment planning system.

Recommendations for breast cancer screening still emphasize choice

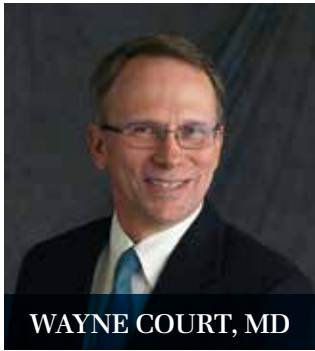
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Obstetricians and Gynecologists (ACOG) — a highly reputable organization focused on women's health — has rejected the ACS recommendation and has held strong in calling for women to start screening at age 40.

An important piece of the new ACS recommendations is they are exactly that: recommendations. Not much has truly changed so long as these remain suggestions; that women *may choose* to start screening annually at 40, *should* get them every year from 45–54, then *have the choice* to switch to every two years or continue yearly screenings at age 55. The word “choice” is crucial because women ages 40+ who are at average risk for breast cancer are eligible for annual screening mammograms at no cost.

Since 2002, the cost for a screening mammogram for women age 40+ has been completely covered. If abnormalities are detected, a diagnostic mammogram is ordered, which will be billed to insurance. For women who have a high deductible or do not have insurance, Susan G. Komen Foundation or the National Breast and Cervical Cancer Early Detection Program will cover the cost.

To put this all into perspective, zoom way out and look at the 22 million women in the U.S. who are in that 40–45 age group. If the word “choice” were replaced with a more definitive “should,” millions of women could be in danger of losing coverage for mammography. Numerous groups such as ACOG, the American College of Radiology and the Susan G. Komen Foundation lobbied Congress to block this from happening, reasoning that if women and their doctors decide that earlier screenings are appropriate, money should not be a barrier.



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PhD in immunology at University of Connecticut

Postdoctoral Fellow of hematology-oncology at University of Michigan

Medical degree from University of Alabama

Residency in radiation oncology at Johns Hopkins Hospitals



JEFFREY FORQUER, MD

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Residency in radiation oncology at Mount Sinai Medical Center

been changing so much over the past 20 years. It's constantly improving, getting sharper, getting more of a dose in safely,” Dr. Court muses.

CANCER CARE CLOSE TO HOME

While the ROC is a major asset to area residents, Dr. Court says that TRO equally benefits from the partnership with CHWC. “CHWC is very dedicated to getting the technology right here in town,” he says. “This is a community we like to serve because we have everything we need, and we aren't turning people away to a bigger facility. You could see a lot of pavement and white lines driving back and forth if that were the case. Radiation is typically a daily treatment, for maybe 20 minutes a day anywhere from a couple of weeks to a couple of months. If you've got cancer, you don't want to be driving that much. Being in the community and nearby for our patients is hugely beneficial.”

ROC Director Kim Owen adds, “Being able to accommodate patients locally is a huge benefit to the community. In a small city like Bryan, we are able to offer a very high level of care and give each patient individual attention; nobody is ‘just a number.’ Our patient satisfaction rate of 99.6 percent affirms the compassionate and individualized care provided by the staff.”

LOOKING TO THE FUTURE

In the constantly evolving world of radiation oncology, the ROC doctors point to the refinements in technology and medicine as being instrumental in the treatment — and possible cure — for cancer.

“During my graduate training way back when, they would say, ‘we're going to have a cure for cancer, we're going to get a handle on it and we're going to give you a shot of something and everybody will be cured,’” Dr. Court remembers. “And now, 30–40 years later, we're still getting closer and closer, finding that cancer is more complex than we imagined. There are some things coming down the pipe that may be real winners, but it's impossible to know until we put it out there and test it. I hope we'll be out of business one day. I hope there comes a day when no one needs radiation.”

NEUROPSYCHOLOGY

SPECIALTY SERVICES RIGHT IN MONTPELIER



When someone suffers from brain injury or disease, getting an evaluation from a neuropsychologist can be an important step to recovery. For local residents, the nearest neuropsychologists would be in Fort Wayne and Toledo if it weren't for the services of Joan Lawrence, Ph.D., right in town at Community Hospitals and Wellness Centers' (CHWC) Montpelier Hospital.

A neuropsychologist has a doctorate in clinical psychology and takes postdoctoral specialty training in brain behavioral relationships. Dr. Lawrence explains this means looking at how the whole and different parts of our brains work together to produce thoughts, reasoning, behaviors, feelings and all the other things we do in the course of our day that have to do with how we think.

