

Sunday, October 2, 2022

Health Talk



LASIK, CATARACTS & LENS IMPLANTS

Michael E. Rom, M.D.

Q: What kind of safety should I be wearing for my eyes?

A: September is Sports Eye Safety Month, so here are some tips on how to choose the right protective eyewear for your favorite sport! Sports-related eye injuries are a leading cause of vision loss in children and young adults, but they are also preventable. Wearing proper protective eyewear is the best way to reduce the risk of sports-related eye injuries.

Choosing the right protective eyewear depends on what sport you're playing. For example, baseball and softball players need glasses or lenses that will protect them from being hit by a ball. Racquet sports, such as tennis and squash, require eye protection that can withstand high-speed balls. And for contact sports like hockey and lacrosse, full-face shields or helmets with cages are necessary to protect the eyes from flying debris and sticks or balls.

It's important to make sure that the protective eyewear you select fits properly. Eyewear that is too loose can easily fall off during play and leave your eyes unprotected. Likewise, eyewear that is too tight can be uncomfortable and may obstruct your vision. Be sure to have your ophthalmologist fit you for your protective eyewear to ensure a proper fit.

Once you have chosen the right type of protective eyewear, it is important to make sure they are using it properly. Review the manufacturer's instructions carefully and make sure you understand how to put on, adjust, and care for your new glasses or goggles.

We are celebrating Sports Eye Safety Month by raising awareness about the importance of eye safety in sports. If you have any questions about choosing the right type of protective eyewear for your favorite sport, please do not hesitate to contact our office!

Michael E. Rom, M.D.
Insight Eye Center
Chardon (440) 286-1188
Mentor (440) 205-5840
www.insighteyecenter.com



SHOULDER ARTHROSCOPY

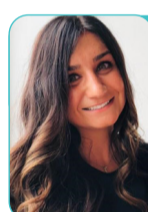
Eric M. Parsons, M.D.

Q: I recently visited a physician for shoulder pain and was recommended a platelet rich plasma (PRP) injection instead of cortisone. Is this better and is it a good idea?

A: The treatment of shoulder pain, most commonly involving the rotator cuff, is multidimensional and often involves consideration of pain relieving injections into the area. Corticosteroid, or "cortisone," injections have been the mainstay of such interventions for decades and have been found to be safe and effective for this purpose. Research remains ongoing to help better our understanding of the impacts of cortisone injections on the rotator cuff tendon and help inform practitioners and patients about what is appropriate in terms of dose and frequency of such injections. Suffice it to say that the results of this research remains somewhat inconclusive but indicates that use of cortisone injections for rotator cuff problems is not a one-size-fits-all approach and needs to be individualized for each patient. At the same time, there continues to be tremendous interest in exploring alternatives to traditional cortisone shots for rotator cuff problems. Chief among these alternatives is platelet rich plasma. PRP is a blood product collected from the patient or a donor (from a blood bank) which theoretically is rich with a concentration of platelets that may provide some benefit in terms of healing or reduction in inflammation. Unfortunately, up to this point the research on PRP has yielded mixed results on its effectiveness in this setting. A study published in the December 2020 issue of The Journal of Bone and Joint Surgery by Jo et al, randomly assigned patients with rotator cuff pain to receive either a cortisone injection or a PRP injection. This sort of randomized controlled trial is the gold standard in medical research to help minimize bias within a study. The investigators concluded that PRP injections provided no superiority in terms of symptom relief from rotator cuff

disorders than did cortisone shots. When considering the significantly higher costs of PRP treatments this should lead to further caution in adopting them as a treatment alternative in rotator cuff disease. To learn more about rotator cuff disorders visit ohioshouldercenter.com

Eric M. Parsons, M.D.
Ohio Shoulder Center for Arthroscopy Lake Orthopaedic Associates, Inc.
36060 Euclid Ave., Suite 104
Willoughby
440-942-1050
9500 Mentor Ave., Suite 210
Mentor
440-352-1711
www.ohioshouldercenter.com



BEHAVIORAL HEALTH

Mena Afsarifard, M.A., LPC

Q: I have tried to do therapy before and didn't find it helpful, what would be the best way to find a clinician that would fit my needs and be comfortable with?

