

Sunday, November 6, 2022

Health Talk



LASIK, CATARACTS & LENS IMPLANTS

Michael E. Rom, M.D.

Q: Could poor vision be the cause of my frequent headaches?

A: If you suffer from frequent headaches, it could indeed be caused by your vision. Patients that work on computers for an extended period of time or that work in poor lighting (overly bright or too dim) could suffer from eyestrain, which could develop into a headache. It is important to take a break every hour or so to give your eyes a rest.

Other common eye conditions that could cause headaches include poor uncorrected vision caused from nearsightedness, farsightedness or astigmatism. Some patients over 40 might have difficulty seeing up close or reading due to a common condition called presbyopia. This can cause additional eyestrain, which is easily correctable by using reading glasses or bifocals. Headaches can also be caused by more serious eye conditions such as glaucoma or cataracts.

If you are experiencing frequent headaches, make sure to visit an eye doctor to see if your vision could be the culprit. If you already wear glasses, you may just need your prescription updated. Keep in mind; multiple issues could cause headaches. Some other causes might include dehydration, the flu, panic attacks, the dreaded brain freeze, an alcohol-induced hangover or even serious issues such as a brain tumor, blood clots, carbon monoxide poisoning, a concussion or stroke. If your vision isn't to blame, see your primary care physician immediately for an exam.

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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

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AUDIOLOGY

Cheyenne Allan, Doctorial Student

Q: Does diabetes put me at a greater risk for hearing loss?

A: It has been found that there is a significant link between diabetes and hearing loss due to the disruption to blood flow and higher levels of sugar in the bloodstream. In the ear, there are tiny nerves called hair cells. Higher levels of sugar in the blood can cause damage to these hair cells, along with the hearing pathways that travel up to the brain. It is important for patients with diabetes to have their hearing regularly evaluated to monitor for possible effects. If the haircells and hearing pathways are affected, it can also impact the way the brain understand and processes sound impacting speech understanding. When these pathways are affected, the hearing test may be normal but one could still struggle to understand speech especially in difficult listening environments such as a noisy restaurant or in a room with several people speaking. Seeking hearing help from an audiologist and being diligent in managing diabetes are the keys to maintaining your best hearing and to thrive in heard to hear situations. We recommend that you have a hearing evaluation when you're diagnosed with diabetes, that way we can track changes in your hearing. Call 440-205-8848 to schedule an appointment. Life Sounds Great!

The Hearing Center Advanced Audiology Concepts

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BEHAVIORAL HEALTH

Halle Worley, MS

Q: I have struggled with depression and anxiety my whole life; now with everything going on today, it seems to be worse. On top of this, I am also having trouble focusing and concentrating at work. I went to my primary care doctor and he recommended I see a therapist. What does this entail?

A: During times of uncertainty people tend to worry about the problem at hand and all the negative things that can come. Unfortunately, excessive worrying does not fix the problem, but it can cause an increase in anxiety in the individual. This in turn causes the individual to lose focus and concentration to the task at hand. Many times this may look like ADHD, however the lack of focus and centration may be situational compared to biological.

It is important to rationally detach and find time for yourself. While at work it is important to take breaks, chat with your co-workers, or play some soft music. When you start feeling overwhelmed at work try to use mindfulness to be in the here and now and ground yourself in the moment. This could be done by using your five senses. Start by describing five things that you see, next describe 4 things that you can touch, then three things that you can hear, next two things that you can smell and lastly one thing that you can taste. If you notice that your thoughts drift, just realize that it drifted away and refocus on the moment. Your anxiety starts to fade because you are no longer worrying. Therefore, if you start worry again, your anxiety will increase. When this happens focus your thoughts back to the here and now.

In regard to treatment, I work with a skilled team at PBHS to offer a variety of treatment methods to best suit your unique needs. Using these as well as other techniques, we can navigate through this time together figuring out an ideal treatment plan.

**Halle Worley, MS
Psychometrist Clinician
Premier Behavioral Health Services**

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

Sunday, November 13, 2022

Health Talk



BEHAVIORAL HEALTH

Laura Burns PhD, LPCC-S, BCTP- I

Q: Since the COVID-19 pandemic, I am not the same. We had to work from home, then I was laid off. I got used to staying home and only going out for necessities. I got COVID and was sick for weeks, feels like I never got my energy back. I did not see my extended family or many friends during that time, it was mostly just me and my immediate family. I started to feel like I couldn't feel a lot, kind of numb. We needed for me to work, so I got a job, but I feel mechanical; I got through my days and sometimes it feels like I am just watching. I used to be active and energetic, now it sometimes feels like I'm an observer of my life. I have not really connected with a lot of friends, and miss seeing them, but am just not motivated. At night, I worry about finances, my health and whether I will ever get motivated again, my family's health, needed household repairs, and what kind of winter we will have. One of the friends I do talk to said she is seeing someone there and suggested I might benefit from talking to someone. Do you think it would help?

