



Grant Regional Health Center

507 S. Monroe St. • Lancaster, WI 53813 • 608-723-2143

You're the Center of Everything We Do.



WIN A FREE MAMMOGRAM!

Sign up for a chance to win one of five mammograms to be given away after the end of October.

SEE PAGE 7 ►

HEALTH SCENE®

JOURNAL OF WELLNESS AND GOOD HEALTH CARE • FALL 2013

Other choices for your primary care

Doctors aren't the only health care professionals who can be primary care providers. Other options include: **Physician assistants (PAs).** PAs work under the supervision of a licensed physician. They have medical training and clinical experience in primary care. They also must pass a national certification exam.

Nurse practitioners (NPs). NPs begin their careers with registered nurse training. They then go on to advanced graduate training. Most NPs have master's degrees. Many have doctorates.

In general, most PAs and NPs can offer normal primary care services, such as:

- Physical exam and diagnosis.
- Health education and disease prevention.
- Treatment for acute problems, such as setting broken bones, and chronic conditions, such as diabetes or high blood pressure.
- Ordering and interpreting lab tests.
- Prescribing medicine.
- Referral to specialists, if necessary.

Providers must be licensed by the states in which they practice. Their legal roles may vary from state to state.

Sources: American Academy of Nurse Practitioners; American Academy of Physician Assistants



PRIMARY CARE PHYSICIANS YOUR PARTNERS IN HEALTH

A cough that won't go away. A swollen ankle. A sore wrist. These could signal something as benign as a common cold or a mild sprain or as serious as cancer. ♦ It's nice to know you can take these concerns to someone you trust—someone who knows more than just your name. That person is your primary care physician (PCP).

PCPs can respond to health issues ranging from the straightforward to the more complicated. And they are already familiar with you and your health care needs.

NOT JUST ANY DOCTOR

When you have a health issue, your PCP is the first person you call. They are doctors who specialize in treating the whole person.

For example, they can:

- Offer preventive care.
- Answer medical questions with sound advice that's specific to your health.
- Manage care for chronic conditions, such as diabetes or heart disease.
- Refer you to a specialist, such as a neurologist, surgeon or oncologist, when you need to see one.
- Coordinate your health care, lab tests and

medications among multiple health care providers.

CHOOSING A PCP A good relationship with your PCP can have a positive effect on your health and health care. If you don't already have a PCP, make choosing the right one a priority. Look for someone with whom you feel comfortable and you believe you can trust.

Be sure to choose the right doctor for your age and health history. Often, PCPs are internists, family physicians or pediatricians.

Family physicians treat people of all ages, from infants to older adults; pediatricians specialize in children's health; and internists focus on health issues common just to adults.

Sources: American Academy of Family Physicians; American College of Physicians

To find a primary care physician, call 608-723-2131.

HEALTH BITS

CEREAL CREDENTIALS

When picking out morning breakfast cereals, look for ones that have 2.5 grams or more of dietary fiber per serving. Fiber helps with digestion.

Academy of Nutrition and Dietetics



PUMP FOR POWER

Adults lose approximately 4 to 6 pounds of muscle a decade, one reason why weight training is crucial as we age. It improves muscles, strength, balance and bones.

American Council on Exercise



SPREADING OUT

Tired of plain old peanut butter? Try sunflower seed butter or almond butter. Both are lower in saturated fat than peanut butter. Enjoy them on sandwiches, whole-grain crackers or raw vegetables.

Academy of Nutrition and Dietetics

HEALTH TALK NEWS, VIEWS & TIPS

Why kids need the flu vaccine

At its best, the flu is miserable. At its worst, it can be a serious health threat.

That's especially true for young children.

Kids are at high risk for complications from the flu, like ear infections, croup, lung infections and pneumonia—which is why it's so important to protect your little ones from the flu. And the best way to do that is to be sure they get the flu vaccine.

The flu shot can be given to babies once they reach 6 months old. Another flu vaccine, a nasal spray, can be given to kids once they reach 2 years old.

Your child needs the vaccine every year, because the flu virus changes from year to year and protection fades.

It's best to get the vaccine as soon as it's available each fall.

But getting the shot any time throughout the winter months—and even into spring—can help your child fend off the flu and its complications.