"We see people whose brains aren't working 100 percent for one reason or another. We get patients with concussions, who have brain tumors, who have been exposed to toxic substances, who were in vehicle accidents; we see kids who have fallen out of trees on their heads and adults who have fallen from high spaces at work," Dr. Lawrence says. Additionally, she frequently meets with older adults who have dementia or other neurological problems.

THE EVALUATION PROCESS

There is a very big difference between neuropsychology and the types of counseling and therapy one typically sees in movies and on TV. Rather, Dr. Lawrence and her assistant, Judy Vasquez, conduct a thorough daylong, 6–8-hour clinical assessment. They test patients on executive functioning,

Dr. Lawrence sees patients on Tuesdays and Thursdays at Montpelier Hospital, with assessments beginning at 9 a.m.

fine-motor dexterity, attention, speed of information processing, reasoning, memory and other tasks that affect a person's well-being and ability to function. Afterward, Dr. Lawrence writes a report on her findings and recommendations that will be submitted to the patient's physician. In the report, she will give a diagnosis and treatment recommendations that may involve speech-language pathology, occupational therapy, MRIs or CT scans, psychological counseling or return-to-work accommodations. The patient also has the option to meet with Dr. Lawrence for a feedback session to discuss her findings.

Emergency doctors, oncologists, pain specialists and many other types of physicians refer patients to Dr. Lawrence. "If you think granny has a problem or if you're in a minor car accident, bumped your head and got knocked out, things just don't seem to be clicking right, go to your doctor

and ask for a referral for neuropsychology," Dr. Lawrence says.

A COMFORTABLE ATMOSPHERE, A RIGHT FIT

If 6–8 hours sounds like a long, grueling way to spend a day, know that simply meeting Dr. Lawrence for just a couple of minutes will likely dissipate any anxiety you may have about the evaluation. "We keep things very laid-back," she smiles. "In the interest of credibility, I will introduce myself as Dr. Lawrence but will then say, 'you can call me Joan.'"

This casual way of work is no accident, and isn't exactly about modesty. She feels that a psychologically friendly attitude and welcoming environment is crucial to help her patients feel relaxed and comfortable. "If somebody coming in is afraid they'll lose their independence because their memory is going, it's important to be friendly and share some laughs with them. It helps."

Of her unique career choice, she calls finding neuropsychology "sheer luck," an optional course she took in graduate school that had her hooked from day one. "Neuropsychology was a right fit, it was like two puzzle pieces fitting together," Dr. Lawrence says. "All these years later, I still have a passion for it, I still find it fun. I enjoy my patients and the work I do, and the people over at Montpelier where the work environment is collaborative. It's a wonderful place to be."



Neuropsychologist Dr. Lawrence (left) and volunteer Barb Bennett discuss a neuropsych test used to screen for any number of brain problems.

Physical therapy helps people from all walks of life

Physical Therapist Christy Smith completes a mobilization with movement technique on volunteer Vicki Chappuis.



From workplace or athletic injuries, to stroke recovery to postoperative conditioning, the Physical Therapy Department at Community Hospitals and Wellness Centers (CHWC) sees patients ranging in age from infants to over 100 years old.

Physical therapists (PT) and PT assistants are staffed at all three CHWC facilities in Bryan, Montpelier and Archbold, specializing in facilitating people as they become more mobile, decreasing their level of pain and advancing their healing.

PIECING A PLAN TOGETHER

When a patient is referred to physical therapy, their doctor will work with PT staff to determine appropriate duration and frequency for their plan of care. "Together, we'll look at home environment and see how they'll do following their home program," says Bryan Physical Therapy Director Charlene Mitschelen. "Someone who's highly motivated and independent may come once a week and do more at home, and someone who's not able to do much at home would probably come to therapy more often."

"Also, we would take a different approach for a person who is up on their feet for eight hours a day at work versus someone who is at a desk all day," adds Stan Roth, physical therapy director at Archbold.

A home program is one of the most important parts of physical therapy, the PTs explain. Matt Stuckey, DPT, who is the director of physical therapy in Montpelier, describes how clinic time and home programs go hand in hand: "Our two to three sessions each week aren't enough for someone to accomplish their goals. Our part is to educate and give our patients the tools they need for when they're back at home. We guide them as much as we can, but a lot of their progress and healing falls to them and whether they're doing the things they need to do."

"I think people need to realize this now more than ever," Roth says. "It's not, 'I hurt, make me better,' or 'give me a pill and take this away.' We need to help patients understand that they are responsible to work on exercises, posture and taking an active role in their own recovery."

