

VIM &

FALL 2017



# Stronger Than You Know

**29** ways to be resilient in the face of life's challenges

**PLUS** Cancer made **Kathy Bates** a survivor and an advocate

CELEBRATE FITNESS AND WELLNESS AT ANY AGE

**For one hospital, renovation brings life back into the community**

ARE YOU SICK ENOUGH TO HEAD TO THE EMERGENCY ROOM?





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**Dedicated to the Cause**  
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# IMPROVING HEALTHCARE SEASON TO SEASON

*The leaves might be changing, but Willis-Knighton Health System remains dedicated to offering services fit for your lifestyle*



On Sept. 22, the autumnal equinox occurs—the 24-hour period when day and night are both 12 hours. Here in Louisiana, that's when we begin to see signs that fall is on the way, and nowhere is that more evident than on our beautiful campus at The Oaks of Louisiana.

What was once a country estate has been transformed into The Oaks of Louisiana, our region's premier senior living community. At this time of year, residents at The Oaks enjoy their patios and balconies, as well as fall gardening and nature walks. There's always plenty of activity at The Oaks of Louisiana, which you can read more about in Terrie Roberts' story on page 52.

One place at Willis-Knighton that has had new life and activity this year is the new WK Rehabilitation Institute. Of all the projects I've helped birth for Willis-Knighton, few have brought such a positive outpouring from the community, our physicians and our neighbors. At the gateway to downtown, the renovated building that was formerly Doctors' Hospital is once again serving patients. Read Darrell Rebouche's story on page 49 about our doctors and staff at their new work location.

Because the WK Rehabilitation Institute has a specialized focus, it does not include all the services found in our general acute care hospitals, including emergency services. That said, Willis-Knighton has four busy emergency departments at its other hospitals. Emergency departments are among the most expensive services in a hospital because they are open and staffed 24/7 and prepared to treat life-threatening situations. Marilyn Joiner's story on page 54 offers insights to help you determine the right place to receive healthcare: your doctor's office, a WK Quick Care urgent care center or the full-service emergency department. Check it out and know where to go.

I hope you will enjoy these stories and all the valuable health information in this fall issue. Resiliency is the theme, and you'll find it here at WK.

James K. Elrod  
President and CEO



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Elka Anderson



## PILLAR OF STRENGTH

*Resistance training isn't only for the young—learn how pumping iron can foster an independent lifestyle for all ages*

Most older individuals agree they need regular aerobic activity like walking, biking or swimming to maintain a healthy heart and lungs, as well as to keep their weight under control. However, many dismiss strength training as an activity fit only for young people.

Strength training uses resistance methods such as free weights, barbells and dumbbells, weight machines, resistance bands or a person's own weight to build muscle and strength. As with younger individuals, strength training has many benefits for seniors.

In fact, strength training in your 50s, 60s and 70s is critical because it helps fight physical declines associated with aging. Here are just some of the health benefits of strength training:

→ **Helps prevent fractures.** After age 30, bone density begins to diminish, especially for women post-menopause. Falls contribute to most fractures in older adults, which in turn can lead to hospitalization and loss of function, and frail bones are much less likely to support a fall. Bones become stronger when they are stressed more—hence strength training.

→ **Improves mobility.** The key to staying active and mobile is having strong muscles, yet muscle size and strength inevitably diminish as we age. But by stressing muscles, we build strength—strength needed to perform everyday tasks such as getting up from a chair, walking, climbing stairs, carrying groceries into the house and other tasks that are key to maintaining an independent lifestyle.

→ **Relieves arthritis pain.** By strengthening the muscles, tendons and ligaments around your joints, strength training can dramatically improve your range of motion. It can also cut down on pain by increasing the capability of muscles surrounding the joint, which in turn helps ease stress on the joint itself.

→ **Contributes to weight loss.** So you thought only cardiovascular exercise helped with weight loss? Not so. Although strength training alone does not burn as many calories as your brisk 3-mile walk, it does help boost your metabolism.

