

Sunday, June 4, 2023

# Health Talk



## AUDIOLOGY

**Dr. Jane Kukula, AuD**

**Q:** I have been diagnosed with hearing loss in both my ears, can't I buy just one hearing aid?

**A:** This is an excellent question that often comes up with our patients. The short answer is, that is not recommended. When both ears can be helped, people in your situation will maximize their hearing benefit with two hearing aids. Each ear has its own hearing nerve, the auditory nerve, that goes from your ear to your brain, and ideally, we would like to keep both of those nerves stimulated by sound. Research has shown that keeping both nerves stimulated lowers the chance of auditory deprivation. In other words, we want to make sure we are minimizing the chance for a decrease in speech understanding due to the lack of sound. Research also shows that optimal hearing in both ears allows your brain to better distinguish between relevant auditory inputs, such as speech signal, versus unwanted background noise. It is the timing difference between when sound arrives at each ear that allows our brain to figure out where sound is coming from, otherwise known as directionality. By wearing hearing aids in both ears, you will be preserving this timing difference and be able to better locate sound sources.

When the audiological assessment indicates that one ear has minimal or no understanding of speech, we may recommend one hearing. Another possible option is a Bi-CROS (crossing the sounds from the poor ear to the better ear) amplification system. If one ear is not considered a good candidate for a hearing aid, this system will use a microphone on the poorer ear to pick up sound and wirelessly route it to the better ear to help with sound awareness on that poorer side. If you're considering moving forward with amplification, call us at 440-205-8848 to schedule an appointment. Life Sounds Great!

**The Hearing Center  
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## LASIK, CATARACTS & LENS IMPLANTS

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

**Q:** Summer is coming up, is there anything I can do to protect my eyes?

**A:** Summer is finally here, which means we're going to be putting away our sweaters and boots and replacing them with sunscreen and summer clothing! Summer also means we're going to be spending a lot of time outside, so we must make sure to protect our skin and eyes. One of the best ways to protect our eyes is by wearing sunglasses when we're outside, wearing hats, or wearing goggles if you're going to be swimming, especially if you have contacts. If you wear contact lenses, some of them are made with UV protection, but if only covers the center of your eye. This means the area around your cornea is not protected and is susceptible to sun damage if you're not wearing sunglasses. It can also cause dryness and irritation. Wear those sunglasses and have a great summer!

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## SHOULDER ARTHROSCOPY

**Eric M. Parsons, M.D.**

**Q:** I ruptured the biceps tendon in my shoulder. I was told surgery was not necessary. Is that true?

**A:** You were given good advice, as most ruptures of the biceps tendon near the shoulder leave patients with few if any symptoms within a matter of weeks. The portion of the biceps muscle-tendon unit that resides in the shoulder is referred to as the proximal biceps tendon or long head biceps tendon and it is frequently torn in middle-age or older patients, most often males, typically after a lifting maneuver. The tendon will begin to fray like an old piece of rope or shoelace with age, leading to the eventual failure.

What confounds patients is how normal their arm function remains after such an injury, as they view the biceps muscle as a powerful lifting force in their upper arm. It turns out

that there exists a fair amount of redundancy in this area and two other muscles, the brachialis and brachioradialis, provide more than enough flexing power for our functional needs, including heavier lifting. Some patients may appreciate a small loss (less than 10%) in strength, but the vast majority cannot detect any difference in their arm function after the injury. Many patients will also report that they had experienced pain in the front of their shoulder before the injury, a result of tension felt through the frayed, partially torn tendon. After a brief period of bruising and swelling, this pain will reliably disappear once the tendon gives way, as the tension through the tendon is relieved.

What is most noticeable, however, is the cosmetic change in the area of the biceps muscle, which contracts and becomes more prominent, referred to as the "Popeye" muscle. While most patients are unbothered by this, some may seek a surgical solution if they are unsatisfied with how their arm appears. There can be some minor cramping in the biceps muscle with prolonged lifting moves which also rarely presents problems but in theory could be another reason to consider surgery.

