



ROOT FOR FRESH VEGGIES

Ever tried a rutabaga? Find out what other produce is a great pick in winter.

SEE PAGE 3 ►

HEALTH SCENE®

JOURNAL OF WELLNESS AND GOOD HEALTH CARE • WINTER 2016



CHANGE IT UP

Resolve to have better health in the new year

A burst of motivation—that's what Jan. 1 triggers in lots of us. The new year, after all, is a powerful cue to change our lives for the better—and often in ways that will improve our health.

But turning good intentions into reality can be tricky. Yes, you want to move the scale in the right direction or stop lighting up. But where do you begin?

Start with the following tips. They can give the worthwhile resolutions on this page something they might otherwise lack: staying power.

Kick some butts. If you smoke, you know quitting is hard. But your odds of success increase if you have support. And one way to get expert help is to call 877-448-7848, the smoking quitline of the National Cancer Institute. A trained counselor will help you come up with an effective strategy to transform you into an ex-smoker.

Drop a few pounds. Small, manageable changes can help you

slim down. Eat from plates, not packages, and eat slowly by putting down your fork between bites. Also keep tabs on your daily diet with a food diary.

Get screened and get seen. Regular checkups and screening tests can often detect health problems in their early, most treatable stages—or they may even prevent problems altogether. Start the new year by asking your doctor what exams, tests and shots you need.

Move more. Sneak exercise into your routine. The next time you watch TV, do some situps. Bypass escalators and elevators and head straight for the stairs. When you chat on the phone, pace back and forth. You get the idea.

Sleep like an adult. Most adults need seven to eight hours of shut-eye every night. If falling or staying asleep is a problem for you, try to go to bed and get up at the same times every day. If you're still having trouble catching those ZZZs, check with your doctor—and see the story on page 8.

Sources: Academy of Nutrition and Dietetics; Centers for Disease Control and Prevention; National Institutes of Health

HEALTH BITS

SMELL THAT? You won't if it's carbon monoxide, an odorless gas that can kill you. So if you heat your home with coal, kerosene, natural gas, oil or wood, make sure you have a carbon monoxide detector and that it's working.

American Lung Association; Centers for Disease Control and Prevention



LOL FOR HEART HEALTH

Laughing can increase your good cholesterol, decrease stress hormones and reduce artery inflammation, all of which are good for your heart. And the effects of a hearty belly laugh last 24 hours.

American Heart Association



SIZE MATTERS

No matter how fashionable they may be, shoes that are too small can cause painful—and sometimes disabling—foot problems, like bunions, calluses, corns and hammertoes. So make sure the shoe fits before you wear it.

American Academy of Orthopaedic Surgeons

HEALTH TALK NEWS, VIEWS & TIPS

Welcome, visitors!

Make the most of your next hospital visit

When a friend or loved one is in the hospital, you want to do things that can help speed up the person's recovery—not slow it down. That's why it's important to keep safety and infection control issues foremost in your mind when you visit.

To be a good hospital visitor:

Do your homework.

Consider calling the hospital ahead of time to ask about visiting hours and other guidelines, such as:

- Whether flowers are allowed in certain wings or rooms.
- Whether children can visit.
- Whether special precautions are in order, such as wearing a mask or observing restrictions on candy or food.

Spread love, not germs.

You should:

- Read and follow any instructions posted outside the patient's room.
- Wash your hands or use an alcohol-based sanitizer before entering the hospital room; after touching any surfaces in the room, such as bed rails or bedside tables; and again after leaving the room.
- Tell anyone who is sick to stay away, which will help keep infections at bay.
- Keep personal items off the floor and away from waste cans.
- Avoid cluttering the room with too much stuff. Hospital rooms are already crowded with equipment and staff. Keeping the space clear is important for safety and disinfecting.

To learn more about visiting someone who is a patient with us, go to www.grantregional.com.



Sources: Association for Professionals in Infection Control and Epidemiology; Centers for Disease Control and Prevention

Winterize YOUR Skin



Here's a cold, hard fact about winter: It's not very kind to skin.

The harsh, dry air can make skin more likely to flake, crack and itch. And as if those problems weren't enough, fine lines and wrinkles tend to stand out when skin is dry.