A: At Premier Behavioral Health Services, the first step in finding the best clinician for your specific needs would be getting set up for an initial intake appointment. This would involve calling the front desk (440-266-0770) and asking to be a new patient. The front desk staff would then set you up for an initial assessment where a clinician would gather preliminary information with you to place you with the best possible fit for your specific needs.

Mena Afsarifard, M.A., LPC
Premier Behavioral Health Services
8701 Mentor Avenue, Mentor
440-266-0770
www.pbhsohio.com



AUDIOLOGY

Rachael Olinger, AuD

Q: I thought hearing aids would impair my hearing even more?

A: Quite the opposite, my friend! Hearing aids are not like a walker or an ankle brace which can cause you to be reliant on it after some time. Hearing aids work to continuously stimulate the brain with appropriate speech cues. This helps maintain your brain's ability to understand speech. Our brains are very plastic, which means they adapt easily to different stimulation, or lack of stimulation. If you know you have a hearing loss, but have been putting off obtaining hearing aids, there is a chance that your brain's ability to understand speech will begin to deteriorate. Because the speech area of your brain is being underutilized, your brain might re-wire to use that area for memory or focus and attention. Without appropriate amplification, we tend to see speech understanding scores decline over time. Once those scores begin to decline, it becomes more difficult to rehabilitate your hearing loss. We can always make hearing aids louder for you, but louder does not always mean clearer. Clarity happens at the level of the brain and your brain's ability to process the sound that is being delivered. Therefore, we encourage patients to consider obtaining hearing aids sooner rather than later. This prevents a significant amount of frustration once hearing aids have been fit and allows for your brain to continue to use the speech understanding area to it's fullest!

The Hearing Center Advanced Audiology Concepts
8897 Mentor Avenue
Mentor, 44060
440-205-8848


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Have your problems addressed by medical professionals in "Health Talk"! Send your question to: advertising@news-herald.com

Sunday, October 9, 2022

Health Talk

SHOULDER ARTHROSCOPY



Eric M. Parsons, M.D.

Q: Does the timing of rotator cuff surgery affect the success of the operation?

A: A number of studies over the last several years have consistently demonstrated that earlier surgical intervention for rotator cuff tears leads to better outcomes. What is defined as “earlier” may vary from study to study, but the general consensus is that surgical delay is never associated with a more favorable result. At the same time, there really is no such thing as emergency rotator cuff surgery.

A research paper published in the current issue of the Journal of Shoulder and Elbow Surgery by Gutman et al. examined the impact of surgical timing on the outcomes of rotator cuff repair after acute rotator cuff injury. Patients who underwent surgical repair within 3 weeks of their injury enjoyed the best results in terms of pain relief and function, while those who delayed their surgery beyond just 4 months saw a comparative drop in function.

Many rotator cuff problems are not associated with a specific traumatic event but are rather the accumulation of chronic, degenerative changes and wear and tear. This study specifically analyzed the effect of surgical delay in acute injuries. Nevertheless, it is another piece of compelling medical evidence that patients benefit most from rotator cuff repair surgery that is performed as soon as is reasonably possible.

To learn more about rotator cuff surgery visit ohioshouldercenter.com

Eric M. Parsons, M.D.
Ohio Shoulder Center for Arthroscopy Lake Orthopaedic Associates, Inc.
36060 Euclid Ave., Suite 104
Willoughby
440-942-1050
9500 Mentor Ave., Suite 210
Mentor
440-352-1711
www.ohioshouldercenter.com

BEHAVIORAL HEALTH



Anthony McMahon, Ph.D.

Q: Should I ask to know my diagnosis from my therapist?