As all surgery involves inherent risk of complication and the overall benefit to the patient of surgical intervention for this injury is minimal, as detailed above, seldom is there a patient with a rupture of the proximal biceps tendon near the shoulder that should be managed with surgery. A short course of simple pain relievers and perhaps a few visits to a physical therapist will predictably lead to high levels of satisfaction after this injury.

To learn more about the biceps tendon and other shoulder conditions visit [ohioshouldercenter.com](http://ohioshouldercenter.com).

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## BEHAVIORAL HEALTH

**Sydney Stec, LPC**

**Q:** I've been going to therapy for a while now and I've learned a lot, but I still feel like I'm struggling. Is there anything else I can do?

**A:** PBHS offers a variety of services that may help in this area, such as individual therapy, neuropsychological evaluations, medication management, and Intensive Outpatient Programming (IOP). Individual therapy can be useful in helping you to uncover links between your behaviors, feelings, and relationships, and start you on the path of learning more adaptive patterns of responding to stress in daily life. However, there are instances in which symptoms are too intense to cope with just individual therapy alone, which may mean you would be a good candidate for group therapy, or IOP.

The benefit of IOP is that you receive the benefit of learning coping strategies in a group setting, at a much more rapid pace than traditional therapy. Since IOP is not inpatient, when you return home after IOP sessions you're able to practice the coping skills and strategies learned in treatment with real life settings like work or school. At PBHS, our IOP is focused on Dialectical Behavioral Therapy (DBT) which focuses on teaching your skills like mindfulness, interpersonal effectiveness, emotional regulation, and distress tolerance. If you feel that you are interested in any of our services, please reach out to us to make an appointment.

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Sunday, June 11, 2023

# Health Talk



**LASIK, CATARACTS & LENS IMPLANTS**

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



**SHOULDER ARTHROSCOPY**

**Eric M. Parsons, M.D.**



**AUDIOLOGY**

**Dr. Jane Kukula, AuD**

**Q: What is Dry Eye Disease?**

**A:** Dry Eye Disease, also known as Dry Eye Syndrome or Keratoconjunctivitis Sicca, is a common eye condition characterized by a deficiency in the quantity or quality of tears produced by the eyes. Tears are essential for maintaining a healthy ocular surface, providing lubrication, nourishment, and protection against infection. In Dry Eye Disease, the imbalance in tear production and distribution can lead to discomfort, visual disturbances, and potential damage to the ocular surface. Symptoms of Dry Eye Disease may include:

- A stinging, burning, or scratchy sensation in the eyes
- Sensitivity to light
- Redness or irritation
- Blurred vision or fluctuating vision quality
- Excessive tearing (as a reflex response to the dryness)
- Mucus in or around the eyes
- A sensation of having something in the eye
- Difficulty wearing contact lenses
- Eye fatigue or discomfort after periods of reading or screen use

Dry Eye Disease can be caused by various factors, including aging, hormonal changes, environmental conditions, certain medications, autoimmune diseases like Sjogren's Syndrome, or long-term contact lens use. Treatment for Dry Eye Disease usually involves addressing the underlying causes, managing symptoms, and improving tear production or quality. This may involve the use of artificial tears, prescription eye drops, warm compresses, or lifestyle changes. In some cases, more advanced treatments such as punctal plugs, specialized contact lenses, or light-based therapies may be recommended.

