



### WHEN VEINS ARE A PAIN

You may be a candidate for a new, gentler treatment that offers faster recovery.

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# HEALTH SCENE®

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## A DO-OVER FOR GOOD HEALTH HEALTH BITS

It happens to nearly everyone. ♦ You decide something has to change—maybe you need to join a gym, quit smoking or lose that spare tire around your middle. You plan your course of action, get rolling and then suddenly, for whatever reason, all those good intentions come to a grinding halt. ♦ Maybe

it's time to jump-start them again.

Here are three strategies for successfully reviving health goals gone awry.

**1 Reflect.** Think about why your resolution fizzled out. Ask yourself:  
● *Was it realistic?* If you never exercise, deciding to hit the gym every morning probably isn't realistic. Attainable goals—like “I'll get off the bus three blocks before my stop and walk the rest of the way”—set the stage for success you can build on.

● *What got in the way?* Boredom, lack of time and not having a concrete plan are common obstacles.  
● *What worked?* Every time you try a new behavior, whether it's quitting tobacco or finding ways to relieve stress, you discover two things: what doesn't work—and what does. That's valuable knowledge to apply to your next try.

**2 Refine.** Once you've settled on a realistic resolution, tweak it until it's specific. You might refine “Exercise more” to “Walk more this week” or “Take two 10-minute walks every day.” Or “Eat less junk food” might become “Freeze grapes for afternoon snacks.”

Another key refinement: Write

down a detailed plan for meeting each goal.

**3 Redesign.** Does the treadmill bore you? Try kickboxing or rowing. Is life's chronic time crunch sabotaging your efforts to eat more veggies? Switch from fresh to quicker-to-fix frozen. They're equally nutritious. Does driving tempt you to smoke? Stock your car with toothpicks to nibble on instead.

As you redesign resolutions, consider adding strategies that help with motivation:

● Track your progress in a journal.

● Partner with someone who shares your goal. Cheer each other on—and hold each other accountable for sticking to the plan.

● Program an electronic device to send you reminders, such as “Schedule a health screening,” “Meet your exercise buddy” or “Take time to de-stress.”

Finally, if your resolve dissolves again, go easy on yourself. You can always take what you learned today and try again tomorrow.

Sources: American Institute for Cancer Research; American Psychological Association; Mental Health America



### COLORS BY NATURE

What turns your fingers orange when you peel carrots? Fat-soluble pigments called carotenoids, which give cantaloupe and butternut squash their delightful tints too. The color also tells you that it's a source of vitamin A.

[fruitsandveggiesmatters.org](http://fruitsandveggiesmatters.org)



### WATCH THAT FLAME

Cooking fires are the No. 1 cause of home fires. Never leave the kitchen—not even for a moment—when you're frying, grilling or broiling food.

American Red Cross



**WALK ON!** Fitness trackers are fairly accurate when it comes to counting how many steps you take. But because every person moves differently, trackers may not be as good at counting how many calories you burn.

American Council on Exercise

Our registered dietitian can help revamp your diet. Call 608-723-3272.

# OPERATION EDUCATION

*How to help your child prepare for surgery*

**IF YOUR CHILD** slips and scrapes a knee, you instinctively know what to do: Be ready with a bandage and a big hug. But how do you comfort your child about something that likely unsettles you too—namely, your child's upcoming surgery?

One key step: Prepare your child for what to expect just as you would for any other significant unknown. For toddlers, that means talking about the surgery two or three days beforehand. For older kids, start the conversation five to six days in advance.

Ask your doctor for advice on how to explain the surgery in an age-appropriate way.

In the meantime, keep these tips in mind before and after surgery:

**Be careful not to alarm little ones.** Until they're 13 years old, children may not be ready to hear about the risks of surgery or anesthesia. They may understand enough to be scared, but not enough to be reassured.

**Keep it simple.** When preparing a young child for surgery, use plain, easily understood language. For example, you could describe having anesthesia as taking a nap. You might also read a children's book about surgery together. Some books explain specific procedures, such as a tonsillectomy or ear tube surgery.

**Be positive but truthful.** Assure your child that the surgery will help him or her be healthier. Emphasize, too, that all the doctors and nurses have plenty of practice helping sick or injured kids feel better.