A: Let me first answer a different question to help frame my response. Do you have a right to know your diagnosis? Absolutely yes! My experience with discussing diagnoses with my patients is that the two most common reactions are 1) relief that there is an explanation for their symptoms or 2) negative assumptions and emotions (e.g., shame, hurt, anger, sadness, etc.) because they feel burdened by labeling. It is routine for therapists during the initial appointment (aka, the “intake assessment”) to share their initial impressions, bearing in mind that diagnosis can evolve over the course of treatment as new information is learned and you continue to change. Whether or not you want to know your diagnosis is a matter of personal preference and comfort, and (most) therapists will take the initiative in disclosing it. Although I generally tend to believe that it is better for you to be informed, if there are concerns about your diagnosis you likely would benefit from discussing them with your provider.

PBHS offers a variety of services including individual psychotherapy, neuropsychological evaluations, medication management, and Intensive Outpatient Programs (IOP). If you believe that these services could help, please call us to schedule an appointment.

Anthony McMahon, Ph.D.
Clinical Psychologist/Director of Adult Services Premier Behavioral Health Services
8701 Mentor Avenue, Mentor
440-266-0770
www.pbhsohio.com

AUDIOLOGY



Dr. Jane Kukula, AuD

Q: I’m concerned about my husband’s hearing with the holidays approaching. What can I do to help?

A: Many people start to notice hearing difficulties around the holidays because this is a time where large gatherings take place. You may notice that you or a loved one may have a hard time understanding certain people’s voices, especially children who are around. Others may notice, too. While last year couple of years may have been a unique situation because of the ongoing pandemic, this year many families are coming together in larger groups to celebrate the holiday season. If you have had trouble hearing in large groups in the past or anticipate difficulties in large groups, you should reach out to an audiologist sooner rather than later.

During your appointment, your audiologist will perform tests that will let us know your hearing abilities. If necessary, the audiologist may discuss options for hearing aids with you and the ones that would work best based on your hearing test, preferences, lifestyle, etc. Your audiologist can also discuss strategies for communicating in situations that are harder, such as large groups. Visiting an audiologist before the holidays pick up will make sure you took steps to make sure you are hearing your best so you can focus on being in the moment with your loved ones during the holidays. Get started now, call 440-205-8848 for an appointment. Life Sounds Great!

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8897 Mentor Avenue
Mentor, 44060
440-205-8848

LASIK, CATARACTS & LENS IMPLANTS



Michael E. Rom, M.D.

Q: What are ophthalmologists and what do they do?

A: Ophthalmologists provide comprehensive eye care, which includes diagnosing and treating eye diseases, vision problems and performing surgeries. In addition to providing routine eye care, ophthalmologists also play a vital role in detecting serious eye diseases.

Ophthalmologists complete four years of undergraduate school followed by four years of medical school and then spend an additional three or more years in residency training. This extensive training means that ophthalmologists are experts in diagnosing and treating problems with the eyes.

But why are ophthalmologists so important to your health? Your eyes are the window to your health. Just as your primary care physician can detect diabetes or high blood pressure by looking at your blood work, ophthalmologists can detect serious diseases such as glaucoma, cataracts, and macular degeneration by looking at your eyes. In fact, some ophthalmologists now use sophisticated imaging techniques that allow them to screen for diseases such as Alzheimer’s disease and cancer.

If you’ve never seen an ophthalmologist before, you might be wondering what to expect during a visit. During a comprehensive eye exam, your ophthalmologist will test your vision and check for any signs of disease. They will also test your eye muscle function and pupillary response and perform a visual field test to check for blind spots.

Ophthalmologists play a vital role in detecting serious diseases and disorders – some of which have no other symptoms besides changes in vision. If you have any concerns about your eyesight or overall eye health, schedule an appointment with your ophthalmologist today!

Michael E. Rom, M.D.
Insight Eye Center
Chardon (440) 286-1188
Mentor (440) 205-5840
www.insighteyecenter.com



Did You Know?