NO TWO PATIENTS ARE ALIKE

Because of the variety of patients and diagnoses that PTs see each day, no two therapy sessions are the same. Three different patients with the same ailment, for example, could set the same goal, such as re-learn how to walk. One of these patients might be strengthening and stretching to help improve that part of their motion; the next may be focusing more on balance as they retrain and reprogram their body to recognize those movement patterns; and the last might be physically up and walking down a hallway.

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Volunteer Tim Brown tests his balance, strength, and stability on a BOSU Balance Trainer with Scott Arnold, DPT.



PHYSICAL THERAPY SERVICES AT CHWC

Community Hospitals and Wellness Centers offer a variety of physical therapy treatment programs, including

- » Orthopedics
- » Sports medicine
- » Pediatric and adult neurological conditions
- » Pain relief
- » Orthotics
- » Industrial medicine
- » Work injury prevention training
- » Job site analysis
- » Work conditioning and functional capacity evaluations, in conjunction with occupational therapy (OT)
- » Back School/Neck School
- » McKenzie Mechanical Diagnosis and Therapy
- » LSVT BIG for Parkinson's and other neurological disorders, in conjunction with OT
- » Pediatric therapy — Bryan
- » Aquatics — Bryan
- » Lymphedema management — Bryan
- » Sports Enhancement Program — Bryan, in conjunction with OT
- » Vestibular therapy — Montpelier



Community Hospitals and Wellness Centers
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PREVENTIVE CARE AND YOU



hen you're sick or hurt, you might seek treatment at the doctor's office or clinic. But it's also important to

visit the doctor for an annual checkup even when you're feeling well. This is called preventive care, and it's focused on preventing health problems and keeping you in good health.

Preventive care helps you stay healthy and find problems early when they are more treatable. An annual well visit or physical might include vaccinations, screening tests and advice for healthy living. Recommended screenings will depend on your age, gender, lifestyle, health history, family history and other factors.

Staying up to date with screenings and vaccinations is good for your health, and in most cases it's free. Under the Affordable Care Act (ACA), you and your family may be eligible for preventive health services such as screening tests and shots — at no cost to you if you get these services through a provider in your health insurance plan's network.

FIND OUT WHAT'S COVERED

Certain types of health plans require full coverage for a variety of recommended preventive services, including cancer, diabetes and blood pressure screenings, without additional costs such as copays or deductibles. The following are some of the clinical preventive services covered by plans that are subject to ACA rules. A full list of preventive health services is available here: www.healthcare.gov/coverage/preventive-care-benefits.

Depending on your age and other factors, you may have access to:

- » Blood pressure, diabetes and cholesterol tests
- » Cancer screenings (including mammograms and colonoscopies)
- » Screening and counseling for depression, obesity, sexually transmitted infection (STI), tobacco use and alcohol misuse
- » Routine vaccinations (including flu and pneumonia shots)

- » Counseling, screenings and vaccines for healthy pregnancies
- » Well-baby and well-child visits
- » Child health screenings and vaccinations

PROTECT YOUR HEALTH

Preventive care helps you identify health risks so you can take action.

- **View the prevention checklist** available from the Centers for Disease Control and Prevention: www.cdc.gov/prevention.
- **Contact your health care provider** to schedule the preventive health screenings that are appropriate for you.
- **Check your health plan** to find out what's covered.

At Community Hospitals and Wellness Centers, we're here to help you get the care you need, when you need it. We encourage you to stay up to date with your preventive care, because screenings can often help detect conditions early, when they may be easier to treat. To learn more, please call **419-636-1131** or visit www.chwchospital.org.

Physical therapy helps people from all walks of life » Continued from page 7

"You can see a bunch of patients who have had the same surgery, like a hip or knee replacement, and no matter what, they're all responding differently to treatment and their plans of care. It keeps us sharp, it keeps things interesting," Roth says.

This sharpness comes in handy for PTs at smaller facilities, as they're able to get to know their patients' responses to therapy. "Some clinics have much higher patient-to-therapist ratios. So while PTs in a larger area will see and help a lot more people, we aren't splitting our time," says Stuckey. "We get to fine-tune treatment plans as we get to know our patients and guide their treatments."

"CHWC's philosophy puts us in a position that allows for that," Roth agrees. "We're not all about putting out the numbers. Of course you need to be fiscally sound, but our priority is on the patient."

This patient focus is obvious as the PTs discuss what they like most about their jobs: the people. Mitschelen describes the fulfillment a physical therapist experiences when he or she can offer therapies to improve a person's quality of life. "There's always a new challenge when you're working with such a variety of different people," she says.