So if your parched skin has you itching for spring, take steps toward relief.

You might want to check with a doctor to determine if your dry skin has a medical cause that's treatable with prescription medicines. Also consider these nine DIY skin-soothing strategies:

- 1 **Take shorter showers in warm (not hot) water.** Hot water removes the skin's natural oils. Linger longer than about 5 to 10 minutes may further dry out skin.
- 2 **Moisturize on time.** Moisturizing ointments and creams (two top choices: products with olive or jojoba oil) relieve dry skin by locking in dampness. Apply them right after washing your hands or bathing—it's OK to gently pat the skin dry a little first.
- 3 **Practice gentle skin care.** Some cleansers—such as deodorant bars and perfumed and antibacterial soaps—may contain alcohol or other ingredients that can strip oils from the skin. A move to a mild, fragrance-free soap may help.
- 4 **Shave right after bathing, when hair is softer.** Use a shaving cream or gel, and replace razors often.
- 5 **Slip on some gloves.** Wearing gloves outdoors in the winter helps prevent dry, rough hands.
- 6 **Resist the scratch.** Apply a cool damp cloth to soothe itchy areas.
- 7 **Don't sit in front of the fireplace or heater.** The heat can draw out moisture.
- 8 **Drink plenty of water.** This healthy habit helps keep you hydrated from the inside out.
- 9 **Humidify your home.** If dampness isn't an allergy trigger for you, try adding moisture to dry indoor air to soothe your skin.

Sources: American Academy of Dermatology; National Library of Medicine



ANTIBIOTICS

Use them wisely

It would be great if there were pills to cure every ailment. Sadly, we know there aren't.

But it can be hard to come to terms with the limits of medication when we're sick with a cold, the flu or another upper respiratory problem. Coping with nasty viruses like these can tempt anyone to seek relief, often in the form of an antibiotic.

Although antibiotics can work wonders against bacterial infections—such as strep throat—they're powerless against viruses. In fact, they can do more harm than good if taken for a viral infection.

People who take antibiotics when they're not needed may be contributing to a serious problem known as antibiotic resistance.

It works like this: When you take an antibiotic, bacteria sensitive to that medicine are killed. But certain bacteria, through mutation or other means, may change so that they're no longer affected by the drug. These antibiotic-resistant bacteria can then multiply, causing infections that are harder to treat.

Overuse of antibiotics promotes the spread of antibiotic resistance. But you can help reverse that trend.

Don't ask your doctor to prescribe an antibiotic if he or she says it's not needed.

And, if an antibiotic is prescribed, be sure to take the full course of the drug, even if you start to feel better before you've finished.

Chickenpox? No, thanks, I'll pass

Chickenpox can be different things to different people.

It can be an unpleasant week or so of itchy blisters and fever.

It can also be all of that, plus complications, like skin infections; lifelong scars; pneumonia; or, rarely, even death.

Or it can be an illness you never get.

You can help ensure the latter for your family by talking with your doctor about the chickenpox vaccine.

It's recommended for children in two doses—the first around 12 to 15 months of age and the second between 4 and 6 years of age.

If your kids missed these shots, ask



your doctor how they can catch up.

If you never had chickenpox as a kid, you should consider getting the

vaccine too, for these reasons:

- Chickenpox tends to be more severe in adults than in kids.
- The same virus (varicella-zoster) that causes chickenpox can cause a painful rash called shingles years later. Anyone who has had chickenpox is at risk for getting shingles.

Check with your doctor about whether you should get the chickenpox vaccine. Some people, such as pregnant women, should not get vaccinated.

For additional information about chickenpox and the vaccine, visit www.cdc.gov/chickenpox.



Sources: Centers for Disease Control and Prevention; National Foundation for Infectious Diseases

Source: Centers for Disease Control and Prevention



Help for hard-to-heal wounds

From the time we're toddlers with scraped knees, we're taught that wounds go away in time. But some injuries require more than a bandage and time to get better.

That's where wound care experts come in. These health care professionals specialize in treating serious and hard-to-heal skin injuries, such as pressure ulcers (bedsores) and diabetic foot problems.