Lung cancer is the second most common cancer worldwide. According to the World Cancer Research Fund International, lung cancer is the most common cancer in men and the second most common cancer in women. But even families affected by lung cancer may be surprised to learn that children are not immune to the disease. Though lung cancer is very rarely found in children, kids

can get it. The Centers for Disease Control and Prevention report that cigarette smoking is the number one risk factor for lung cancer, which could be why the disease is so often associated with adults. However, the National Cancer Institute reports that incidences of lung cancer in children could be genetic. According to the NCI, a specific change in the DICER1 gene increases the risk for a

childhood lung cancer known as pleuropulmonary blastoma, which forms in the tissues of the lung and pleura (the organs between the lungs). Families with a history of DICER1 syndrome, a rare, inherited disorder caused by a mutation in the DICER1 gene, are urged to speak to a physician about testing children for pleuropulmonary blastoma.

Have your problems addressed by medical professionals in “Health Talk”! Send your question to: advertising@news-herald.com

Sunday, October 16, 2022

Health Talk



BEHAVIORAL HEALTH

Brianna Babyak, M.Ed., LPC

Q: Once I am involved in therapy how will I know I am getting better?

A: Excellent question! Within the first couple of sessions, you and your therapist will make a treatment plan. Your individually tailored treatment plan is created with your goals or objectives in mind for therapy. A way that you may know if you are getting better or making improvements in your life is by meeting these goals. It is equally your counselors and your responsibility to check in to see how you are progressing toward meeting your goals. Some common expectations for therapy include an improvement in relationships, social skills development, and ability to deal with stressors. However, it is important to generate goals uniquely to you and your situation. Additionally, as a part of your treatment plan are the specific ways that you will meet your goals such as through skill building and acquisition. In sum, therapy is collaborative, meaning both you and your therapist work together on creating your treatment plan which helps you toward meeting your goals.

Brianna Babyak, M.Ed., LPC
Premier Behavioral Health Services
8701 Mentor Avenue, Mentor
440-266-0770
www.pbhsohio.com

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AUDIOLOGY

Dr. Jane Kukula, AuD

Q: Why do I need to wear my hearing aids when I am home alone?

A: There are many good things that come from wearing your hearing aids during all waking hours, even while alone. First, wearing your hearing aids consistently helps your brain get used to hearing again. Hearing well one day and not the next day, makes it harder for a person to hear certain sounds and confuses the brain. Hearing aids allows your brain to pick up on some of these sounds again.

Second, with consistent use, hearing aids will also help your brain get used to background noises such as humming from an air conditioning or heating unit or the faucet. By being able to hear both softer and louder sounds, your brain will begin learning which sounds are important (the sound of your doorbell) and which ones to ignore (your heater turning on or off).

Third, feeding all of this information to your brain through hearing aids helps train your brain and improve your mental capacity. Similar to working out a muscle, feeding sounds to your brain will help with mental processes such as thinking and memory.

Another benefit to wearing your hearing aids at all times is that it will allow you to pick up sounds in your environment so that you can be aware of where you are in your environment. This can be helpful in preventing falls or collision with objects around your home. Lastly, consistent hearing aid use can help hear alerting sounds around your home such as a fire alarm or a phone ringing, which helps to keep you safe and aware. Life Sounds Great!

The Hearing Center
Advanced Audiology Concepts
8897 Mentor Avenue
Mentor, 44060
440-205-8848



LASIK, CATARACTS & LENS IMPLANTS

Michael E. Rom, M.D.

Q: I need cataract surgery and I'm looking into the PanOptix Lens, is it worth it?

A: The PanOptix IOL (intraocular lens) is the latest generation of lenses used to replace cataracts during cataract surgery. This lens is classified as "Trifocal" which means that patients will be able to see better at three different focal points. The PanOptix Lens uses a unique technology which provides an extended depth of focus while still providing excellent near, intermediate, and distance vision without any halo or glare effect.

Alcon Pharmaceuticals has further improved its PanOptix technology by offering the Clareon® PanOptix® IOL. A new advanced trifocal IOL equipped with ENLIGHTEN® Optical Technology. This proprietary design optimizes intermediate vision without compromising exceptional near and distance vision, all while providing fewer glare, haloes, and glistening's due to a new glistening-free IOL material.

In a recent study, of Clareon® PanOptix® IOL patients said they would have the same lens implanted again.