Sources: American Academy of Pediatrics; Centers for Disease Control and Prevention



RHEUMATOID ARTHRITIS

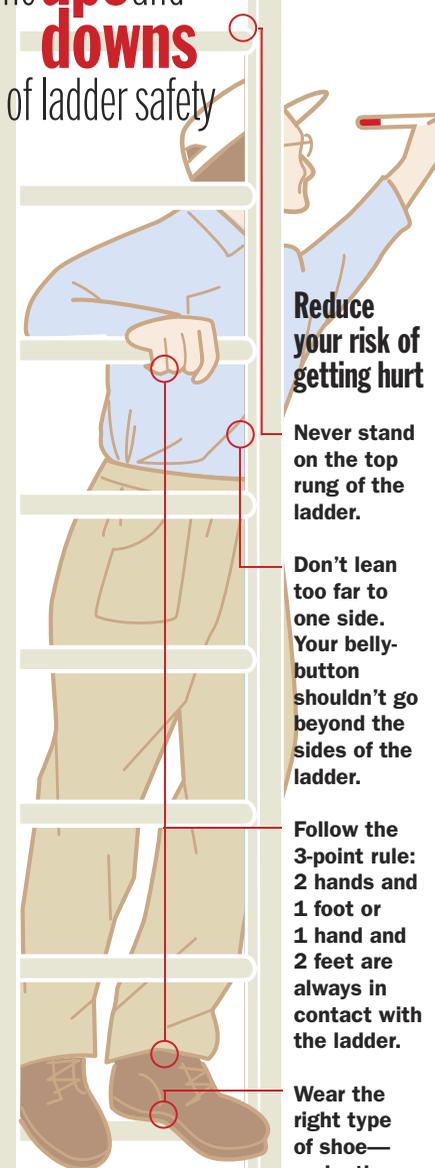
Women's bones at high risk

Simply being a woman puts you at increased risk for the bone-thinning disease osteoporosis. And if you happen to have rheumatoid arthritis (RA), the likelihood of developing the disease goes up even more. That's because: ● Glucocorticoid medicines often used to treat RA can cause loss of bone mineral density over time. With prolonged use, bones may get weaker and more prone to fractures. ● RA itself may cause bone loss, especially around affected joints. ● Pain and stiffness might keep you from getting enough weight-bearing exercise, which helps strengthen bones.

WHAT CAN YOU DO? It's a good idea to ask your doctor about RA and osteoporosis. Find out if you need a bone density test to check on the health of your bones. And to help keep your bones strong, also ask about: ● How much calcium and vitamin D you need. Good sources of calcium include low-fat dairy products; dark, green leafy veggies; and fortified foods. Your doctor may suggest taking a vitamin D or calcium supplement too. ● Ways to safely exercise. Exercise is important for bone health, but it has to be balanced with rest when your RA is active. ● Whether you need medicines to help protect your bones.

Sources: Arthritis Foundation; National Institutes of Health

The ups and downs of ladder safety



Reduce your risk of getting hurt

Never stand on the top rung of the ladder.

Don't lean too far to one side. Your belly-button shouldn't go beyond the sides of the ladder.

Follow the 3-point rule: 2 hands and 1 foot or 1 hand and 2 feet are always in contact with the ladder.

Wear the right type of shoe—no leather soles—and make sure the soles are clean and the laces tied.

Never place a ladder on an uneven floor or ground.

Coffey infographic with information from the American Academy of Orthopaedic Surgeons and the Centers for Disease Control and Prevention

More than **160,000** ladder-related injuries are treated in U.S. hospital emergency departments every year.

Quiz time: How much do you know about ovarian cancer?

Ovarian cancer is fairly rare—only about 3 percent of all women's cancers start in the ovaries. But the disease kills more women in the U.S. than any other kind of reproductive cancer.

Take this quick quiz to learn more about this uncommon but deadly cancer.

1 Which of these might increase your risk for ovarian cancer?

- A. Being 40 or older.
- B. Having a history of breast, uterine or colorectal cancer.
- C. Never having given birth.

- D. Having a history of endometriosis.
- E. All of the above.

2 What are the symptoms of ovarian cancer?

- A. Swelling, bloating or pain in the abdomen.
- B. Feeling full quickly.
- C. Having frequent headaches.
- D. Feeling like you need to urinate urgently or go more often than usual.
- E. A feeling of pressure or pain in the pelvic area.
- F. All of the above.

3 What, if any, steps can women take to lower their risk of ovarian cancer?

- A. Use birth control pills for five years or more.
- B. Talk to your doctor about genetic testing if your or your family's medical history puts you at high risk.
- C. Have surgery, such as undergoing a hysterectomy, removing both ovaries or having a tubal ligation.
- D. Quit smoking.
- E. Have regular Pap tests.

Answers: **1** E. Having a risk factor (or factors) doesn't mean you'll develop

ovarian cancer. And having no risk factors doesn't mean you won't get the disease.

2 A, B, D and E. Any of these can be caused by other conditions. However, if any symptom is a change from how you usually feel—for example, it's new, it's more severe or frequent than normal, or it doesn't go away—call your doctor.