Remember, it's never too late to start incorporating strength training into your exercise routine, so take the first step to living a healthy, active and independent lifestyle in your 60s, 70s and beyond. Consult a physician before beginning any exercise program. A certified exercise specialist can assist you with designing a well-balanced exercise routine consisting of cardiovascular training, strength training and flexibility. ■



# Technology Update

Residents of Shreveport, Bossier City and the Ark-La-Tex look to Willis-Knighton for innovative care and technology. Here are exciting new options available from doctors at Willis-Knighton.

## **SMILE**

**Target:** Patients age 22 and older seeking vision correction surgery

**Solution:** SMILE uses the latest laser technology to gently remove a thin layer of corneal tissue through a tiny opening. This offers the next level of vision correction for myopia, or nearsightedness. The procedure, referred to as the next generation of vision corrections, takes just minutes, and patients describe it as painless.

► **Introduced by:** Christopher L. Shelby, MD, WK Eye Institute North and Pierremont, and Wyche T. Coleman, MD, WK Eye Institute South

## **ORBERA**

**Target:** Adults with a BMI of 30 to 40 who are willing to participate in a medically supervised weight loss program

**Solution:** ORBERA is a gastric balloon or soft silicone that is inserted into the stomach through a nonsurgical procedure and removed six months later. It includes an ongoing program of medically supervised weight management. The balloon creates a feeling of fullness, which gives the patient time to develop healthy eating and exercise habits. Studies have indicated that patients can lose up to three times the weight compared with diet and exercise alone.

► **Introduced by:** Moheb Boktor, MD, WK Bossier Gastroenterology

## **HELP FOR FAILING HEARTS**

As the region's leader in cardiology and heart surgery, Willis-Knighton is always seeking ways to enhance care for patients in our region. The Willis-Knighton Heart & Vascular Institute has introduced a heart failure clinic to assist patients who are transitioning from the acute care inpatient setting to post-acute care and, ultimately, back to their primary care provider. This 30-day period of care is designed to help provide ongoing monitoring and education as patients adjust to their medications and new protocols, with a goal of eliminating the need to return to the hospital for inpatient care. Following this period, the nurse practitioner returns the patient to the referring physician or primary cardiologist for ongoing medical care.



IMAGE BY THINKSTOCK

## BY THE NUMBERS



### LOOKING FOR A DOCTOR?

NO MATTER HOW YOU'RE FEELING, WILLIS-KNIGHTON IS DEDICATED TO GIVING YOU THE RIGHT HEALTHCARE.

# 4

FULL-SERVICE  
EMERGENCY ROOMS

# 5

QUICK CARE URGENT  
CARE CENTERS

# 1

QUICK CARE KIDS  
URGENT CARE  
CENTER

# 1

FIND A DOCTOR  
PHYSICIAN REFERRAL  
SERVICE

## ► UPCOMING EVENTS

### KEEP YOUR HEART AND BRAIN HEALTHY WITH HELP FROM THE OAKS



#### "THE BEAT GOES ON: LIVING WITH AFIB"

The truth is, a little fib—that is, atrial fibrillation or AFib—can lead to stroke, heart failure and other heart-related complications.

AFib is an irregular and often rapid heart rate that causes poor blood flow to the body. More than 2.5 million people are living with

AFib, according to the American Heart Association.

In conjunction with National Atrial Fibrillation Awareness Month, The Oaks of Louisiana is offering a seminar titled "The Beat Goes On: Living with AFib" as an opportunity to gain the latest information on the condition. Daniel Moller, MD, of Internal Medicine Associates, will give an in-depth talk and explain key points such as how you know if you have AFib and what can be done to correct it.

Join us from 5 to 6:30 p.m. Thursday, Sept. 14, in the Oak Room, The Oaks of Louisiana, 600 E. Flounoy Lucas Road, for hors d'oeuvres and an informative presentation by Dr. Moller.