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**BEHAVIORAL HEALTH**

**Kaitlyn Peterson, M.A., LPC, BC-TMH**

**Q: What does IOP stand for? How do I know if it is right for my teen?**

**A:** IOP stands for Intensive Outpatient Program; this is a type of therapy that consists of multiple group sessions per week for a total of 9 hours weekly therapy. Individuals typically participate in the program for approximately 8 weeks as it is intended to provide step-down care for patients who are transitioning out of hospitalization/partial hospitalization or who need more support than individual therapy can offer. Our Adolescent IOP program is designed to provide care for teens struggling with depression, anxiety, OCD, self-harm, suicidal ideation, school avoidance, substance use, impulsivity, poor self-image, and impaired relationships. The program is heavily geared toward helping participants develop coping skills in four key areas: Core Mindfulness, Distress Tolerance, Emotion Regulation, and Interpersonal Effectiveness. Treatment goals include helping teens increase effective coping skills, achieve a sense of behavioral and emotional control, decrease life-threatening behaviors, and achieve sobriety (if applicable). Please contact us and ask to speak with one of the Adolescent IOP Coordinators for more information.

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**Q: 10 Fun facts about ears and hearing**

**A:** Earlobes are constantly growing. Its interesting that we are uncertain as to what the purpose of earlobes. Some scientists believe they help with blood flow to the inner ear. They have an amazing array of blood vessels that support this theory.

The roar of the seashell held to your ear is the sound of your blood surging through the veins in your ears.

Did you know that your ears do not stop hearing while you sleep? Unlike your eyes, when you close them for sleep, the ears are always open and hearing.

You can determine your dog's level of interest by the tilt of his ears. When they are pulled forward, he is engaged. Pulled backwards, he's friendly.

Snakes hear through their jaw bone, fish hear through the ridges on their scales and grasshoppers hear with their legs.

Sound travels at the speed of 1130 feet per second.

Your ears are self-cleaning. The hairs in the ear canal work like a conveyor belt, moving the wax out of your ears. Most people simply need to clean wax by wiping their ears when showering. When the wax is "knocked" off the conveyor belt, it can build up in the canal causing a decrease in hearing.

The number one cause of hearing loss is exposure to loud sound (85 decibels or higher).

When you notice a decrease in hearing or experience a mumbling or muffling of words it's a sign of hearing loss. Have a hearing evaluation. Call 440-205-884 to schedule an appointment. Life Sounds Great!

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Sunday, June 18, 2023

# Health Talk



## SHOULDER ARTHROSCOPY

**Eric M. Parsons, M.D.**

**Q:** I was diagnosed with a rotator cuff tear that is too large and chronic to be repaired. I was told that I would need a reverse total shoulder replacement. Is that my only option?

**A:** Very large rotator cuff tears, particularly those that have been neglected for a period of years are occasionally beyond repair. In such cases many surgeons have turned to reverse total shoulder replacement as a technique to attempt to address shoulder pain and dysfunction. This is not without its potential downsides, however. Reverse shoulder replacement has among the highest rates of complication among all shoulder surgery and is not well suited for many active patients under the age of 70, as there are questions about the longer term durability of the shoulder prosthesis. What is more, for patients who are suffering from isolated rotator cuff problems, to replace the hard architecture of the shoulder joint (the bone and cartilage) that is in many cases in good condition is unnecessarily invasive. And once those structures are removed and replaced with metal and plastic there is no going back.

For these reasons surgeons have continued to explore alternatives to reverse shoulder replacement in patients with the most severe rotator cuff problems. Superior capsule reconstruction (SCR) is a procedure that has provided such an alternative. SCR involves the arthroscopic implantation of a soft tissue graft to substitute for deficient rotator cuff material in patients with irreparable rotator cuff repairs.

An article published in the December 2020 issue of the Journal of Shoulder and Elbow Surgery authored by Lacheta et al compared the outcomes of patients under age 70 who underwent SCR with a similar group that underwent reverse total shoulder replacement. At two years following surgery there was no detectable

difference in pain relief and shoulder function between the two groups, with the SCR group enjoying a lower risk of complication.

Dr. Eric Parsons performed the first SCR procedure in Northeast Ohio at Lake West Hospital in 2015 and continues to rely on this procedure for select patients as it burns no bridges and offers those patients a way to avoid shoulder replacement for their complex rotator cuff problems provided they have relatively little arthritis within the shoulder.