**Be honest.** Don't say surgery (or any procedure) won't hurt if it will. Your child needs to trust you. Tell your child there will be some discomfort, but medicine will ease it.

Want more great parenting tips? Go to [www.grantregional.com/parenting](http://www.grantregional.com/parenting).



**Stay calm.** As anxious as you may be before the surgery starts, try not to show it with either your body language, tone of voice or facial expressions. Nothing calms kids more than calm parents. If your child is worried, say it's OK to be scared. A young child might also be soothed by a favorite stuffed animal or other toy from home.

Let your child know you won't be separated for long

and that you'll see him or her as soon as possible after the surgery is done.

**Follow up.** Finally, once the two of you are back home, be sure to call the surgeon if you have any questions or concerns about your child's recovery. No question is too trivial.

Sources: American Academy of Pediatrics; American Society of Anesthesiologists

## Soothing advice for parents

It's nerve-wracking to have your child heading for surgery—even if the operation is routine.

Knowing what to expect and how to be an advocate for your child may help you feel less anxious. Some points to remember:

**You'll be kept informed.** Someone will give you updates about how the operation is progressing, especially if it lasts several hours. And try not to worry if the surgery takes longer than what the doctor said it would—that time frame was just an estimate.

**Your questions matter.** After the operation, when the surgeon explains the details of the procedure, speak up if you don't understand everything that's said.

**There may be tears.** Kids often cry when waking up from anesthesia. But this doesn't mean they're in pain. They may be confused—and upset—because they don't know where they are. If your child is in pain, however, he or she will be treated.

**Nurses are your friends.** They closely monitor your child's progress. But they care about you too and are aware of your stress. That's why they'll readily answer your questions and help you understand how to care for your child. Don't hesitate to turn to them.

Source: American College of Surgeons



# FIRST TESTS

*Newborns are screened for a variety of conditions*

**AS A PARENT-TO-BE,** you want your baby to grow up healthy. So it's good to know that your little one will automatically be tested for certain serious medical conditions before going home from the hospital.

This screening process is important because babies are sometimes born with a health problem that isn't obvious. If a condition is found early with newborn screening, doctors can often begin treatment right away. This helps ensure the best possible outcomes—including, in some cases, saving a baby's life.

Newborn screening usually includes:

1 **A hearing test.**

2 **A pulse oximetry test.** A sensor placed on the baby's skin measures how much oxygen is in the blood. This noninvasive test helps doctors assess the baby's heart.

3 **A heel stick blood test.** Between 24 to 48 hours after birth, a few drops of blood are collected to be analyzed for various disorders. Your baby might cry during this test. But skin-to-skin cuddling, breastfeeding, swaddling or offering a pacifier dipped in sugar water can help ease the temporary pain from the heel stick.

Although the types of tests done vary by each state, most states screen for nearly 30 congenital disorders. That may include:

- Blood disorders, such as sickle cell disease.
- Conditions like galactosemia and PKU, where a child can't process certain nutrients.
- Cystic fibrosis.
- Congenital hypothyroidism, a condition in which the thyroid gland doesn't produce enough hormones.
- Human immunodeficiency virus (HIV).
- Toxoplasmosis, a disease that can damage the brain, eyes and other organs.

**WHAT DO THE RESULTS MEAN?** Chances are, you won't hear anything about your baby's test results. That's because most newborn screenings are negative or in range, which means none of the tested conditions were found.

But even when a test result is out of range, further tests usually exclude the condition—and the baby is just fine.

Sources: Centers for Disease Control and Prevention; March of Dimes; National Institutes of Health



READY FOR A SOLUTION? Make an appointment today for a vein evaluation with Adam Schope, MD.

## NO MORE VARICOSE VEINS

*Grant Regional Health Center now offers Venefit™*

**GRANT REGIONAL HEALTH CENTER** is excited to offer a gentler treatment for varicose veins. Adam Schope, MD, brings his surgical expertise in a new, minimally invasive procedure, called Venefit, to our region.

Varicose veins—enlarged veins in the legs that appear like twisted, bulging cords—are not just a cosmetic problem. If left untreated, they can progress to chronic venous insufficiency (CVI).

CVI is a medical condition in which the veins and vessels in the legs become less able to carry oxygen-depleted blood back toward the heart. The condition worsens over time. As varicose veins progress to become CVI, painful symptoms like leg swelling, skin damage and ulcers may occur.