Registration is required because of limited seating. Register online at [wkhs.com](http://wkhs.com) or call 318-212-8225. Cost: \$10 per person.



#### "IF MEMORY SERVES: ALZHEIMER'S MYTHS VS. REALITY"

Misplaced car keys. Forgotten names. Missed appointments.

We've all experienced senior moments—even if we're not seniors. Sometimes forgetfulness is a normal sign of aging and doesn't necessarily signal something more serious.

David T. Henry, MD, of Family Medical and Geriatric Center, will discuss

age-related memory loss—including what's normal, what's not and when to seek help—in "If Memory Serves: Alzheimer's Myths vs. Reality." Dr. Henry will also share warning signs of Alzheimer's, tips for increasing your memory and how to maintain brain health.

"If Memory Serves: Alzheimer's Myths vs. Reality" is from 5 to 6:30 p.m. Tuesday, Oct. 17, in the Oak Room, The Oaks of Louisiana, 600 E. Flounoy Lucas Road. It is open to the public. Cost: \$10, including hors d'oeuvres. Registration is required because of limited seating. Register online at [wkhs.com](http://wkhs.com) or call 318-212-8225.



# A WALK THROUGH CENTRAL PARK

**Active Aging Week begins with New York-themed walking program**



Holly Sanders was in a New York state of mind when she created the latest walking program initiative for residents at The Oaks of Louisiana.

Sanders, manager of The Oaks' Spa & Wellness Center and WK Fitness & Wellness group exercise coordinator, has devised a creative six-week program in conjunction with this year's Active Aging Week, Sept. 24 to 30.

Active Aging Week is the International Council on Active Aging's annual campaign that showcases the capabilities of senior adults and celebrates the positivity of aging today. The theme for 2017 is "Ignite Your Passion."

Sanders hopes to ignite a passion for walking under the guise of walking around "New York City" and showcasing some of the Big Apple's more notable

landmarks in a program titled "In a New York Minute."

"Many people view exercise as a chore," Sanders says. "For an exercise program or health and wellness activity to be successful, there needs not only to be motivation but also a fun, social component."

The "In a New York Minute" walking program will begin the week of Aug. 21 with a *Breakfast at Tiffany's*-inspired event. Participating residents will enjoy breakfast, get their "marching" orders—they will be encouraged to walk 2,500 steps, or 1.25 miles—and then watch the 1961 romantic comedy *Breakfast at Tiffany's* starring Audrey Hepburn and George Peppard.

Residents will walk to such destinations as Central Park, the Metropolitan Museum of Art, Broadway, Ellis Island, the Statue of Liberty, Carnegie Hall, Wall Street and Coney Island. There will be additional activities along the walking path, including a Sept. 11 memorial.

Sanders says "In a New York Minute" will also include performances, off-campus excursions, lectures and more, all centered on the New York theme. Movies shown between Aug. 21 and Sept. 30 will also make residents think about the city that never sleeps: *Big, All That Jazz, Wall Street, Manhattan* and *An Affair to Remember*, among others.