A team approach Because a range of factors and medical conditions may affect wound healing, various medical professionals may be needed to provide wound care. According to the Association for the Advancement of Wound Care, a wound care team may include doctors, surgeons, nurses, nutritionists, physical therapists and social workers.

Getting such expert care is especially

important for people with limited mobility or health conditions that can impair normal healing, including diabetes and cancer.

People with diabetes, for example, are at increased risk for foot ulcers. If these wounds go untreated and become infected, there's a chance the foot or leg may need to be amputated.

Treatment of a foot wound in a person with diabetes might involve specialists who can remove dead skin and tissue from the wound to help speed healing and ensure the wound is properly medicated and bandaged.

Others involved in treatment might include a podiatrist (foot specialist), a physical therapist and a vascular surgeon to evaluate the blood vessels.

Wound care experts evaluate each person's needs and use a team approach to help ensure that injuries are treated properly. They also help



educate people and give them advice on caring for the wound at home.

Your doctor can tell you if a wound requires specialized medical treatment. Let him or her know if a wound isn't healing normally or as quickly as it should.



You can read about our wound care team at www.grantregional.com.

WINTER ALLERGIES

A home remedy

Achoo! It sounds like someone's allergies are at it again. But wait: It's winter. Isn't spring allergy season?

Sneezing and itchy, teary eyes aren't just a problem when spring pollen flies. If you struggle with symptoms in the colder months too, you might be sensitive to something in your home.

Try these tips for a more allergy-friendly home:

Keep pesky mites at a minimum. Dust mites, microscopic creatures that hang out in places like bedding and carpeting, are a common allergy trigger. Exposure to them can be worse in the winter because you spend more time indoors. To reduce mites, wash bedding weekly in hot water. And vacuum often, especially in the bedroom.

Be diligent about dampness. A moist, humid home spells trouble for allergies. To help control dampness:

- Have a plumber fix any leaky pipes or sinks.
- Keep bathrooms, kitchens and basements well-ventilated and dry.
- Consider using a dehumidifier to maintain a humidity level below 45 percent.

Clear the air. Wood smoke can also trigger allergies. If you have a fireplace, check the vents to make sure they're working properly.

Sources: American Academy of Allergy, Asthma & Immunology; Asthma and Allergy Foundation of America



Let's root for winter's fresh bounty



Many of us buy the same fruits and vegetables every time we go to the grocery store—regardless of the season.

According to the U.S. Department of Agriculture, though, fresh, in-season produce is often less expensive and more flavorful than out-of-season options. Also, eating a variety of fruits and veggies can help you get the range of nutrients your body needs.

So what produce is at its peak in winter? Some root vegetables and long-storing produce shine during the darkest months. Try:

Parsnips, turnips and rutabagas. These root vegetables are high in nutrients, including potassium, which can help control blood pressure. They can be slow-baked to bring out their sweetness or chopped into a soup, stew or stir-fry.

Sweet potatoes. Prepare these sweet orange veggies (high in vitamins A and C and potassium) the same way you might cook a regular potato—sliced into fries and baked or mashed. Tip: Try the mashed variety with a little brown sugar and nutmeg.

Winter squash. Higher in vitamins than summer squash, winter squash comes in many varieties, including acorn, butternut and Hubbard. It can be roasted; added to soups; baked in puddings or pies; or cooked and mashed with spices like cinnamon, ginger, all-spice, coriander, fennel or rosemary.

Are you at risk for shingles?

Almost one-third of Americans will develop shingles, a painful skin rash, sometime during their lifetime—usually after age 60.

But while older people are at higher risk for shingles, the seeds of the disease were most likely sown decades earlier.

That's because shingles is caused by the same virus that causes chickenpox in children, according to the National Institute on Aging.

After someone recovers from chickenpox, the virus remains behind and

is dormant. Years later, it can reactivate and cause shingles.

Shingles looks like a band or belt of rash. It usually develops on one side of the body or face.

The disease often starts with itching, burning or tingling in one area of the skin.

A few days later, a rash appears. In a few more days, the rash becomes blisters,

which eventually scab over.