Michael E. Rom, M.D.
Insight Eye Center
Chardon (440) 286-1188
Mentor (440) 205-5840
www.insighteyecenter.com



SHOULDER ARTHROSCOPY

Eric M. Parsons, M.D.

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To learn more about rotator cuff surgery visit ohioshouldercenter.com

Eric M. Parsons, M.D.
Ohio Shoulder Center for Arthroscopy
Lake Orthopaedic Associates, Inc.
36060 Euclid Ave., Suite 104
Willoughby
440-942-1050
9500 Mentor Ave., Suite 210
Mentor
440-352-1711
www.ohioshouldercenter.com

Explore resources for caregivers

Caregivers are called on to step in for any number of reasons. Some serve as companions to the elderly, while others assist those with debilitating diseases like cancer. While many caregivers are professionals hired for their services, a good number of caregivers are informal - meaning they are family members or friends assisting loved ones.

Even though they are trying to help others, caregivers often must confront a form of stress known as caregiver burnout. The Cleveland Clinic states this stress is marked

physical, emotional and mental exhaustion that occurs in caregivers. This burnout may lead to fatigue, anxiety and depression.

While there may not be a way to completely eliminate all caregiving stress, there are some ways to prevent burnout. Utilizing various resources can be a start. Here's a look at some available caregiver resources.

- **Trusted friend:** Find someone you trust with whom you can discuss your feelings, including any frustration you may feel. This can be a neighbor or a coworker with whom you feel comfortable sharing personal details.

- **Support groups:** Support groups can provide safe spaces to vent with others who are in the same boat. Houses of worship may host support groups, or you can find out about meetings through hospitals or from personal doctors. The National Family Caregiver Support Program was established in 2000 and provides grants to states and territories to fund a range of support that assists family and informal caregivers to care for their loved ones at home for as long as possible. Other groups include Caregiver Action Network and Family Caregiver Alliance.
- **Respite care services:** Respite care services provide temporary breaks

for caregivers by enabling the sick, elderly or injured to stay in care facilities for anywhere from a couple of hours to a few days. Some respite care services will provide short-term, in-home care as well.

- **Professional therapist:** Many therapists are trained to counsel individuals who have particular issues. Some may specialize in grief or even caregiver needs. Utilize their services if speaking with a confidante is not enough.

Caregivers often put the needs of others before their own. But they may need a little help along the way, which is where caregiver resources can come into play.

Sunday, October 23, 2022

Health Talk



AUDIOLOGY

Dr. Jane Kukula, AuD

Q: How often do I need to follow-up with my audiologist?

A: Developing a relationship with an audiologist will serve you well. Hearing is not stagnant; it can change at any time. If you wear hearing aids, you should follow up with your audiologist on a regular and ongoing basis. You've made an investment by purchasing hearing aids and we want to always maximize your hearing ability. We recommend that you see us every 3 months. First, an annual hearing check to track any changes that may occur. It will also give us the opportunity to adjust your hearing aids if your hearing changed or if you feel like you are not hearing as well as you could be. Your audiologist will also be able to update you on how your current hearing aids are working for you and any new technology available. At the 6 month point we clean, check, and test the hearing aids to ensure that they are programmed properly. Every 3 months we recommend that you let us clean aids and do a listening check.

If you do not wear hearing aids and/or do not have any hearing difficulties, you should still see an audiologist for a baseline hearing test. This is especially important if you are exposed to loud sounds or if hearing loss runs in your family. And, your risk of hearing loss increases as you age. before you experience any hearing changes. Plus, the older we get the greater the risk of developing hearing loss especially if hearing loss runs in your family. Start with a hearing evaluation, call 440-205-884 for an appointment. Life Sounds Great!

**The Hearing Center
Advanced Audiology
Concepts**
8897 Mentor Avenue
Mentor, 44060
440-205-8848



LASIK, CATARACTS & LENS IMPLANTS

Michael E. Rom, M.D.

Q: I'm thinking about getting my wife LASIK for the holidays, but I don't know if she's a candidate. What are your recommendations?