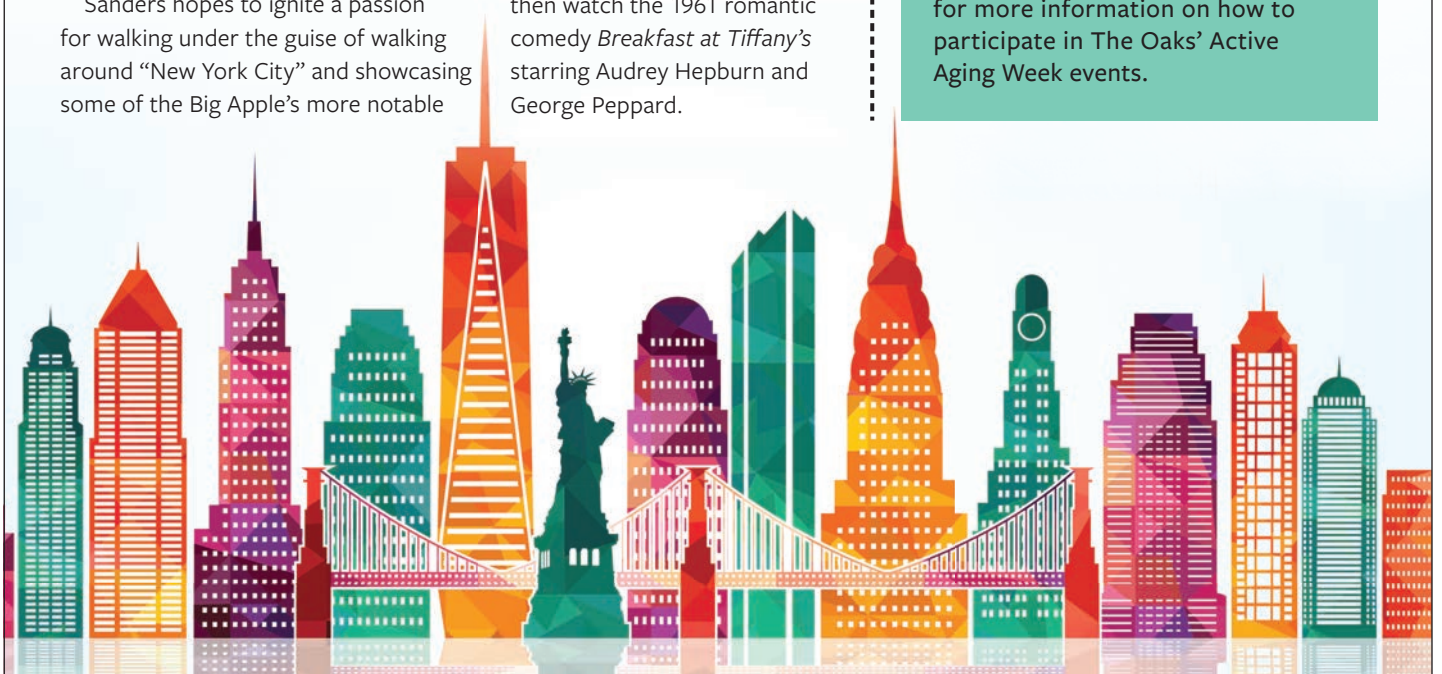
So, start spreading the news and lace up your walking shoes. ■

WEBSITE



## Join Us in "New York"

Visit [oaksofla.com](http://oaksofla.com) or [wkhs.com](http://wkhs.com) for more information on how to participate in The Oaks' Active Aging Week events.





# FALL FAVORITES

*Recipes from Willis-Knighton and The Oaks of Louisiana*

## SWEET POTATO CASSEROLE

### INGREDIENTS

8 large sweet potatoes, washed	2 eggs, beaten
1 stick butter, melted	1 teaspoon vanilla extract or vanilla bean paste
2 cups brown sugar	
1 tablespoon cinnamon	12- to 16-ounce bag of marshmallows
Salt to taste	

### INSTRUCTIONS

Set oven to 350 degrees. Place washed potatoes in a large pot and cover with about 3 inches of water. Bring the potatoes to a boil, then reduce heat to a gentle boil. Cook for 30 to 40 minutes. Insert a paring knife into the potato to check its tenderness; once you can insert the knife without resistance, it's ready.