Many factors—including pregnancy and heredity—can increase your risk for varicose veins and CVI.

Fortunately, most treatments nowadays for these painful, unsightly veins usually don't involve a hospital stay or a long, uncomfortable recovery. Thanks to less-invasive procedures, varicose veins can generally be treated on an outpatient basis.

**FASTER HEALING, LESS PAIN** Today, a number of minimally invasive treatment options are covered by many insurance plans. While treatments like compression stockings to manage symptoms are often prescribed first, there are a variety of treatments that can actually eliminate the diseased veins, improve your quality of life and halt the progression of CVI.

Two of the treatments available are:

**Endovenous ablation.** Endovenous thermal ablation involves the insertion of a thin, flexible tube—called a catheter—into a diseased vein to seal it shut using heat. Blood that would normally return toward the heart

through that vein then travels through other veins instead. Over time the treated vein shrinks and is absorbed by the body.

Compared with surgical options like ligation and vein stripping, endovenous ablation results in less pain and a quicker recovery time.

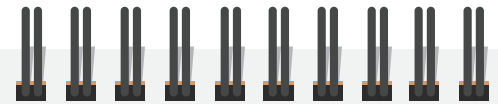
**Venefit targeted endovenous therapy.** The Venefit procedure is the only minimally invasive segmental radio frequency (RF) ablation treatment that uses radio frequency energy to provide an even and uniform heat to contract the collagen in the vein walls, causing them to collapse and seal. Once a leg vein is closed, blood flow is redirected to healthy veins.

The Venefit procedure allows a quick, comfortable recovery and return to everyday activities, while also improving the appearance of varicose veins.

**MEET THE EXPERT** Dr. Schope joined our medical community in 2014 after practicing in Dubuque, Iowa, for the previous six years. He received his medical degree from the University of Iowa, Iowa City, and he completed his internship and residency at the University of Missouri, Kansas City, Missouri. He is board-certified in general surgery.

Dr. Schope is highly skilled in leading-edge procedures, and Grant Regional is proud to offer his expertise to patients in our surrounding communities. He works closely with our clinical staff to ensure that procedures are handled with the utmost care and with a focus on each patient's comfort, safety and rapid recovery.

For more information on the treatment of varicose veins or to schedule an appointment with Dr. Schope, please call Grant Regional Health Center at **608-723-3249**.



### Get help for painful veins

Did you know that varicose veins are a progressive vascular disease? It's also true that:

- They're a sign of venous insufficiency, not just a cosmetic problem.
- By age 60, 70 percent of women and 40 percent of men will have this condition.
- Left untreated, varicose veins can lead to a chronic, debilitating condition.
- 80 to 90 percent of chronic leg ulcers are due to venous disease rather than arterial disease.

Answer the questions below to find out if you might need treatment for varicose veins.

- Do you experience:
- Leg pain, aching or cramping?
  - Burning or itching of the skin?
  - Leg or ankle swelling?
  - A "heavy" feeling in the legs?
  - Skin discoloration or texture changes?
  - Restless legs?
  - Open wounds or sores?
- Has anyone in your family been diagnosed with vein disease?
- Have you recently been pregnant?
- Do your legs feel achy after prolonged periods of sitting or standing?
- Have you tried other methods of treatment (for example, laser treatments, sclerotherapy, vein stripping, compression stockings or anti-inflammatory medications) with little or no symptom relief, or do symptoms recur?

If you answered "yes" to any of the questions above, you may be a candidate for Venefit.

You don't have to live with the discomfort and swelling associated with varicose veins. We may be able to help you! Call **608-723-3249** today to schedule a vein evaluation.



# 10

## TIMELESS HOW-TO TIPS FOR BETTER HEALTH

1

### SAFELY PREPARE CHICKEN

- To keep foodborne pathogens away, thaw frozen chicken in the refrigerator, in the microwave or in a bowl of cold water.
- Before handling raw chicken (or any other food), wash your hands for 20 seconds.
- Don't wash or rinse the chicken! You might spread bacteria to your sink—and beyond.
- Cut the chicken on a clean cutting board that you use exclusively for meat and fish.
- After you're done handling the raw chicken, wash your hands for another 20 seconds.