A: LASIK is the perfect gift to give someone wearing glasses or contact lenses, especially if they are under 45. It's a gift your spouse can open every day (two of them) for the rest of their lives! Yes, it is important to find out if your wife is a good candidate for LASIK. Approximately 80% of patients that have a LASIK screening are indeed good candidates for the procedure. The most common reasons for not being a good candidate include an unstable prescription, thin corneas, eye diseases such as glaucoma, cataracts, amblyopia (lazy eye) certain medications one may take, pregnancy, dry eye (which be treated prior to having LASIK) and prescriptions outside of the FDA approved treatment range.

I would recommend letting your wife know that you would like to give her the gift that can last a lifetime and with LASIK, then have her schedule a LASIK screening, which most practices offer for free.

Michael E. Rom, M.D.
Insight Eye Center
Chardon (440) 286-1188
Mentor (440) 205-5840
www.insighteyecenter.com



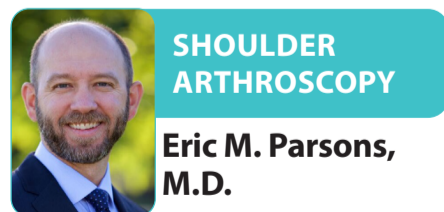
BEHAVIORAL HEALTH

Sydney Stec, MA, LPC

Q: I have noticed that I have been having trouble sleeping and wake up often throughout the night. Why is this happening?

A: Insomnia, referring to difficulty falling or staying asleep can be due to medical concerns, mental health concerns, or ineffective sleeping habits. Keeping track of your sleeping habits before bed can be effective, such as having a sleep specific sleep schedule before going to bed a night. If you find that you have difficulty falling asleep at night, try limiting your exposure to bright lights, such as your phone and TV. Additionally, making sure the temperature of the room is comfortable (68-70F) and dark can help you to fall asleep faster. If you are waking up throughout the night, it may be helpful to try and relax yourself when you wake, whether that is through using a meditation or listening to white noise as a methods to relax. However, if you wake up and you cannot fall asleep after 20 minutes, you can always get up, leave the room, and do a quiet activity until you feel tired, and then return to bed. If there are other habits that you are worried about or want to improve upon, Premier Behavioral Health Services helps you to identify better coping strategies through individual therapy and IOP group therapy. If you are at all interested in seeking counseling, please contact us to schedule an assessment, so that we may find with options fit you best and get you on the path that best fits your needs.

Sydney Stec, MA, LPC
Premier Behavioral Health Services
8701 Mentor Avenue, Mentor
440-266-0770
www.pbhsohio.com



SHOULDER ARTHROSCOPY

Eric M. Parsons, M.D.

Q: I have been diagnosed with a rotator cuff tear that requires repair. What are my chances of returning to sports after surgery, specifically golf?

A: The recovery from rotator cuff repair requires patience, as the repaired tendon tissue must be allowed to undergo some biologic healing before it can safely be stressed.

Patients are placed into a specialized sling which they are expected to wear for 4 to 6 weeks after surgery. The sling can be removed for bathing and changing clothes and for appropriate physical therapy, but no purposeful, active movement of the shoulder is permitted as this can compromise the healing process. The optimal approach to physical therapy following rotator cuff repair remains a topic of ongoing research without widespread consensus. Most research favors a very slow progression of therapy, with a brief period of complete rest followed by several weeks of passive movement of the shoulder where the patient does not assist in the movement of the arm.

Once patients enter the strengthening phase of their rehabilitation, typically 3 months following surgery, it is often safe to begin some very light golf activity such as putting and some chipping. Greater caution may be advised when surgery involves the lead arm in the golf swing (the left arm for a right handed golfer), as the lead arm is stretched to a greater extent in the backswing and more active as a power supplier in the downswing.