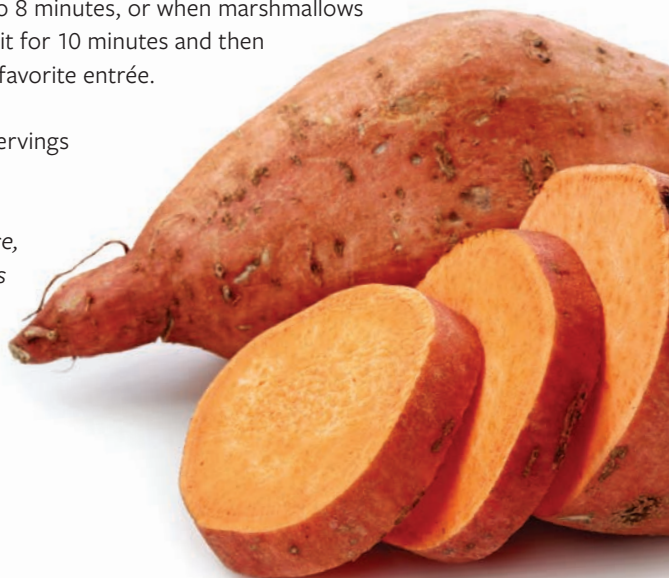
Drain and let cool. Remove the skins and transfer potatoes to a mixing bowl. Mash potatoes until smooth. Add butter, brown sugar, cinnamon, salt and eggs. Stir thoroughly to combine all ingredients.

Transfer to a 9-by-13-inch baking dish and leave room for marshmallows. You might need an additional small baking dish for excess mixture. Bake at 350 degrees for 45 minutes.

Remove carefully, and increase oven temperature to 400 degrees. Top casserole with marshmallows and bake for 6 to 8 minutes, or when marshmallows are brown. Let sit for 10 minutes and then serve with your favorite entrée.

Yield: 10 to 12 servings

*Submitted by  
Cameron Wallace,  
chef at The Oaks  
of Louisiana*



## CREAMY CORN PUDDING

### INGREDIENTS

3 tablespoons margarine (no more than 4 g fat per serving)  
3 tablespoons water  
6 tablespoons flour  
4 tablespoons sugar  
½ teaspoon salt  
1½ cups skim plus milk  
2 17-ounce cans cream-style corn  
2 eggs  
1 carton egg substitute (equivalent to 4 eggs)  
Butter-flavored cooking spray

### INSTRUCTIONS

Melt margarine and water in saucepan over low heat. Add flour, sugar and salt, and stir until smooth. Cook for 1 minute, stirring constantly, and gradually add milk. Cook over medium heat and stir until thickened. Remove from heat and stir in corn.

In another dish, beat eggs and egg substitute, then stir about ¼ of corn mixture into eggs. Add this mixture to remaining corn mixture, and stir well.

Pour into casserole dish that has been sprayed with butter-flavored cooking spray. Bake at 350 degrees for 1 hour.

Yield: 12 servings.

*Submitted by WK Diabetes & Nutrition Center*





#### MANAGEMENT PROFILE

## Making Patients Number One

**Patty Fuller** is a people person who also happens to have a high acuity for crunching numbers. As the director of the business office and admitting for Willis-Knighton Health System, she combines those attributes to assist patients and their families.

“When patients struggle paying their bills, with insurance companies or if they don’t understand their benefits, I really enjoy helping them,” she says.

Fuller oversees billing, collections, admitting, case management and recovery audit—a broad base of accountability.

Although she spends her days looking at numbers, Fuller always puts people first. “Patients don’t expect to get sick, and when they do there’s a financial burden added onto that,” she says.

Fuller’s home base is a quiet corner office in the WK Innovation Center in Bossier City, where the health system’s central business office is located. However, she has staff on every WK campus because “that’s where patients need assistance.”

In her 22-year career with Willis-Knighton, her responsibilities and her staff have multiplied many times, and she’s thrilled about that. “Willis-Knighton has been wonderful to me. I have incredible support, incredible employees and the mission of helping people,” she says. “Why would I go anywhere else?”



#### WK EMPLOYEE

## One of Cancer’s Biggest Warriors

As the cancer registry manager at Willis-Knighton Cancer Center, **Amber Mandino** dedicates her time to understanding cancer. She and her staff maintain Willis-Knighton’s cancer patient database, where occurrences of cancer, treatment, outcomes and trends are tracked. The database serves public health and facility planning, development of cancer programs, quality improvement and research.