3 A, B and C. Smoking increases your risk for many other cancers—just not this one. And Pap tests only screen for cervical cancer.

Sources: American Cancer Society; Centers for Disease Control and Prevention; National Cancer Institute



DEAN CLINIC—LANCASTER PURCHASED BY GRANT REGIONAL

GRANT REGIONAL HEALTH CENTER is excited to announce the acquisition of Dean Clinic in Lancaster. The clinic's new name is Grant Regional Community Clinic, and it became part of Grant Regional effective Sept. 30, 2013. The purchase of the clinic is consistent with the hospital's strategic plan to secure a strong foundation for health care in the region.

"The acquisition is part of our continuing efforts to expand the services of Grant Regional Health Center, as well as increase convenience for our patients," says Nicole Clapp, President/CEO, Grant Regional.

A STRONGER ORGANIZATION This development arose from discussions with Dean Health—Madison and will accomplish several goals, including securing a strong medical provider base in our region and linking the hospital and clinic to provide a closer network for quality health care services. Under the same ownership, it will create a single, stronger organization to better serve the residents of Lancaster and surrounding communities.

Grant Regional will employ Erin Huebschman, MD; Sheirlie LaMantia, MD; Katherine McQuillan, APNP; Laurie Meighan, APNP; and Kelly Muench, PA-C. Specialty

care such as orthopedics and rheumatology will continue their current rotation schedules.

Grant Regional's goal is to accept a wider variety of insurance plans at the clinic. Dean Health Plan will continue to be accepted at the new clinic. Grant Regional is in the



**GRANT REGIONAL
COMMUNITY CLINIC**

process of applying for additional insurance panels and will notify patients as soon as they are approved and can be accepted at the clinic. Questions regarding insurance can be directed to the hospital's business office by calling **608-723-3202**. Patients can also call the phone number located on their insurance card if they have any questions regarding insurance coverage prior to visiting the clinic.

The clinic will remain open Monday through Thursday, 7 a.m. to 7 p.m., and Fridays, 8 a.m. to 5 p.m. To reach the clinic by phone or to schedule appointments, please continue to call **608-723-2131**.

COMMUNITY ROOTS Formerly known as Grant Community Clinic prior to Dean ownership, the clinic has a long-standing history in Lancaster. It was located on North Madison Street before relocating to the lower level of Grant Regional in 1998.

"We know how important this clinic has been to our surrounding communities for many years, and we are very proud to continue their tradition of providing excellent health care," Clapp explains. "It was an opportunity presented to us that we simply couldn't pass up."

During recent focus groups coordinated by Grant Regional, area communities were asked what their current health care needs were. "Patients told us they want to keep their health care local instead of traveling out of the area. Our goal is to meet this very real need in our communities by offering more access and availability to additional providers and more insurance plans than the clinic was able to offer in the past," Clapp says.

For more information about the clinic acquisition or future updates, visit Grant Regional's website at www.grantregional.com.



Erin Huebschman, MD



Sheirlie LaMantia, MD



Katherine McQuillan, APNP



Laurie Meighan, APNP



Kelly Muench, PA-C

To reach the Grant Regional Community Clinic by phone or to schedule appointments, please continue to call 608-723-2131.

THE FLU

WHY YOU NEED PROTECTION

YOU COULD DO without the miserable symptoms—the body aches, chills and sore throat—and the missed days from work or school. The flu can cause a lot of hard times when it rolls into town each year.

Getting vaccinated, ideally before flu season starts, is the best way to shut the door on this unwanted visitor. In fact, everyone age 6 months and older should do that every year, recommends the Centers for Disease Control and Prevention.

The flu isn't just a bad cold. Some people develop serious flu complications—such as pneumonia—and need to be hospitalized. For people at high risk of these complications—as well as those who live with or care for them—getting the yearly flu vaccine is especially

important. This includes:

- Those with certain medical conditions—such as diabetes or kidney disease—and asthma or other chronic lung diseases.
- Adults 65 and older.
- Pregnant women.
- Children age 4 or younger, but especially those younger than 2 years.

MORE THAN ONE OPTION Did you know that there's more than one kind of flu shot and that you might not have to get poked with a needle at all?

In addition to the regular flu shot for everyone age 6 months and older, options include:

- A high-dose shot for those 65 and older. The vaccine is intended to provide a stronger immune response, which can decrease with age.
- An intradermal shot (which uses a smaller needle) approved for adults up to age 64.
- A nasal spray vaccine for healthy people ages 2 years to 49. It's not approved for pregnant women, however.

Check with your doctor about which flu vaccine is

right for you.