The whole process can last three to five weeks. During this time, itching and pain are common—and can be severe.

Treatments are available to more quickly heal the blisters and reduce the pain of shingles.

See your doctor as soon as you can after the rash appears, and begin treatment promptly.

A one-time vaccine to help prevent shingles is available. It's approved for people 50 and older.



GRANT REGIONAL HEALTH

At Grant Regional Health Center, we have an exceptional staff of medical providers who value a long-term relationship with their patients. For more information, visit our website at www.grantregional.com or call us today at **608-723-2143**. We can put you in touch with one of our providers to meet your and your family's health care needs.

LOCAL MEDICAL STAFF

EMERGENCY



Liz Hinkley, APNP
ER/Walk-In Care



Robert Smith, MD
ER/Walk-In Care



Jolene Ziebart, APNP
ER/Walk-In Care



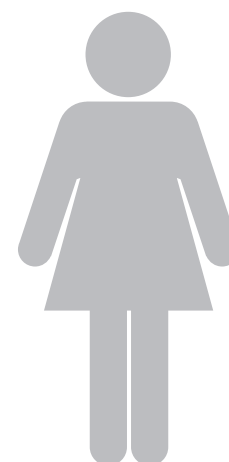
GENERAL SURGERY



Adam Schope, MD
Grant Regional
Community Clinic



Carl Sunby, MD
Grant Regional
Community Clinic



GYN SURGERY



Krynn Buckley, MD
Grant Regional
Health Center

ORTHOPEDICS



Brad Binsfeld, DO
Grant Regional
Community Clinic



CARDIOLOGY



Tom Johnson, MD
Medical Associates



R.S. Ramabdran, MD
Medical Associates

DERMATOLOGY



Jennifer Peterson, MD
Peterson Dermatology/
Family Medical Center

OUTPATIENT SPECIALTY CLINICS

ALLERGY



John Moore, MC
Medical Associates

AUDIOLOGY



Kolette Bohr, AudD
RWHC Audiology

CENTER MEDICAL PROVIDERS

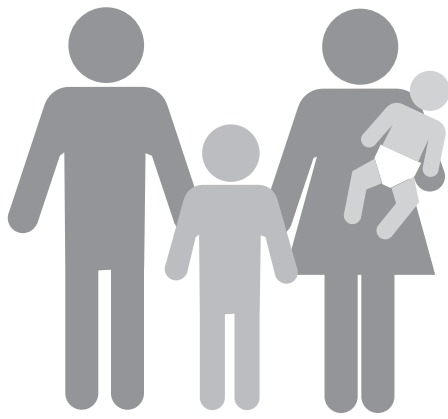
FAMILY MEDICINE



Abby Allen, PA-C
Grant Regional
Community Clinic



Renee Edge, APNP
Family Medical
Center



Janet Laban, APNP
Grant Regional
Community Clinic



Laurie Meighan, APNP
Grant Regional
Community Clinic



Kelly Muench, PA-C
Grant Regional
Community Clinic



Misty Nemitz, APNP
High Point Family
Medicine



Brian Quick, PA-C
Family Medical
Center



Kate Reuter, APNP
Family Medical
Center



Robert Stader, MD
Family Medical
Center



Kenneth A. Valyo, DO
Family Medical
Center

FAMILY PRACTICE/OB



Erin Huebschman, MD
Grant Regional
Community Clinic



Sheirle LaMantia, MD
Grant Regional
Community Clinic



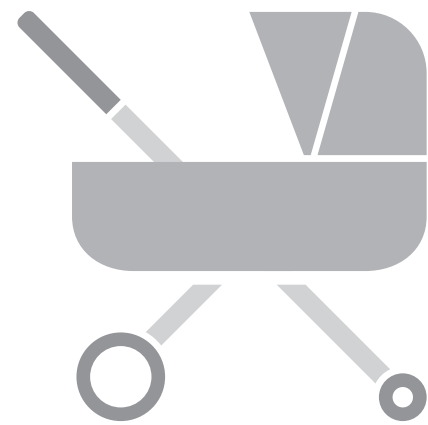
Eric Slane, MD
High Point Family
Medicine