A meta-analysis, which is a large study pooling the results of multiple smaller studies on a particular topic, was published in the American Journal of Sports Medicine in July of 2016 by Klouche et al. It examined 25 studies and over 800 patients who had undergone rotator cuff repair to determine how successful the patients were at returning to sports following surgery. The studies collectively showed an 84.7% rate of return to sports following surgery demonstrating that the vast majority of patients have an excellent prognosis to get back to sports such as golf after rotator cuff repair.

While it may be frustrating for the avid golfer to miss even a small portion of the golfing season recovering surgery, given the predictable symptom relief and the high rate of success getting back to sports like golf, rotator cuff repair is typically a good long term investment in the health of the affected to shoulder.

To view of a video of Dr. Parsons performing rotator cuff repair visit ohioshouldercenter.com.

Eric M. Parsons, M.D.
Ohio Shoulder Center for Arthroscopy Lake Orthopaedic Associates, Inc.

36060 Euclid Ave., Suite 104
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9500 Mentor Ave., Suite 210
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Sunday, October 30, 2022

Health Talk



BEHAVIORAL HEALTH

Corey Maddox, M.A., LICDC-CS

Q: My daughter was recently referred to a Dual Diagnosis IOP. We had never heard of that before and she is nervous to attend. Can you explain what a Dual Diagnosis IOP is?

A: Absolutely. A dual diagnosis is provided when an individual is being treated for both a mental health disorder (e.g., anxiety, depression, bipolar) and a substance abuse disorder. The acronym IOP stands for Intensive Outpatient Program, which is a level of care higher than individual therapy but below hospitalization or residential programming. Individuals referred to an IOP are deemed to require more intensive treatment than individual therapy can provide however are not experiencing the severe impairment or health risk that would be referred to a hospital or rehabilitation facility. The average IOP will meet 3 times per week for 3-hour sessions. This allows for frequent contact with clinical providers, urinalysis screening for added accountability, and continuous peer support through the group therapy atmosphere. For instance, our Dual Diagnosis IOP meets on Tuesday and Thursday nights from 6-9pm, and on Saturday mornings from 10am – 1pm. Our IOP requires 24 sessions to graduate the program prior to being discharged into individual therapy sessions for follow-ups. It is incredibly common to feel nervous when joining an IOP, thus we as treatment providers will do everything, we can make anyone joining feel comfortable and welcome to our group.

Regarding treatment, I work with a highly trained group of professionals to treat mental health and addiction recovery problems at PBHS. We address the mental health and addiction problems simultaneously so one does not cause a relapse of the other. We specialize in Dialectical Behavior Therapy, a treatment style designed to develop coping skills in areas of distress tolerance (how we manage a crisis), emotion regulation (how we improve our mood and reduce negative symptoms), interpersonal effectiveness (conflict resolution, building trust, setting boundaries) and core mindfulness (building insight and awareness into our patterns and decisions). Our clinicians have availability in the mornings, afternoons, evenings, and even weekends.

Give us a call and we will schedule an initial assessment for you within 24-48 hours.

Corey Maddox, M.A., LICDC-CS
Premier Behavioral Health Services

8701 Mentor Avenue, Mentor
440-266-0770
www.pbhsohio.com



LASIK, CATARACTS & LENS IMPLANTS

Michael E. Rom, M.D.

Q: My Grandmother was just diagnosed with Age-Related Macular Degeneration (AMD or ARMD). What exactly is AMD and can this disease be cured?

A: The American Academy of Ophthalmology has recognized February as Age-Related Macular Degeneration Awareness Month!

There is a small area of concentrated cells on the retina called the macula, which is responsible for central vision. The macula allows us to see finer details, such as words in a book, features of someone's face, or the leaves on a tree. As we age, the macula is at an increased risk of deterioration. Age-related macular degeneration (AMD) is a medical term used to describe the deteriorating effects that can develop on the macula. AMD is caused from a combination of genetics, age, and environmental factors, such as cigarette smoke. AMD can be categorized as either wet or dry.