A YEARLY MUST-DO You may wonder why you have to get the flu vaccine every year. Simply put, last year's vaccination might not protect you this year. Here's why:

Flu viruses can change, so the vaccine may need to be updated to protect against strains that may be different from the previous year. Also, the immunity you get from the vaccine fades with time. For both reasons, you may be vulnerable if you don't get vaccinated every year.

It's best to do that as soon as the vaccine is available—usually early in the fall. But it's not too late even in winter, since flu season can linger into spring.

It's true that you can still get the flu even if you get vaccinated. How well the vaccine works can depend on your age, overall health and how closely the vaccine matches the circulating viruses.

Even though the vaccine isn't perfect, it's still your best defense against the flu.

It's best to get the flu vaccine as soon as it's available. Call Grant Regional Community Clinic at **608-723-2131** to schedule your flu shot appointment.



FEATURE

MEASURE YOUR KNOWLEDGE

BLOOD
PRESSURE

Eat oatmeal with fruit for breakfast. Check! Take a 15-minute walk at lunch. Check! Get eight hours of sleep. Check! What's an important item missing from this list of healthy habits? A blood pressure check. ♦ Getting your pressure checked on a regular basis is crucial for one simple reason: If it's too high, it can damage many parts of your body—including your heart and brain. ♦ Read through this Q&A to learn more about blood pressure and the measures you can take to stay healthy.

Learn more about what causes high blood pressure, how to manage it, and how to lower your risk for complications with our “High Blood Pressure” health tool at www.grantregional.org



Q Why is high blood pressure so dangerous?

▣▣▣ High blood pressure (also called hypertension) sneaks up on you quietly—it rarely has any warning signs or symptoms. (Some people think if your pressure is too high, you'll feel nervous or you'll sweat a lot. But that's not true.)

Blood pressure is the force of blood against the walls of arteries. When that force is too strong, it can damage arteries. This raises your risk for serious health problems such as heart attack, stroke, heart or kidney failure, and eye damage.

Q How often do I need to get my pressure checked?

▣▣▣ According to the American Heart Association, you need to have your blood pressure measured at least once every two years, starting at age 20.

That's often enough if your pressure is within a healthy range. However, if your readings are high, your doctor may want to measure your pressure more often. Ditto if you're at high risk for developing hypertension. Some people also track their blood pressure with a home monitor.

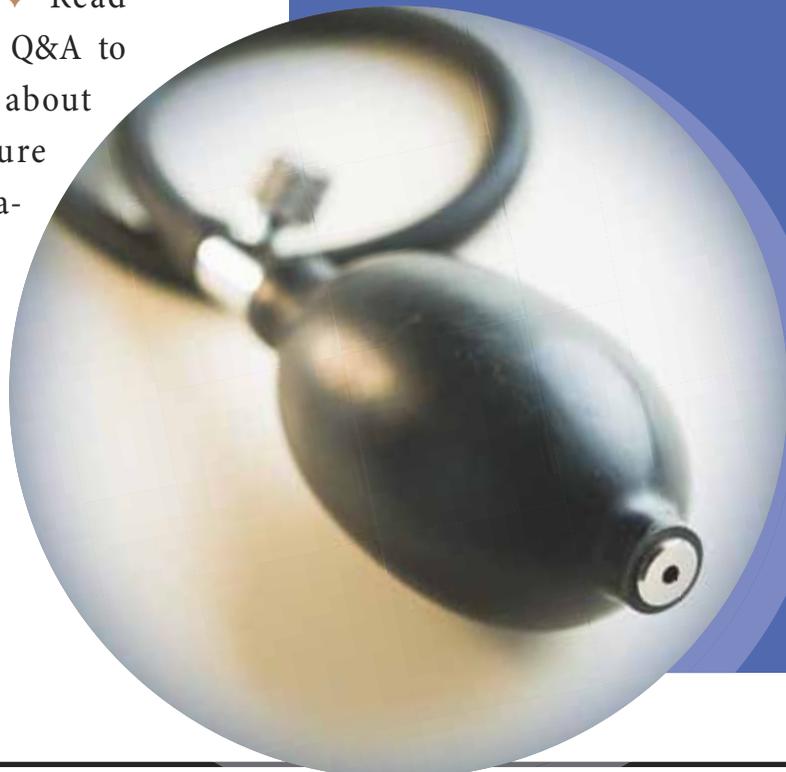


Q What numbers should I aim for?

▣▣▣ Most people should set their sights on having a blood pressure measure of less than 120/80 mm Hg. The higher number (systolic) tells you the force of blood when your heart is beating, while the lower (diastolic) measures the pressure when your heart is at rest.