To learn more about SCR and other treatment options for treating rotator cuff tears visit [www.ohioshouldercenter.com](http://www.ohioshouldercenter.com)

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## BEHAVIORAL HEALTH

**Mena Afsarifard, M.A., LPC**

**Q:** What would it look like to join the group at PBHS?

**A:** Joining the IOP (Intensive Outpatient Program) group at PBHS starts with an intake appointment, where the clinician would gain some background information and determine if you would be a good fit for the skills specific program. The group setting allows for a safe place to process and learn specific skills in emotion regulation, distress tolerance, interpersonal effectiveness, and mindfulness strategies. This 24-session program is a great way to learn coping skills to build a life worth living and effectively show up for yourself and others.

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## AUDIOLOGY

**Dr. Jane Kukula, AuD**

**Q:** Can hearing aids improve an individual's quality of life?

**A:** Yes, hearing aids can improve an individual's quality of life in various ways. Hearing loss can significantly impact an individual's ability to communicate with others, participate in social activities, and enjoy everyday experiences. By using hearing aids, individuals can improve their hearing ability, which can enhance their communication skills, increase their social engagement, and improve their overall well-being. Hearing aids can also improve an individual's cognitive function, as untreated hearing loss has been linked to cognitive decline and an increased risk of dementia. Furthermore, improved hearing can help individuals feel more confident and independent, and can reduce feelings of stress and frustration associated with communication difficulties. It is important to note that proper fitting and regular maintenance of hearing aids are crucial for optimal benefit and improved quality of life.

Give our office a call today to schedule an appointment for a demonstration of new hearing aids. Life sounds great!

**The Hearing Center Advanced Audiology Concepts**

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## LASIK, CATARACTS & LENS IMPLANTS

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

**Q:** Why are Annual Eye Exams Important?

**A:** Annual eye exams are important for a variety of reasons, as they help maintain good eye health and vision for patients. Some key benefits include:

- Early detection of eye conditions and diseases: Regular eye exams can detect a range of eye problems, such as glaucoma, cataracts, macular degeneration, and diabetic retinopathy, early on, before

they cause severe vision loss or other complications. Early diagnosis and treatment can help prevent or slow down the progression of these conditions.

- Updating prescription lenses: Vision can change over time, and annual eye exams ensure that patients receive the correct prescription for eyeglasses or contact lenses. Wearing the right prescription can help prevent eye strain, headaches, and other issues related to poor vision.

- Monitoring overall eye health: Eye exams can provide insights into a person's overall health. For example, an eye doctor may identify signs of high blood pressure, diabetes, or autoimmune diseases during an eye exam, which can lead to earlier diagnosis and treatment.

- Detection of refractive errors: Refractive errors, such as nearsightedness, farsightedness, and astigmatism, can be diagnosed and corrected through an eye exam. Properly corrected vision can improve daily life activities, such as reading, driving, and using digital devices.

- Prevention of computer vision syndrome: With the increasing use of digital devices, many people experience eye strain, dryness, and other symptoms of computer vision syndrome. Regular eye exams can help diagnose and address these issues, ensuring proper eye comfort and health.

- Eye development in children: Children's eyes develop rapidly, and annual eye exams can detect and correct any issues early on, promoting proper eye development and preventing potential learning difficulties related to vision problems.

- Maintaining a valid driver's license: In many places, an updated vision test is required for obtaining or renewing a driver's license. Regular eye exams can help ensure that you meet the necessary vision requirements for driving.

Overall, annual eye exams are essential for maintaining optimal eye health, detecting potential problems early, and ensuring proper vision for daily activities.

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## Did You Know?

Despite their diminutive size, blueberries pack quite a powerful, healthy punch. Blueberries contain a compound known as anthocyanin, which gives them their blue hue but also contributes to their nutritious properties. For example, the Mayo Clinic notes that studies have found consumption of foods that are high in anthocyanins can help individuals lower their risk of developing coronary heart disease. In addition, blueberries are a good source of vitamin C and dietary fiber, making them worthy of addition to anyone's diet.