A: Thank you for your letter. It sounds like you have been through a lot in the past few years. The stay-at-home restrictions, the changes in the way people did their jobs, the separation from family and friends in response to the pandemic were stressful and took their emotional, mental, and physical toll on many people. You had a further complicating factor in that you contracted COVID. You have some insight into your situation; you are already contemplating ways to get help. I would encourage you to schedule an appointment for an intake interview so you and the therapist can go into detail about what's troubling you and to discuss how we can help. If you have not, you may also want to see your primary care doctor to ensure your physical health. PBHS offers a variety of treatment options, all of which included you being given the opportunity to speak in a safe and confidential setting with someone to listen, to teach you skills to navigate stress, and to work with you to achieve your treatment goals so you can thrive. At PBHS, a continuum of

care is offered for mental and emotional health that begins with an intake interview with a specialist to decide, along with the consumer, what the best course of treatment would be to develop coping skills to treat mental health difficulties and build a life worth living. Treatment options include individual therapy, Intensive Outpatient Treatment programs, medication, relaxation, medical treatment, and meditation among others. An individual treatment plan is tailored for each participant. The professionals at PBHS will work with other disciplines including medicine in providing treatment. If you or someone you love is struggling with these issues, please contact us and we will schedule an assessment within 24 hours of your call.

**Laura Burns PhD, LPCC-S, BCTP- I Psychologist
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Internship Coordinator
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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?

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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.

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AUDIOLOGY

Cheyanne Allan, Doctorial Student

Q: When should I use hearing protection?

A: Most people are not aware of how loud our world is. On any given day we are exposed to loud sounds that could potentially cause damage to our hearing. Luckily, noise induced hearing loss is the number one avoidable cause of hearing loss that you may encounter. Environments that may be considered too loud are concert venues, sporting events, plays, and even everyday activities such as mowing the grass, using power tools, shooting guns, and listening to music. If you are a musician, you are also at risk for hearing loss caused by loud music. To avoid damage to your hearing in these situations it is important to wear hearing

protection. There are many kinds of hearing protection. Some can be bought over the counter such as foam plugs, silicone plugs, and earmuffs. You can also obtain more advanced hearing protection that can be made specifically for your ears and hearing needs that can provide improved protection and comfort. If you are exposed to loud sound on a regular basis, you should also, have regular hearing evaluations. You can schedule an appointment by calling 440-205-8848. Life Sounds Great!

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LASIK, CATARACTS & LENS IMPLANTS

Michael E. Rom, M.D.

Q: Have there been any major breakthroughs with cataract surgery in recent years? Especially with visual outcomes?

A: That's a great question. Many patients that have been recently diagnosed with cataracts remember their parent or even grandparent's cataract surgery. Many times, these "old" memories can sway patients from having their own cataracts removed. However, today cataract surgery process only takes 10-15 minutes to complete in an outpatient setting. In most cases, sutures are not required. Most modern cataract surgeons also offer premium lenses such as multifocal, Trifocal, Extended Depth of Focus (EDOF), and Toric lens implants. These lenses may allow most patients to see at all distances, even up close with little to no dependence on glasses or contact lenses!

Certain technologies such as VORACITY and CALLISTO by Zeiss Surgical allow cataract surgeons to maximize visual outcomes, especially when electing a premium lens implant to reduce the need for glasses or contacts. The combination of these technologies, along with other pre-operative diagnostic testing, allows for precise IOL or lens implant calculations, thus more refined IOL/lens implant selection. With today's incredible diagnostic and lens implant technology, most patients undergoing cataract surgery have incredibly precise visual outcomes that was only dream a decade ago.

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Sunday, November 20, 2022

Health Talk



SHOULDER ARTHROSCOPY

Eric M. Parsons, M.D.

Q: I was told that I have a torn labrum in my shoulder and that I might require surgery. Can you explain what this means?

A: The glenoid labrum is a rubbery fibrocartilage ring that encircles the socket of the shoulder and provides increased depth and stability to the shoulder joint. Labrum disorders generally come in two forms, those related to the wear and tear effects of normal shoulder use and aging, and those that occur as a result of acute injury.