If you have a systolic number of 120–139 or a diastolic number of 80–89, then you have prehypertension. If those numbers go above 140 or 90 and stay there, then you have high blood pressure.

For people with diabetes or chronic kidney disease, 130/80 is considered too high.

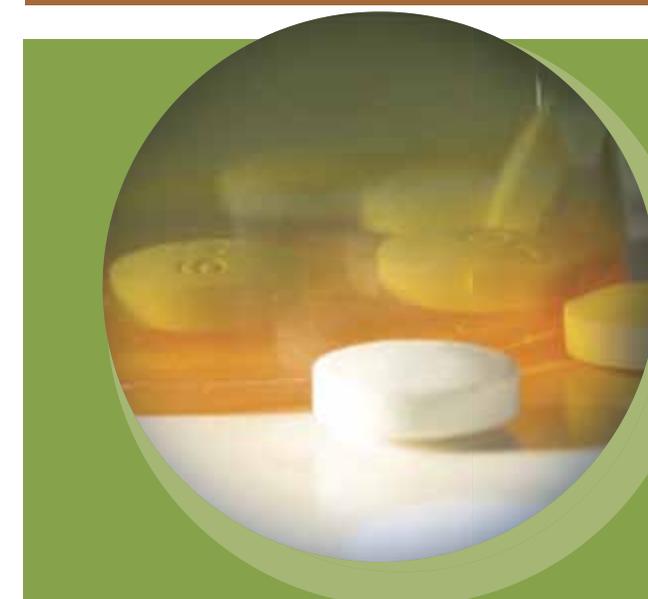


How it affects the body and ways to prevent it. Go to National.com/BloodPressure.



Q What lifestyle changes can help?

▣▣▣ High blood pressure does damage on a daily basis. That's why you need to take action every day to help protect yourself. Work to: ● Keep tabs on your sodium intake. Try to eat no more than one teaspoon of salt (1,500 milligrams) a day. ● Stay at a healthy weight. ● Exercise on a regular basis. ● Quit smoking, if you smoke. ● Manage stress.



Q How is high blood pressure treated?

▣▣▣ The first line of treatment for high blood pressure is always lifestyle changes—eating a healthy diet, exercising, stopping smoking (if you smoke), maintaining a healthy weight and managing stress. Your doctor may also prescribe medication to lower your blood pressure. It's important to faithfully follow all parts of your treatment plan. That's the only way to consistently keep your blood pressure at healthy levels.

Q Can kids have high blood pressure?

▣▣▣ Yes, they can. It's a myth that the disease strikes only middle-aged and older adults. Children of all ages—even babies—can have high blood pressure. Kids who are overweight are at particular risk of developing the disease.

Talk with your pediatrician to find out what's a healthy blood pressure for your child—it will vary depending on gender, age and height. As with adults, if you find and treat high blood pressure in children at an early stage, you can help prevent serious health issues.



Q Are there any gender differences in high blood pressure?

▣▣▣ High blood pressure is an equal opportunity condition—men and women have the same lifetime chance of developing it. However, hypertension does practice some gender-related age discrimination. It strikes more men when they are 45 or younger but more women 65 and older.

For women, this late-in-life surge may be related to hormonal and other changes that result from menopause. Even women with normal blood pressure their whole lives have a significantly increased risk of having it go up after menopause.

Additional source: National Institutes of Health

BREAST CANCER

Moving forward

ADVICE FOR MANAGING TREATMENT SIDE EFFECTS

There's no denying the incredible benefits of breast cancer treatments. Millions of women in the U.S. are alive today because of them. ♦ But there's also no denying this: Those treatments often come with unpleasant side effects. Some are short-term; others linger for a while. ♦ If you're a woman with breast cancer, managing side effects is an important part of your treatment plan. After all, it's hard to do everyday things like eat, go to work or even continue with your treatments if you're feeling sick to your stomach or so tired you can barely get out of bed.

What follows is a list of common side effects of breast cancer treatments—what may cause them and possible ways to cope. Also talk to your doctor and the rest of your cancer team. They can offer additional suggestions and make sure you're getting all the help you need and deserve.