Eric Stader, MD
High Point Family
Medicine



Jessica Varnam, MD
High Point Family
Medicine



OTOLARYNGOLOGY (EAR, NOSE, THROAT)



Timothy King, MD
Medical Associates

NEUROLOGY



Michael Frucht, MD
Dean Medical Clinic

ONCOLOGY



Christian Schultheis, MD
Medical Associates

OPHTHALMOLOGY



Alethea Hein, MD
Medical Associates



Marian Walker, OD
Medical Associates

PODIATRY




William Chubb, DPM
Associated Podiatry

SLEEP MEDICINE



John Jones, MD
UW-Health

HEALTH TALK NEWS, VIEWS & TIPS



Thanks to you!

Your gift benefits our community

A dollar amount with fewer than four figures may seem like a drop in the bucket when it comes to the health care needs of a community. It's certainly not enough to finance a low-income clinic or buy a new MRI machine.

Yet the fact is, the biggest source of funds for such hospital projects is often individual donors, including grateful patients.

The coordinator of these donations is the hospital foundation. It provides a way for anyone to contribute, no matter the size of their gift.

There are a number of ways to give, and it's important to find the best fit for you. Many people choose one of these methods:

- An annual gift is a pledge to donate a certain amount each year.
- A memorial gift is a donation in commemoration of a deceased person.
- A planned gift is an arrangement to make a donation later, for example, through a will or trust.

Your gift does make a difference. The hospital foundation helps the hospital care for those in need in the community as government funding shrinks and the cost of providing care continues to rise.

Consider making a gift to our foundation. Call the GRHC Foundation at 608-723-3358.



Beat back winter blues

Can you predict your mood by the calendar?

In late fall or early winter—as the days grow darker—does your mood darken too? And do you feel like yourself again several months later when there's plenty of sunlight?

If this pattern sounds familiar, you may have what doctors call seasonal affective disorder (SAD).

SAD is a type of depression that comes and goes like clockwork, often starting in October or November and going away by spring. Its main trigger appears to be shorter days, which disrupt the body's internal clock and may affect serotonin—a brain chemical that helps regulate mood.

Symptoms of SAD include:

- Feeling hopeless or irritable.
- Feeling tired during the day.
- Oversleeping.
- Craving carbohydrates.
- Gaining weight.

Highly treatable If there's any chance SAD is affecting you, tell your doctor. Research shows that light therapy—a treatment using artificial light—eases SAD symptoms for most people within a few weeks of starting it.

Typically, this therapy involves sitting in front of a box that emits a very bright light for 30 minutes every morning—and doing so faithfully well into the spring.

And when light therapy isn't effective by itself, doctors may combine it with antidepressants, talk therapy or both.

Sources: National Alliance on Mental Illness; National Institutes of Health



PHYSICAL THERAPY

A move for better health

The body is built to move. But sometimes, because of illness or injury, movement becomes difficult or painful. Physical therapy can help.

A physical therapist can put his or her specialized training to work to help get you moving again with more ease and less pain.

Physical therapists work with a wide range of people, helping them cope with a variety of conditions.

For example, physical therapy can help people with unexpected pain that crops up in the back, neck, knee or shoulder, as well as people with long-term problems associated with diseases like arthritis, stroke or diabetes, reports the American Physical Therapy Association.

What makes a physical therapy program effective is that it targets your specific needs.

Your program may include a number of different therapies, such as:

- Exercises to strengthen and stretch muscles.
- Massage to help reduce fluid buildup.
- Electrical stimulation to relieve stiffness.

To learn more about our physical therapy program, call 608-723-3236.



Have card, will travel

Looking for a discreet way to tell airport security you have a medical condition? The Transportation Security Administration offers a printable card you can show. You can find it at www.tsa.gov. Search for "notification card."



PAIN BY THE JOINT

Treating common problems where bones meet

It's pretty easy to take most of the 200-plus joints in the body for granted—until something goes awry. Then, certainly, an ailing joint gets your attention, as anyone can attest who's ever experienced an arthritic hip, a throbbing knee, or any other kind of painful problem in a place where two or more bones meet.