The labrum can be injured anywhere throughout its course but chronic overuse injury most commonly occurs in the superior aspect where it is termed a superior labrum anterior and posterior (SLAP) tear. SLAP tears are quite common in those of middle age or older and in this setting may not need surgery. SLAP tears that exist as the result of an injury or that are clearly impairing shoulder function are more likely to require surgical repair. SLAP tears can be elusive to identify even with the use of imaging such as MRI scan and the ultimate diagnosis involves a combination of clinical history, physical examination and imaging tests.

The labrum is also injured in cases of acute traumatic shoulder dislocation where the ball becomes separated from the socket. Remarkably, the labrum and the ligaments that attach to it heal adequately following some dislocations and a percentage of patients never require surgical treatment. In many cases, however, the healing of the labrum and shoulder ligaments is incomplete or improperly positioned and surgical repair of the labrum and ligaments is necessary to restore shoulder stability.

Labrum repair is performed arthroscopically through small incisions with the aid of video technology. The technical aspects of instability repair involve placing small screws in the socket where the labrum normally attaches. The screws are called suture anchors and are made from a special form of biodegradable plastic that the body will naturally absorb over time. The suture anchors are armed with high strength sutures that are then placed through the torn capsule and labrum tissue, and through a variety of pulley-

type techniques the tissue is returned back to the bone at the location of the anchor.

To view a video of labrum repair visit ohioshouldercenter.com.

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AUDIOLOGY

Cheyenne Allan, Doctorial Student

Q: Is dizziness and imbalance just a normal part of aging? Do I need to just get used to it?

A: No it's not just a normal part of aging. The balance system is a complex system. It is made up of three major system that includes vestibular system (located in the ear), vision, and proprioception system (how we know where we are in space). Due to how complex the balance system is, there are many factors can affect it. Just a couple of them are vision loss, poor blood flow, and muscle and nerve issues. Another surprising cause can be the medication you are taking. Many of these causes for dizziness can be fixed or treated to provide improvement. With the long list of factors that may cause dizziness it is important to speak to a doctor when you are experiencing these symptoms. Sometimes dizziness or vertigo can be related to more serious conditions such as heart problem or a stroke. It's important to seek medical care. Also, since the hearing and balance portions of the ear is one continuous organ, hearing loss can sometimes be associated with a balance problem or sometimes a balance problem can be related to hearing loss. If you are experiencing balance problems, dizziness or vertigo (spinning sensation), it is important to have also a hearing evaluation. You can schedule an appointment by calling 440-205-8848. Life Sounds Great!

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LASIK, CATARACTS & LENS IMPLANTS

Michael E. Rom, M.D.

Q: I've always wanted LASIK but I think I waited too long. I'm over 40 – am I still a candidate for the procedure?

A: While LASIK is typically performed on adults between the ages of 18-45, LASIK may no longer be the best option for patients over 40. This is because as we age, the flexible lens within our eye stiffens, and our ability to see things close-up gets worse with age. This is known as presbyopia. In the past, many surgeons would perform monovision LASIK. During the procedure, the surgeon will use a laser to reshape the cornea of one eye for distance vision and one eye for near vision. This LASIK option is typically only performed in patients who have worn monovision contacts in the past or who go through a multiple day monovision trial process.

However, for patients 40+, most surgeons these days will perform a procedure called refractive lens exchange (RLE) or sometimes known as clear lens exchange surgery. During RLE surgery, the natural lens of the eye is removed and replaced with an artificial Intraocular Lens (IOL) which can correct vision at all distances, even up close, with little to no dependence on glasses. RLE prevents cataracts from developing, eliminating the need for cataract surgery in the future.

There are a variety of options available for lens implant options, which can be tailored to a patient's unique lifestyle and visual goals. It's best to visit your eye doctor and talk to them about which option would be best for your unique vision

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BEHAVIORAL HEALTH

Brianna Babyak, M.Ed., LPC

Q: How will I know if it is time to see a therapist?

A: That is a great question. Therapy is helpful for many reasons other than treating mental health disorders such as addressing a specific issue or problem, exploring, and discovering more about yourself, learning new tools and coping mechanisms to address unhelpful thoughts and/or behaviors, relationship issues, and stress reduction. You may find yourself going through a challenging time in life such as a major transition or after experiencing a loss of a loved one and would like a qualified therapist to process your thoughts and emotions with. Therapists are trained and educated to help individuals who present with a variety of concerns. If you are feeling like you need some additional support currently in your life, please feel free to reach out to us.

Brianna Babyak, M.Ed., LPC
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Did You Know?