- If the raw chicken was on a plate before you cooked it, keep all other foods off that plate.
- Cook chicken—whole or parts—to an internal temp of 165 degrees.
- Never transfer cooked chicken back to the plate you used when it was raw.
- Refrigerate leftovers within two hours.



2

### MAKE A SIMPLE SALAD DRESSING

Since store-bought dressings can be loaded with calories and sodium, why not make your own? It's fast and easy to do if you start with this basic formula:

- Two tablespoons of a healthy fat, such as olive or canola oil. Or you can even opt for a fancier oil, such as

walnut or avocado.

- One tablespoon of some sort of vinegar—such as balsamic, rice or cider—or a citrus juice, such as lemon or lime.

- Seasonings such as herbs, spices, garlic, salt or pepper to taste.

For a creamier dressing, whisk in a little bit of low-fat yogurt or reduced-fat mayonnaise or sour cream.

You can safely keep a homemade dressing in the refrigerator for about a week.

3

### GET A GRIP ON KITCHEN CHORES

If arthritis is cramping your culinary style, try replacing old tools with easy-on-the-joints gadgets such as these:

- Devices that help open jars.
- Knives, spatulas, spoons and other utensils with large, easy-to-grip handles.

- Pots and pans with double handles for easier lifting and carrying.
- Slicers for cutting bagels or English muffins.

Look for products that are lightweight, have textured surfaces so they're easier to grip and don't require a lot of upkeep.

When it's time to clean up, consider washing the utensils by hand. The warm water may help soothe your achy joints.



4

### SPOT A BAD MOLE

New or changing moles or spots may be signs of cancer. That's why it's good to check the skin you're in once a month.

In particular, watch for the ABCDE signs of melanoma:

**A = Asymmetry.** The two halves of a mole are not mirror images.

**B = Border.** The mole's edges are blurred, notched, ragged or otherwise irregular.

**C = Color.** The mole has different colors—for example, black mixed

with brown and tan or patches of blue, red, pink or white.

**D = Diameter.** The mole is larger than 6 millimeters (about ¼ inch, or the size of the end of a pencil eraser).

**E = Evolving.** The mole changes in color, shape or size over time.

Other warning signs: sores that don't heal; itchiness, tenderness or pain; and changes like bleeding, oozing or scaling.

If you notice any of these, see your doctor.

When caught early, skin cancer—even melanoma—is highly treatable.





**6**  
PROPERLY POSITION  
A BIKE  
HELMET

- 1 Put the helmet on. (If it's not snug, adjust the pads or the fit ring inside.)
- 2 Look in a mirror: The helmet should be level. You should see only an inch or less (the width of one or two fingers) between your eyebrows and the helmet.
- 3 Adjust the straps. They should form a V under—and just in front of—your ears.
- 4 Center the left buckle under your chin. (You may need to lengthen or shorten the straps.)
- 5 Buckle and tighten the chin strap. If you can fit more than one or two fingers under it, tighten it some more. The chin strap and both side straps must be snug.
- 6 Check that all straps and buckles are adjusted. Move the rubber band until it's beside the buckle.
- 7 Now hop on your bike. Wearing your helmet, you'll be a model of safety!



**7**  
REMOVE  
GUM  
FROM A CHILD'S HAIR

- Coat the gum with creamy-style peanut butter. You can use your fingers or an old toothbrush.
  - Wait a few minutes while the oils in the peanut butter make the gum stiffer and less sticky.
  - Remove the gum from the hair, and wash the child's hair as usual.
- If a bubble-blowing contest has left its mark on a child's eyelashes or eyebrows, swap the peanut butter for vegetable oil. It works on head hair too and is probably a safer choice in homes where kids have peanut allergies.

**8**  
ACT FAST FOR STROKE

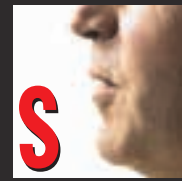
Strokes are medical emergencies. Learn these signs and what to do:



**F**  
**FACE** One side droops.



**A**  
**ARMS** One drifts downward when both are raised.



**S**  
**SPEECH** It's slurred or strange.



**T**  
**TIME** If you observe any of these signs, call 911 immediately.

You may have heard this about strokes: Time is brain. It means the sooner someone having a stroke is treated, the better the chances of reducing long-term disability. Knowing what time the first symptom began is also important. It helps doctors know what treatments to use.