If, by chance, you're coping with an aching joint right now,

there are likely some remedies available to ease your pain. Of course, your doctor is the go-to person for specific advice on your case.

In the meantime, here's a look at some of the most effective treatments for common problems in some of the major joints, with information from the American Academy of Orthopaedic Surgeons and the National Institutes of Health (NIH).

ELBOWS

Even if you've never picked up a tennis racket, you've probably heard of tennis elbow, an inflammation of the tendons that join the forearm muscles on the outside of the elbow. What you might not know is that tennis elbow can strike anybody who overuses these muscles, from factory workers to house painters.

The first step toward recovery is resting your arm. Pain relievers, muscle-strengthening exercises and the use of a forearm brace can also ease the pain of tennis elbow. If these nonsurgical treatments aren't effective, your doctor may advise surgery.

HIPS

Arthritis is the major cause of hip pain and disability. It wears away the protective cartilage that cushions the ends of bones and helps the hip joint glide. If cartilage disappears completely, bones rub directly against each other, making movement very painful.

The damage arthritis causes can't be reversed. Still, there are things that can help control the pain of mild arthritis and slow the disease's progression:

- Physical therapy or activity that includes gentle, regular exercise, such as swimming or cycling.
- Pain relievers, such as ibuprofen or acetaminophen.
- Weight loss, if you carry extra pounds.

If a hip is severely damaged by arthritis, hip surgery may be a good option. The damaged hip is replaced with one made of metal or other materials in a relatively routine surgery. Most people who undergo hip replacement surgery experience a dramatic reduction in pain.

According to the NIH, the surgery can be very successful in younger people as well as those older than 60. And some research suggests that people who choose surgery before a hip joint becomes severely damaged tend to recover more easily and have better outcomes than those with more advanced deterioration.



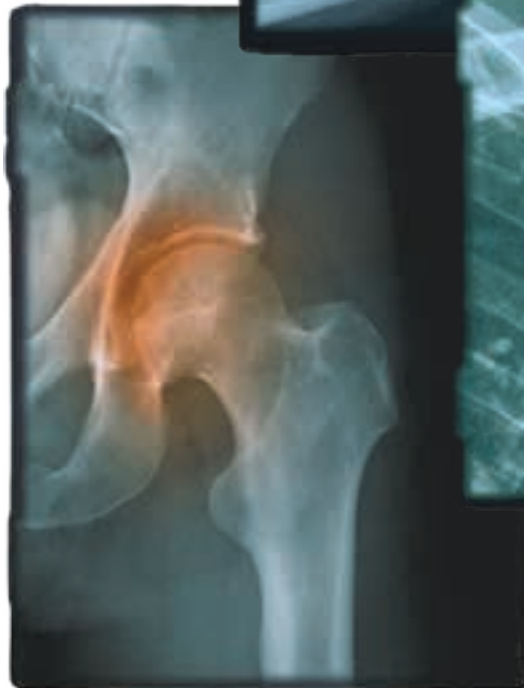
SHOULDERS

If you twist your shoulder very hard, you might dislocate it—meaning that the ball at the top of the bone in your upper arm has popped out of its socket. Expect severe pain and an abnormally shaped shoulder. See a doctor right away. Typically, he or she will be able to push the ball of the upper arm back into its proper place.

Another common shoulder injury is a rotator cuff tear.

Your rotator cuff stabilizes your shoulder joint. It's made up of several tendons (bands of tissue that connect muscles to bones) and four muscles that cover the top of the upper arm bone. You can tear this part of your body in a fall or other mishap. But most tears occur because the tendons slowly wear down with age, which is why people over 40 are at greater risk.

Resting your shoulder, using pain medication and participating in physical therapy may be all that's necessary to help you heal. In some cases, surgery may be needed.



KNEES

As it can in the hip, arthritis can occur in the knee. And like a hip, a severely

arthritic knee can be replaced with an artificial one through surgery—a choice that hundreds of thousands of Americans will opt for this year.

The largest joint in the body, the knee is also one of the most easily injured. Get medical treatment for an injury right away if you:

- Hear a popping noise and feel your knee give out.
- Have severe pain.
- Can't move your knee or start to limp.
- Have swelling at the injury site.