Adhering to a nutritious diet can be challenging at any time of year, and especially so during the holiday season. Baked goods and big meals are at seemingly every turn come the holiday season, and that can test even the most devoted dieters. In fact, a 2016 study published in the New England Journal of Medicine found that the average American's weight increases by 0.4 percent over Christmas and 0.2 percent over Thanksgiving. Curiously, the researchers found that the majority of weight gain occurs in the 10 days after Christmas.

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

Sunday, November 27, 2022

Health Talk



AUDIOLOGY

**Cheyenne Allan,
Doctorial Student**

Q: What are the risks of untreated hearing loss?

A: Believe it or not there are many risks that are associated with untreated hearing loss including cognitive decline, memory loss, depression even increased risk for falling. First, it has been found that there is a direct link between untreated hearing loss and cognitive decline. By not accessing your hearing pathways with sound, they are left unused. When a portion of the brain is not stimulated those pathways start to weaken leading to cognitive decline. This is true of hearing pathways, you need to use them or lose them. Second, untreated hearing loss also puts you at greater risk for memory loss. When information is not heard correctly it then the correct information is not stored in your memory and cannot be recalled correctly. Third, there is a known significant link between hearing loss and depression. Those with hearing loss tend to isolate themselves, reduce social activities and often stop doing the things that they enjoy. This can lead to feelings of loneliness, sadness, even paranoia and anger. Fourth, another surprising risk of untreated hearing loss is an increased risk of falling. Being aware of the sounds around you provides you information about what is happening in your environment. For example, if the dog comes lays down by your feet and you don't hear it, you can easily trip over the dog. To decrease all of these risks, seek treatment for your hearing difficulty. Call 440-205-8848 today to schedule a hearing evaluation. Life Sounds Great!

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LASIK, CATARACTS & LENS IMPLANTS

**Michael E. Rom,
M.D.**

Q: I have a family history of Macular Degeneration. How do I know if I have it too?

A: Age-related macular degeneration – also called macular degeneration, AMD, or ARMD - is the deterioration of the macula. The macula is the small central area of the retina of the eye that controls our sharpest vision. The health of the macula determines our ability to read, recognize faces, drive, watch television, use a computer or phone, and perform any other visual tasks that requires us to see fine detail. When the macula becomes damaged, these everyday tasks can become challenging.

Macular Degeneration is classified as either Dry AMD or Wet AMD. The dry form is more common than the wet form, with about 85-90 percent of AMD patients diagnosed with dry AMD. The less common wet AMD usually leads to more serious vision loss.

Because AMD rarely causes symptoms in its early stages, annual eye examinations are key to detecting the disease and starting treatments when they're most effective. If AMD is suspected, your eye doctor might give you a small magnet with an Amsler grid to place on your refrigerator. The Amsler grid is a visual pattern tool that is used by eye doctors to help detect early signs of retinal disease such as macular degeneration and monitor disease progression and any visual changes that develop.

Patients over 80, especially Caucasians and those who smoke or have a family history are more susceptible to the disease. If you know you have a family history of AMD, the best way to monitor the development of the eye disease is to have a annual eye exam.

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BEHAVIORAL HEALTH

**Kelly Smith,
C.T.**

Q: My child is a senior in high school and planning to attend college next fall. How do I help them navigate this time?

A: This is a major life transition for both parents and teenagers! Often the anticipation of big changes can make people a bit stressed out or "on edge". This can be seen from both the teenager and the parent's perspective. The teen may feel overwhelmed with increasingly adult decisions regarding which school to attend, what to study, and how to succeed in the college environment. Parents may experience a sense of loss when faced with the thought of their child leaving home. Both parties may have stress surrounding financial considerations and other practical concerns. It is normal to have complicated, mixed feelings during this time.

It is important to remain patient and compassionate with yourself and with each other. Take some time to ask yourself how you feel about this transition. Are your feelings impacting the way you communicate with your teen? If your teen is experiencing anxiety, validate them and ask what you can do to support them. Often there is the impulse to offer solutions or advice that can "fix" the problem, but sometimes the teen may just need to express themselves as they find their own solutions. This time in their development is characterized by increased desire for independence. This is normal and natural! Counseling can offer support for both parents and teens in managing the stress and emotions during this exciting (but sometimes challenging) life transition.

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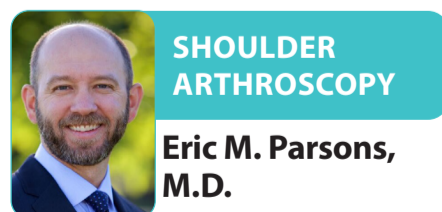
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