**9**  
RECOGNIZE  
WHEN YOU'RE TOO  
DROWSY TO  
DRIVE

- The next time you feel tired behind the wheel, ask yourself:
- Am I having trouble focusing my eyes?
  - Are my eyelids heavy and threatening to close?
  - Have I been yawning again and again?
  - Did I miss an exit sign or a traffic signal?
  - Have I been tailgating or drifting into other lanes?
  - Are the rumble strips growling under my tires?

If you find yourself answering "yes" more than once, you may be as dangerous behind the wheel as a drunk driver. Pull over to a safe spot, and take a 20-minute nap. Then honestly reassess your fitness to drive.



**10**  
KNOW IF YOU'RE  
DEPRESSED

- Depression can happen to anyone. To tell if it's happening to you, check any items below that ring true:
- I feel anxious, empty or sad all the time.
  - I sleep too much or not enough, or I wake up

- in the middle of the night or early in the morning.
  - I eat too much and have gained weight, or my appetite is poor and I've lost weight.
  - I'm not interested in things I used to enjoy, including sex.
  - I feel irritable and restless.
  - I have physical symptoms that don't respond to treatment (like chronic pain or tummy troubles).
  - I can't concentrate, make decisions or remember things.
  - I'm fatigued and out of energy.
  - I feel guilty, hopeless or worthless.
  - I've thought about death or suicide.
- If you checked five or more symptoms—and you've had them for two weeks or longer—you might be depressed. A qualified mental health professional can help.



**5**  
SAFELY TRIM YOUR  
TOENAILS

- Remove any nail polish with a nonacetone remover.
- If you have thick toenails, soak your feet for 10 minutes in warm salt water (one teaspoon of salt per pint of water).
- To soften nails for an easier trim, apply urea or lactic acid cream after you soak.
- Always use a clean,

straight-edged nail clipper to cut each nail straight across. Avoid tools with curved blades—they can raise your risk for ingrown toenails.

- With an emery board, smooth toenail edges by filing gently in one direction. Avoid scraping the nail surface. And remember: Don't round the edges as you file.

Finally, if you get an ingrown toenail, see a podiatrist.

**If you or someone you know is having a stroke, call 911 right away. Our emergency department is expert at treating strokes.**

Sources: Academy of Nutrition and Dietetics; American Academy of Dermatology; American Cancer Society; American Institute for Cancer Research; American Podiatric Medical Association; Arthritis Foundation; National Highway Traffic Safety Administration; National Stroke Association; National Sleep Foundation; U.S. Department of Health and Human Services



## ORTHOPEDICS

### ACL INJURY

# POP GOES THE KNEE

**“I HEARD IT POP.”** That’s how many people tell the tale about the day an ACL injury took them off the ski slope, football field, basketball court or soccer field.

ACL stands for anterior cruciate ligament. This ligament, in the middle of the knee, stabilizes the knee and keeps the tibia—the shinbone—from sliding too far forward.

Even though playing sports is a common way to injure an ACL, you can also tear it anytime you rotate your body and twist while your foot is still on the ground.

People often hear the ACL pop when it tears or breaks. Pain, swelling, tenderness and loss of motion are other symptoms. The leg is usually, but not always, unstable.

**WHAT CAUSES AN ACL INJURY?** According to the American Academy of Orthopaedic Surgeons (AAOS), you can injure your ACL in a number of ways, such as:

- Changing directions rapidly.
- Stopping suddenly.
- Falling backward as the lower leg moves forward.

To make an appointment with a physical therapist, call 608-723-3236.

- Slowing down while running.
- Landing incorrectly from a jump.
- Having direct contact or collision with another player or object.

While ACL injuries are common in athletes, they can happen to anyone.

**WHAT ARE MY OPTIONS?** How an ACL injury is treated depends on several factors, including whether another part of the knee is affected—which happens about 50 percent of the time.

In certain patients, braces and physical therapy may be all the treatment that is needed.

In other cases, surgery is best. Surgeons usually rebuild the ACL by using another tendon taken from elsewhere in the body—such as from a hamstring or quadriceps. It’s an arthroscopic procedure that uses very small incisions.

Surgeons usually don’t do the surgery right away. They may wait until swelling and stiffness in the knee subside.