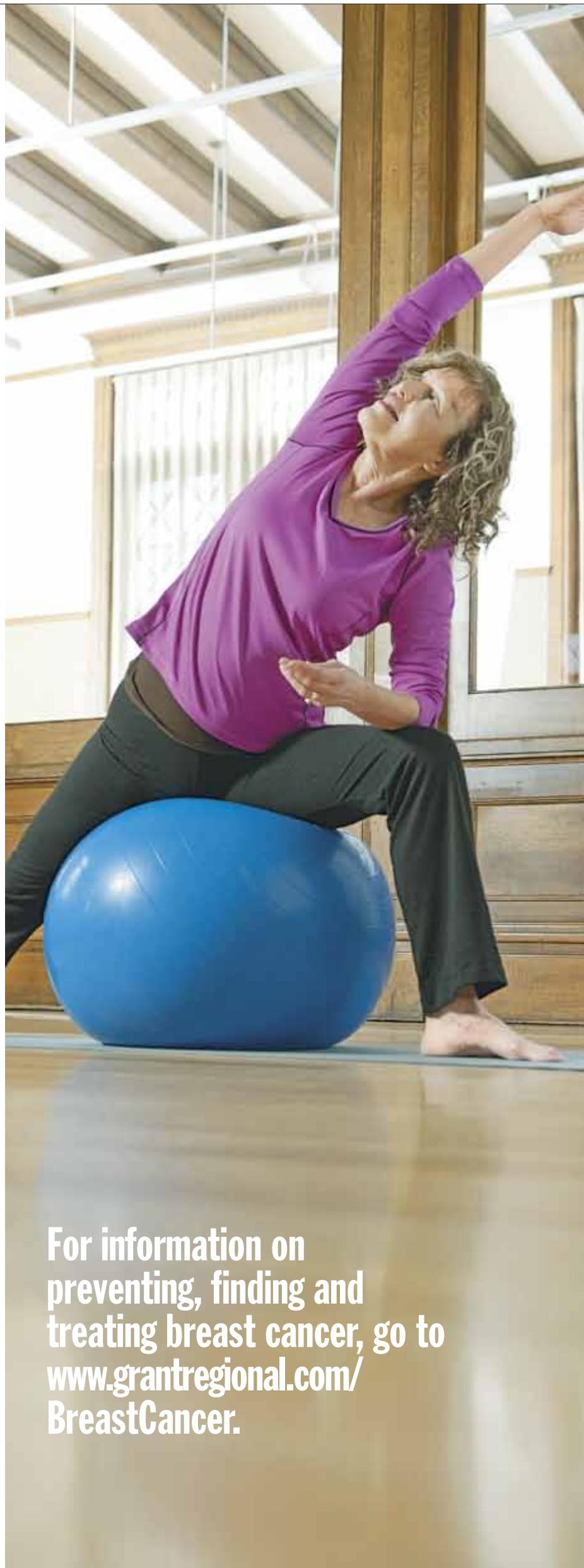
FATIGUE Causes: Feeling really tired is the most common side effect of breast cancer treatments.

It can result from having surgery, chemotherapy or radiation therapy or from taking hormone therapies (such as tamoxifen or raloxifene) or targeted therapies (such as everolimus or pertuzumab).

What you can do: Short naps are your friend. Also, try to organize your days in ways that best use your energy. Include plenty of protein in your diet, and aim to get at least four hours of exercise a week. Exercise may seem hard when you're exhausted, but start slow and gradually build up your stamina.

You might also consider acupuncture, massage or other alternative techniques.

NAUSEA Causes: Nausea and vomiting can be triggered by chemotherapy or



For information on preventing, finding and treating breast cancer, go to www.grantregional.com/BreastCancer.

radiation treatments, hormone or targeted therapies, or pain medications.

What you can do: Several prescription medications can help ease nausea. Don't hesitate to ask your doctor about them. Try eating small, frequent meals. Stick with dry foods like cereal, and stay away from greasy food. Eat a light meal several hours before a chemotherapy session. Some people also find that biofeedback or relaxation techniques can help curb nausea.

SKIN PROBLEMS Causes: External beam radiation can cause sunburnlike changes to the skin. And hormone therapy can make skin dry.

What you can do: Avoid hot water and harsh soaps. Use cornstarch (not talc) to absorb moisture from the skin. Keep the treated area out of the sun as much as possible. A variety of moisturizers and creams can help protect skin. For severe skin problems, your doctor may suggest hyperbaric oxygen therapy.

MEMORY PROBLEMS Causes: Many women who are treated for breast cancer report problems with memory and concentration. Chemotherapy drugs are one cause. (It's sometimes dubbed chemo brain or chemo fog.) But radiation therapy and hormone therapy can also trigger memory loss.

What you can do: Keep your brain busy with puzzles or reading. Create a routine, or even a list, to take you through your day. Write everything down—especially information from your doctor.

WEIGHT CHANGES Causes: Losing or gaining weight may happen with some types of targeted therapies and chemotherapy as well as several hormone therapies.

What you can do: Talk with your doctor about staying at a good weight for you. A healthy diet is important during treatment.