Have your problems addressed by medical professionals in "Health Talk"!

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Sunday, June 25, 2023

# Health Talk



## BEHAVIORAL HEALTH

**Anthony McMahon, Ph.D.**

**Q:** In my last session with my therapist, they cut me off and told me that it would not be a good idea for us to talk about the thing that I was bringing up. I was kind of surprised, a little confused, and actually a bit hurt. Is this normal? Should I bring my feelings up to them?

**A:** To answer the last question first—absolutely! Whenever there is something happening in therapy that is causing you to feel these things, it is a wise idea typically to address them so that it doesn't interfere with your treatment (e.g., it is hard to talk about sensitive things with your therapist if you aren't sure if they are able or willing to talk about it!).

As for "is it normal?" the answer also is yes, at least much of the time. While therapists are people and can make mistakes just like anyone else, usually there is an important reason for therapist interrupting and setting a limit. As an example, I have at times had to stop certain conversations in the moment not because I did not care or because I could not handle the subject matter, but rather to ensure that my patient was not about to delve into a topic that would be detrimental to their well-being for the day's session; this kind of limit-setting is common in trauma work where it is extremely important to be mindful of if and how to talk about acute stress events.

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

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## AUDIOLOGY

**Dr. Jane Kukula, AuD**

**Q:** Can I go swimming with hearing aids on?

**A:** Traditionally, the leading cause of damage to hearing aids has been moisture. The battery door, charging contacts, receivers and the microphones are all weak points for moisture to enter. This leads to the need for repairs, which can become costly. However, with the new Phonak Audeo Life rechargeable hearing aids, water is no longer a worry! These hearing aids are the first waterproof rechargeable hearing aids. The internal components of the hearing aid are coated in a protective seal to prevent moisture from entering. They have been thoroughly tested in swimming pools, fresh water, and salt water. You will now have peace of mind when boating, fishing, swimming, stepping in the shower, or getting caught in the rain. The Phonak Audeo Life hearing aids also make charging easy and portable. The newly designed charging system uses induction charging. There are no battery contacts on the outside of the hearing aid, reducing the change of moisture entering. The charging case can hold three days of charging power without being connected to a wall outlet. This means you can leave the cords at home when traveling. You can grab the charger case and go! The Phonak Audeo Life rechargeable waterproof hearing aids will improve your hearing and give you peace of mind with easy charging. If you're interested in experiencing the convenience of waterproof hearing aids, schedule a hearing evaluation today at (440) 205-8848. Life Sounds Great!

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## LASIK, CATARACTS & LENS IMPLANTS

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

**Q:** Why should I go to an Ophthalmologist verses a Primary Care Physician for Eye Exams?

**A:** Your ophthalmologist and primary care physician (PCP) have different levels of expertise and training when it comes to eye care.

An ophthalmologist is a medical doctor who specializes in the diagnosis and treatment of eye diseases and conditions, and is trained to perform eye surgeries. They have completed four years of medical school, a one-year internship, and a three-year residency in ophthalmology. Some ophthalmologists also complete additional fellowship training in a subspecialty area, such as pediatric ophthalmology, retina, or glaucoma.

A PCP, on the other hand, is a generalist who provides primary care services, including routine health screenings, management of chronic conditions, and treatment of minor illnesses and injuries. They may have some basic training in eye care, but they do not have the specialized knowledge and skills of an ophthalmologist.

If you have a specific eye condition or need a comprehensive eye exam, it is generally recommended that you see an ophthalmologist. They are better equipped to diagnose and treat a wide range of eye problems and can provide more specialized care. However, if you have a minor eye issue or need a routine eye exam, your PCP may be able to provide basic care and refer you to an ophthalmologist if necessary.

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