Whether treatment involves surgery or not,



### Female knees at increased risk

All athletes are vulnerable to hurting their anterior cruciate ligament (ACL) when playing sports. But the risk is even greater for females.

According to the American Orthopaedic Society for Sports Medicine, ACL injuries occur up to eight times more often in women than in men.

Theories as to why this is so include:

**Hormones.** Estrogen may make the ligaments loose so they offer less protection.

**Alignment.** Women’s anatomical differences, such as a wider pelvis and a tendency toward knock-knee (when knees bend inward).

**Strength.** Hamstrings help stabilize the knee, and women’s

can be weaker than men’s. Injury may result if hamstrings are weak or don’t activate fast enough.

**Size.** Women’s ACLs can be smaller than men’s, so they may be more susceptible to fraying and injury.

**Mechanics.** Using video cameras and electrodes, researchers found that male soccer players use certain hip and leg muscles more than women do. Similar differences may be in play in other sports too.

Taking part in a sport-specific, targeted conditioning program that focuses on stretching, strengthening muscles and improving balance is one way to help prevent ACL injuries, according to the Centers for Disease Control and Prevention.

rehabilitation is crucial, reports the AAOS.

If you injure your ACL, a careful, progressive physical therapy program can take several months, but it’s the best way to get you back in motion—and doing the sports and activities that you love.

### ROTATOR CUFF TEARS

# A PAINFUL SHOULDER NEEDS TLC

A **ROTATOR CUFF** tear can be tough to shoulder. Activities like combing your hair or grabbing something from a kitchen shelf may suddenly become a challenge.

That’s because a tear weakens your shoulder. And over time, the tear may get worse. With treatment, however, symptoms usually improve.

**THE SOURCE OF TROUBLE** The rotator cuff is a group of four muscles that comes together as tendons and attach to the ball of your upper arm bone. These muscles and tendons help stabilize your shoulder joint and enable you to lift and rotate your arm.

The tendons of the rotator cuff can tear just like a piece of leather. Sometimes tears occur if you fall on an outstretched arm or repeatedly move your shoulder with the same motion. Most often, though, they’re a result of growing older.

Tears from falls cause serious pain and sudden weakness of the upper arm. Those that develop slowly may also cause pain, which may be mild at first. And you may only feel it when you lift your arm above your head. The pain may eventually get worse and bother you even when you’re resting.

Other possible symptoms of a tear include discomfort when lying on the affected shoulder and a crackling sound when you move your shoulder certain ways.

**HELP AND HEALING** Doctors diagnose rotator cuff tears using your medical history, a physical exam and imaging studies. They plan treatment based on what they find, as well as your age, activity level and general health.

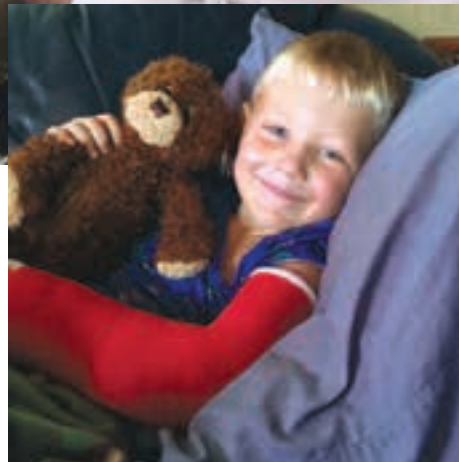
Often, nonsurgical treatment is recommended first. It may involve resting the shoulder and taking non-steroidal anti-inflammatory medications. Sometimes physical therapy and steroids are recommended as well. For many people, these treatments ease pain and improve shoulder function.

Surgery is also an option if, for example, conservative treatments fail to ease the pain, the tear is large, or there’s significant weakness or loss of function in the shoulder.

Repairing a rotator cuff tear can be done as an open, mini open or all-arthroscopic procedure. Rehabilitation therapy is typically recommended after surgery.