If you're concerned about gaining pounds, watch your fat, salt and sugar intake. Also, try to keep up your exercise routine. If losing pounds is a problem, snack on food high in protein but low in fat. Try eating small meals or snacks every hour.

LYMPHEDEMA Causes: Surgery to remove lymph nodes or radiation to the lymph nodes can cause fluid to build up in the arm on the same side as the breast cancer.

What you can do: For mild cases of lymphedema, getting exercise and losing weight may be enough. Avoid having a blood draw or a blood pressure measure on the affected arm.

For more serious problems, consult a specialist. You might use compression bandages or a drainage pump. Sometimes laser therapy can help.



EARLY DETECTION, TREATMENT AND SUPPORT

Diana Arians confronts the challenges of breast cancer

“I NEVER THOUGHT it could happen to me,” Diana Arians, of Lancaster, says, remembering when she was first diagnosed with breast cancer in 2005. “It literally pulls the rug right out from underneath you and your whole world.”

Diana was only 35 years old at the time, just a few years before the recommended age to begin routine mammograms, which is 40 years. “It’s so ironic that you go from feeling fine and healthy one day, to the next minute you’re caught up in a whirlwind of test results, treatment plans and then the reality starts to sink in,” Diana says.

In 2011, Diana discovered a lump. A follow-up ultrasound didn’t detect anything conclusive, but she wasn’t convinced. “Something told me to not let it go,” Diana explains. Because of her intuition and good sense, the saying “early detection is the best protection” has proven true in her treatment and recovery.

THE RIGHT RESOURCES “Both times, Grant Regional was absolutely supportive and helped me in so many ways. My physician, Dr. Sheirlie LaMantia, who had personally called me at home to share the results, was an excellent resource and put me in touch with cancer treatment right away.”

In March 2013, Diana started treatment with a new mixture of drugs after the scans revealed that the cancer was starting to grow again. “Last time I had only had Herceptin as my maintenance drug, and now they have added another drug to that for my maintenance,”



explains Diana. “I will be doing that concoction as long as the cancer doesn’t grow. When/if it grows, I will start chemo again. My side effects are minimal, and I am able to basically do everything I was doing. I do tire a little more easily, but not sure if that’s from the drugs or from running around with all my kids’ activities! I try not to dwell on it—it is what it is—and we all have struggles in life. They continue to come out with new

drugs, and hopefully they will continue to work for me,” Diana says.

“I consider myself a strong individual, but the concern and support from physicians and staff at Grant Regional gave me even more strength to get through this. It’s so important to me to be here for my children and watch them grow up. And that’s definitely something worth fighting for!”

YOU COULD WIN A FREE MAMMOGRAM!

Breast cancer awareness campaign

OCTOBER IS NATIONAL Breast Cancer Awareness Month (NBCAM), and Grant Regional Health Center is teaming up with BMO Harris Bank and the Grant County Cancer Coalition in promoting breast cancer awareness. During the month of October, visit BMO Harris Bank in Lancaster or Grant Regional to sign up for a chance to win one of five mammograms to be given away after the end of October. Plus, other great door prizes will be given away at the end of the month. These three organizations invite you to invest in a healthy future—schedule a mammogram today!

Fortunately, since this national awareness campaign began in 1985, breast cancer deaths have declined. However, even with this exciting progress, there are still women who do not take advantage of early detection at all, and others who do not get screening mammograms and clinical breast exams at regular intervals. This may be due, in part, to the fact that mammography costs have more than doubled for women age 50 and older. For women without insurance or the ability to self-pay, it becomes extremely difficult to obtain this important health screening. Other factors include:

- Women age 65 and older are less likely to get mammograms than younger women, even though breast cancer

risk increases with age.

- Hispanic women have fewer mammograms than Caucasian and African American women.
- Women below poverty level are less likely than women at higher incomes to have had a mammogram within the past two years.
- Mammography use has increased for all groups except American Indians and Alaska Natives.

“If all women age 40 and older took advantage of early

detection methods—mammography plus clinical breast exam—breast cancer death rates would drop much further, up to 30 percent,” says Kim Moore, radiology manager. “The key to mammography screening is that it be done routinely—once is not enough.”

You can also enter to win a free mammogram by going to www.grantregional.com and clicking on “Pink Ribbon Contest.” To schedule a mammogram, contact Grant Regional at 608-723-2143, ext. 246.



National Breast Cancer Awareness Month

ENTRY FORM

Return this entry form to BMO Harris Bank, Lancaster, or Grant Regional Health Center for a chance to win great prizes. Or mail this entry form by Oct. 31 to:
Grant Regional Health Center, 507 S. Monroe St., Lancaster, WI 53813

Name: _____

Address: _____

Phone: _____



TAKE



QUESTIONS FOR THE EXPERTS

We asked members of our medical staff to answer questions about some common health concerns.