One of the most common knee injuries is a tear in the anterior cruciate ligament (ACL), tissue that acts like strong rope to keep the knee stable. Changing direction rapidly, slowing down when running and landing incorrectly from a jump all can cause an ACL injury. When an ACL is torn, it often needs to be repaired with surgery.

The good news: ACL repairs are generally done arthroscopically, requiring only small incisions, which can help speed recovery. This minimally invasive surgery can also be used to fix a torn meniscus, an easily injured piece of cartilage that acts like a shock absorber in the knee.

Our orthopedic surgeon Brad Binsfeld, DO, specializes in joint replacement. Call 608-723-2131 to schedule a visit with him at Grant Regional Community Clinic.

MORE INFORMATION To learn more about effective treatments for joint problems—including those in your hands and feet—visit www.orthoinfo.aaos.org.



WELLNESS

SLUMBER ~ON~

Why sleep is so important

If you've had a bad night's sleep, you may see it in your face the next morning. But chances are the rest of your body—including your brain—is paying for it too. ♦ No matter who you are, sleep is essential for good health. It can help you make memories and good decisions, and it can help prevent illness. If you're not sure you believe in the benefits of a good night's sleep, these facts just might change your mind.

Myth I do fine on just a few hours of sleep.

Fact Adults typically need seven to nine hours of sleep per night. Sleeping less can affect your mood, memory, energy level and productivity.

A chronic lack of sleep is also linked to serious health conditions, such as diabetes, obesity, depression and heart disease. And once you have these problems, getting too little sleep can make it harder to manage them.

Myth If I'm not sleeping enough during the week, it's OK to catch up on the weekend.

Fact While sleeping in on a weekend may seem like a sound strategy, keeping a regular bedtime and waking schedule—and sticking with it as much as possible—is a better plan.

Changes in your sleep schedule, even if you're supposedly catching up, can interfere with your sleep cycle, which



Call Holli Folmer, Sleep Study Technologist, at 608-723-3321 for more information on our sleep lab.

may mean more lost sleep and fatigue in the long run.

Myth Exercising before bed will help me sleep.

Fact Physical activity can be a sleep aid—but only if you time it right.

Exercising close to bedtime can invigorate you and make getting to sleep more difficult. If you normally work out at night, try switching to a morning routine. If you have to wait until later in the day, try not to exercise for at least three hours before you hit the sheets.

GET MORE SHUT-EYE If you're having trouble drifting off, simple changes may help. Try these:

- Relax before bed with a good book or a warm bath.
- Avoid naps, particularly after 3 p.m. If you do nap, keep it short—limit it to no more than 20 minutes.
- Don't eat a large meal or drink too many fluids close to bedtime.

Source: National Institutes of Health

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
■ Abby Allen, PA-C
■ Brad Binsfeld, DO
■ Erin Huebschman, MD
■ Janet Laban, APNP
■ Sheirlie LaMantia, MD
■ Laurie Meighan, APNP
■ Kelly Muench, PA-C
■ Adam Schope, MD
■ Carl R. Sunby, MD

High Point Family Medicine
507 S. Monroe St.
Lancaster, WI 53813
608-723-3100
■ Misty Nemitz, APNP
■ 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
■ Robert J. Smith, MD
■ Jolene Ziebart, APNP

Family Medical Center
9177 Old Potosi Road
Lancaster, WI 53813
608-723-4300
■ Renee Edge, 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
■ Eric Slane, MD
■ Eric Stader, MD
■ Jessica Varnam, MD

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: Friday, Feb. 19, 1 to 5:30 p.m.; Monday, March 28, 9 a.m. to 1 p.m.; Friday, April 22, 2 to 6:30 p.m.
Mobile Unit: Tuesday, May 24, 9 a.m. to 1 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.

Nicole Clapp
President/CEO

Dawn Bandy
Chief Financial Officer

Jennifer Rutkowski
Vice President of Professional Services

Rochelle Williams
Marketing Coordinator

Stacy Martin
Human Resources

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.

Models may be used in photos and illustrations.

2016 © Coffey Communications, Inc. All rights reserved.

HEALTH SCENE

WINTER 2016