Sources: Agency for Healthcare Research and Quality; American Academy of Orthopaedic Surgeons





## Energized by orthopedics: Meet the doctor

Brad Binsfeld, DO, began his practice at Grant Regional Community Clinic in 2014. Previously he worked at Mid Michigan Bone and Joint Center. He specializes in orthopedic surgery and has interests in arthroscopic rotator cuff repair; total knee, hip and shoulder replacement; arthroscopic knee procedures; and surgical and nonsurgical fracture care. He also provides the following services:


- Total joint replacement—hip and knee.
- Arthroscopy of the shoulder and knee.
- Anterior cruciate ligament (ACL) reconstruction.
- Carpal tunnel release.
- Trigger finger procedures.
- Ganglion cyst removal.
- Fracture care—operative and nonoperative.
- Tendon repair.
- Joint injections.
- Nonoperative arthritis care.

Dr. Binsfeld obtained his medical degree from Kansas City College of Medicine and Biosciences in Missouri. His internship and residency were completed at Genesys Regional Medical Center with Michigan State University in Grand Blanc. While he was in residency, he was the chief resident in his class.

Dr. Binsfeld chose the field of orthopedics because he found it to be energizing. He believes that working with patients to explore operative and non-operative treatment options and arriving at the best solution is the most rewarding part of his career.

Outside of the practice of medicine, Dr. Binsfeld enjoys outdoor activities, such as mountain biking and kayaking.

Dr. Binsfeld enjoys meeting new patients and welcomes the opportunity to “help patients achieve their goals to get back to an active lifestyle.” For more information or to schedule an

appointment with Dr. Binsfeld, please call  608-723-2131.



Brad Binsfeld, DO, orthopedic surgeon

# GREAT ORTHOPEDIC CARE: CLOSER THAN YOU THINK

*We're here when you need it at a moment's notice*

**TOMMY IS A TYPICAL BOY.** He is a busy 4-year-old. He loves to climb, run and jump. He's on the move... All. The. Time!

“It all happened so fast,” says his mom, Shawna. “One minute he was telling me he was going outside to play with a neighbor, and then in the blink of an eye, he was hurt. He fell in the backyard, and I knew right away with one look that his arm must be broken.”

“As soon as we arrived at Grant Regional Health Center, we were taken right into an exam room in the ER. Within 10 minutes, Tommy was in radiology having x-rays. Unfortunately, but not surprisingly, they confirmed a broken ulna and radius in his left arm. Even with the pain, he was thrilled to receive six stickers in radiology. Dr. Binsfeld was called in to realign his bones.

“Dr. Binsfeld and the nurses explained that they needed

to cut Tommy's shirt off to put a gown on. This was the most traumatic part, because it was his favorite Badger's shirt. He cried harder than when he fell. Grandma later bought him a new one, but it was not as special as his favorite shirt, so she ended up sewing the old one for him.

“As he was coming out of anesthesia, he told the staff that he was going to work here and if anyone came in hurt, he would give them 10 stickers.

“Tommy told Dr. Binsfeld how astronauts have to wear heavy boots on the moon so they don't float away, because there is no gravity in space. Dr. Binsfeld remembered him talking about it and brought it up at his follow-up appointment.

“I am so impressed with the care Tommy received,” Shawna says. “It was amazing. All departments worked together as a team to give him the best care possible.”



## FAMILY HEALTH



# A PARTNERSHIP FOR GOOD HEALTH

### *Why a good relationship with a primary care physician is a must*

**AFTER YEARS** of specialized medical training, your doctor is an expert on the human body. He or she knows how it works, how to help keep it healthy and how to treat it if something goes wrong.

But even with all that expertise, your doctor will have a hard time treating you without knowing the details of your unique medical situation. That's why it's so important for you and your doctor to have a strong working relationship based on open communication.

**YOUR PRIMARY CARE DOCTOR** The main doctor-patient relationship for most people involves a primary care physician. Among other things, these doctors:

- Diagnose medical problems.
- Treat a variety of illnesses and conditions.
- Coordinate health care with other medical professionals, if needed.
- Help patients learn how to care for their own needs.
- Help prevent health problems from occurring in the first place.

Types of primary care doctors include:

- Family physicians, who are trained to care for people

of all ages—from babies to older adults.

- Internists, or internal medicine physicians, who focus on the medical conditions faced by adult patients.
- Pediatricians, who work with newborns, infants, children, teens and even young adults.

**DO YOUR PART** No matter what type of doctor you decide is best for you, you're likely to be more satisfied with your treatment if you take an active role in your health care. For example:

**Be prepared.** Before your next doctor's appointment, take a little time to get ready.

Gather up your medications—including any over-the-counter drugs or herbal or alternative remedies that you take—and bring them with you to the doctor's office. Be ready to tell your doctor if you are allergic to any medications.