Nicole Frei
Massage Therapist
 Grant Regional Health Center
 608-723-9202

Q Are there health benefits to getting a massage?

A The promise of blissed-out relaxation might be a good enough reason to schedule a massage. But that's not all this soothing practice appears to offer.

It turns out that under the hands of a professional massage therapist, you may reap benefits beyond simply feeling good.

Although scientific evidence on massage is limited, the modern forms of this ancient healing art—including Swedish, deep tissue and sports massage—have been shown to:

- Relax the nervous system by lowering heart rate and blood pressure.
- Enhance immune function by lowering stress hormones and pain hormones.

- Soothe sore muscles.
- Massage therapy may be especially helpful for people with: ● Anxiety. ● Cancer. ● Carpal tunnel syndrome. ● Hypertension. ● Knee pain from osteoarthritis. ● Low-back pain. ● Migraines.

Researchers are testing whether massage also helps other conditions, including depression, pain from sickle cell anemia, and fatigue and swelling caused by chemotherapy.

No matter why you seek massage therapy, choose a trained, properly credentialed professional.

As long as you do, massage has few serious risks. However, never use it to replace regular medical care.



Eric Stader, MD
Family Medicine/OB
 High Point Family Medicine
 608-723-3100

Q I'm having a lot of heel pain. Someone told

me I might have plantar fasciitis. What's that?

A About 2 million Americans seek treatment every year for this common condition. Plantar fasciitis occurs when the band of tissue that connects your heel to the base of your arch becomes irritated and damaged.

Some people say the resulting pain is like being stabbed with a knife in the bottom of the foot. Typically, the pain is most noticeable when you first get up in the morning and after—but not during—exercise.

Simply growing older puts you at risk for plantar fasciitis. So does being flat-footed or overweight, having diabetes, spending a lot of time on your feet, or increasing your activity level too quickly.

Sometimes, spending less time on your feet can improve the condition. Losing weight if you're overweight or wearing special shoes or shoe inserts may be helpful as well.

Often, doctors recommend stretching and taking medications to reduce pain and inflammation. Your doctor may suggest that

you work with a physical therapist.

If you're still having problems after your initial treatments, there are other things that may help, including surgery.



Erin Huebschman, MD
Family Medicine/OB
 Grant Regional Community Clinic
 608-723-2131

Q I've read some bad things about vaccines. Do I really need to vaccinate my baby?

A It's natural to wonder and worry when you hear rumors about vaccines. But the truth lies in the science. Time and again studies show that vaccines are safe—and that they save lives.

Those shots help protect your little one from 14 different illnesses—all serious, and some deadly. Among them: ● Polio. ● Whooping cough.

- Measles. ● Hepatitis A and B.

Some of these illnesses appear rarely, if at all, in the U.S. But that's not a good reason for skipping vaccines.

People who have not been vaccinated may carry those diseases here from other countries. Measles, for example, is common in many other countries—including countries in Asia, Africa and Europe. Without vaccinations to keep the disease at bay, it could quickly resurge here in the U.S. as well.

Not only should you make sure your baby gets the recommended vaccines, but you also need to be sure your child has them on schedule. This is important for two reasons:

1 Infants are often the most susceptible to the illnesses and the harm they can do. Starting vaccines early means your child is protected as soon as possible.

2 The vaccine schedule takes into account both when the vaccine will work with your child's immune system to be the most effective and the best spacing between doses so the vaccine will provide the most protection possible.

PROVIDER LISTING



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

Grant Regional Emergency Department
 507 S. Monroe St.
 Lancaster, WI 53813
 608-723-2143
 ■ Eulogio Aguilar, MD
 ■ Jerry Fushianes, PA-C
 ■ Liz Hinkley, APNP
 ■ Les Newhouse, PA-C
 ■ 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

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

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

Grant Regional Community Clinic
 507 S. Monroe St.
 Lancaster, WI 53813
 608-723-2131
 ■ Erin Huebschman, MD
 ■ Sheirle LaMantia, MD
 ■ Laurie Meighan, APNP
 ■ Katherine McQuillan, APNP
 ■ Kelly Muench, PA-C
 ■ Ronald Reschly, MD

Save lives by donating blood



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 Janis Waddell at 608-723-2143, ext. 216.

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

■ Wednesday, Oct. 23: 2:30 to 6:30 p.m.
 ■ Thursday, Dec. 26: 2:30 to 6:30 p.m.
 ■ Wednesday, Nov. 27: 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.