The most common form of AMD is Dry, which accounts for roughly 90 percent of all macular degeneration cases. It happens when the macular cells slowly break down or degenerate, resulting in blurred central vision. Over time, patients can experience a complete loss of central vision, resulting in the inability to make out details in faces or words while reading. Once AMD reaches the most advanced stage, nothing can help the patient regain vision. However, a doctor might be able to delay and possibly prevent the middle stages of AMD from progressing to the advanced stage.

It is important for those over 50, especially those who have a family history of AMD or those who smoke, to undergo an annual dilated eye examination to look for macular degeneration

Michael E. Rom, M.D.
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Eric M. Parsons, M.D.

Q: I have been diagnosed with a rotator cuff tear that requires repair. What are my chances of returning to sports after surgery, specifically golf?

A: The recovery from rotator cuff repair requires patience, as the repaired tendon tissue must be allowed to undergo some biologic healing before it can safely be stressed. Patients are placed into a specialized sling which they are expected to wear for 4 to 6 weeks after surgery. The sling can be removed for bathing and changing clothes and for appropriate physical therapy, but no purposeful, active movement of the shoulder is permitted as this can compromise the healing process. The optimal approach to physical therapy following rotator cuff repair remains a topic of ongoing research without widespread consensus. Most research favors a very slow progression of therapy, with a brief period of complete rest followed by several weeks of passive movement of the shoulder where the patient does not assist in the movement of the arm.

Once patients enter the strengthening phase of their rehabilitation, typically 3 months following surgery, it is often safe to begin some very light golf activity such as putting and some chipping. Greater caution may be advised when surgery involves the lead arm in the golf swing (the left arm for a right handed golfer), as the lead arm is stretched to a greater extent in the backswing and more active as a power supplier in the downswing.

A meta-analysis, which is a large study pooling the results of multiple smaller studies on a particular topic, was published in the American Journal of Sports Medicine in July of 2016 by Klouche et al. It examined 25 studies and over 800 patients who had undergone rotator cuff repair to determine how successful the patients were at returning to sports following surgery. The studies collectively showed an 84.7% rate of return to sports following surgery demonstrating that the vast majority of patients have an excellent prognosis to get back to sports such as golf after rotator cuff repair.

While it may be frustrating for the avid golfer to miss even a small portion of the golfing season recovering surgery, given the predictable symptom relief and the high rate of success getting back to sports like golf, rotator cuff repair is typically a good long term investment in the health of the affected to shoulder.

To view a video of Dr.

Parsons performing rotator cuff repair visit ohioshouldercenter.com.

Eric M. Parsons, M.D.
Ohio Shoulder Center for Arthroscopy
Lake Orthopaedic Associates, Inc.

36060 Euclid Ave., Suite 104
Willoughby
440-942-1050
9500 Mentor Ave., Suite 210
Mentor
440-352-1711
www.ohioshouldercenter.com



AUDIOLOGY

Dr. Jane Kukula, AuD

Q: Why do I have such a hard time hearing while in the car?

A: Many people report difficulty hearing while in cars. If you are the driver, talking to another person in the passenger seat or in the backseat can be extremely difficult because you are facing forward while driving. You lose the chance to read lips, which helps you understand speech better in harder listening situations. Also, as a driver, you place most of your attention to what is in front of you such as other cars, traffic signals, etc. This means you give less attention to the other people in the car, making it harder to focus on what they are saying. If you also use cooling/heating systems, the radio, or have the windows down, this adds more noise to make listening in the car even harder. These can be problems even if you are riding in a car as a passenger.

Many hearing aid manufacturers understand that the car is a hard listening environment for many, especially people with hearing difficulties. Premium hearing aid technology offers specific programs that automatically adjust the hearing aids for when you are in the car to help with speech understanding. There are also features that can help minimize problems associated with driving, such as wind noise. Additionally, your audiologist can recommend devices that work with your hearing aids to make listening in the car easier. Remote microphones, for example, can be worn by another person to pick up their speech and send it directly to hearing aids. If you are having trouble hearing in the car and/or other situations, call 440-205-8848 for an appointment. Life Sounds Great!

**The Hearing Center
Advanced Audiology
Concepts**

8897 Mentor Avenue
Mentor, 44060
440-205-8848