Also, before your visit, consider writing down any

questions you want your doctor to answer.

You'll be less likely to forget something. Put the most important questions first, so you'll be sure to ask them before the visit ends.

**Speak up.** During your visit, tell your doctor about your symptoms and anything else you think he or she needs to know. For instance, be sure to mention when your symptoms started, how often they occur and how long they last.

**Be honest.** Answer all your doctor's questions, even the ones that might seem a little embarrassing. Remember, with few exceptions, everything you talk about with your doctor is confidential.

**Listen carefully, and ask questions.** Pay attention when your doctor speaks. It can be a good idea to repeat what he or she says in your own words so you're sure you understand. If you're confused, don't hesitate to ask questions.

If your doctor recommends medication, ask how to take it and about possible side effects. If he or she suggests surgery, be sure you understand why you need it and the risks and benefits.

If you have a condition that has a number of treatment options, ask about the pros and cons of each one.

Sources: Agency for Healthcare Research and Quality; American Academy of Family Physicians

Need a primary care doctor for yourself or a loved one? Our doctors are taking new patients. Call 608-723-2131 for an appointment.

## PROVIDER LISTING



**Grant Regional Health Center Specialty Clinic**  
507 S. Monroe St.  
Lancaster, WI 53813  
**608-723-3249**  
■ Krynn Buckley, MD, Gynecologic surgeon

**Grant Regional Community Clinic**  
507 S. Monroe St.  
Lancaster, WI 53813  
**608-723-2131**  
■ Brad Binsfeld, DO  
■ Erin Huebschman, MD  
■ Sheirle LaMantia, MD  
■ Laurie Meighan, APNP  
■ Kelly Muench, PA-C  
■ Adam Schope, MD  
■ Carl R. Sunby, MD  
■ Abby Terrill, PA-C

**High Point Family Medicine**  
507 S. Monroe St.  
Lancaster, WI 53813  
**608-723-3100**  
■ Misty Nemitz, APNP  
■ Terri Payne, CNM, FNP  
■ Eric Slane, MD  
■ Eric Stader, MD  
■ Jessica Varnam, MD

**Grant Regional Emergency Department**  
507 S. Monroe St.  
Lancaster, WI 53813  
**608-723-2143**  
■ Liz Hinkley, APNP  
■ Katherine McQuillan, APNP  
■ Robert J. Smith, MD  
■ Jolene Ziebart, APNP

**Family Medical Center**  
9177 Old Potosi Road  
Lancaster, WI 53813  
**608-723-4300**  
■ Liz Hinkley, APNP  
■ Brian Quick, PA-C  
■ Kate Reuter, APNP  
■ Robert Stader, MD  
■ Ken Valyo, DO

**High Point Family Medicine—Fennimore**  
1255 11th St.  
Fennimore, WI 53809  
**608-822-3363**  
■ Misty Nemitz, APNP  
■ Terri Payne, CNM, FNP  
■ Eric Slane, MD  
■ Eric Stader, MD  
■ Jessica Varnam, MD

 **FIND OUT MORE ABOUT OUR DOCTORS AT [WWW.GRANTREGIONAL.COM/PROVIDERS](http://WWW.GRANTREGIONAL.COM/PROVIDERS).**

## Save lives by donating blood

Give the gift of life!

Mississippi Valley Regional Blood Center is the exclusive provider of blood to Grant Regional Health Center. Donating blood is a safe and simple procedure that only takes about an hour. Blood donation saves lives. It's simple, yet important. For more information or to schedule a donation time, call Barb Bausch at **608-723-7557**.

**Donate at a blood drive at Grant Regional Health Center, Monroe Conference Room**

■ **Wednesday, Dec. 23:**  
2:30 to 6:30 p.m.

HEALTH SCENE is published as a community service for the friends and patrons of GRANT REGIONAL HEALTH CENTER, 507 S. Monroe St., Lancaster, WI 53813, telephone 608-723-2143, [www.grantregional.com](http://www.grantregional.com).

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Information in HEALTH SCENE comes from a wide range of medical experts. If you have any concerns or questions about specific content that may affect your health, please contact your health care provider.

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**HEALTH SCENE**

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