It is what she does in her free time, however, that is a testament to her dedication. Mandino lives in Minden, which raises more money per capita than anywhere in the nation for St. Jude Children’s Research Hospital, primarily due to a major fundraiser over Super Bowl weekend each year.

“I can’t remember a time when I didn’t work on it. Childhood cancer is something that no family should ever have to face,” Mandino says, which is why she spends her evenings and free time working with various committees throughout the year to ensure the fundraiser’s success.

Until cancer becomes a thing of the past, Mandino intends to keep fighting cancer in her job and free time. “Hopefully one day no child will ever have to suffer,” she says. “They’ll find a cure.”



as fluid accumulation can be off-putting to partners; and even simple acts like choosing clothing, which doesn't fit properly because of disfigurement from the condition. Infection is a constant cause of concern, because the decreased flow of lymphatic fluid also compromises the immune system.

The condition prevents people from working and socializing and keeps them in constant pain, Repicci says.

### **Common *BUT* UNKNOWN**

Lymphedema sufferers number between 5 million and 10 million in the United States, Rockson says.

The condition affects more people than multiple sclerosis, Lou Gehrig's disease (amyotrophic lateral sclerosis, or ALS), AIDS and Parkinson's disease combined, but it is largely unknown among the public, Repicci says.

"How could we have a disease that affects up to 10 million people in this country and yet has such a wall of silence around it?" he asks. "Even people who have it are unaware of the disease they have," because receiving an accurate diagnosis can be challenging.

Rockson says the disease is overlooked for several reasons. First, the condition is generally not life-threatening, and it often appears in the context of a life-threatening disease such as cancer.

"It can have a tendency to be under-recognized because, in the mind of the clinician, it becomes more background noise," he says.

He cited the reluctance of doctors and cancer surgeons to recognize lymphedema as a complication of cancer treatment because it seems like an implicit criticism of the treatment itself.

Finally, and importantly, the condition "historically hasn't had what I call 21st-century treatments," Rockson says. Available treatments are effective, but they are not as

simple as going to the pharmacy and picking up a prescription.

### **Recovery and *PREVENTION***

Most of the available treatments are physical ones, such as massage to move fluid from the tissues, compression techniques to further mobilize the fluid, and laser-based therapies.

"All are designed to physically stimulate the lymphatic system to be more active," Rockson says.

People who have been treated for cancer can be monitored and tested during the first year after treatment to detect early signs of lymphedema and possibly prevent the condition. If compression therapy is used at the optimal time, the condition can be prevented or reversed.

### **Telling *THE WORLD***

Sometimes doctors are unable to diagnose lymphedema because they receive little training related to the condition during medical school, Repicci says. LE&RN is pressing for physician certification programs and training related to lymphedema.

Bates wants to help LE&RN raise money for research. In an interview with the organization, she said her dream was to go to Congress "and have a chamber full of people who are suffering from lymphedema stand up in front of that committee and say, 'We have lymphedema. We are suffering. Please help us.'"

When that happens, Bates said, "I want to be there with them to add my name." ■

## **DOES YOUR FAMILY HISTORY CONTRIBUTE TO YOUR CANCER RISK?**

Have you ever wondered why your family tree has a history of cancer while others do not?

Heredity is when genes are passed to the next generation, says Michael Moore, MD, with Hematology Oncology Associates of Willis-Knighton. "The body performs this complicated task with surprising accuracy." But with over 3 million genes, slight coding errors in our genetic makeup can increase the possibility of cancer.

Although cancer is not directly inherited, genetic predispositions can make a person more likely to develop certain types of the disease. "When genes are damaged, they can develop mutations and grow out of control, which results in cancer," Dr. Moore says.

He says some cancer centers, including the Willis-Knighton Cancer Center, are developing screening tools to use on patients who are at higher risk. These tools help doctors identify a patient's risk of disease and allow for further observation, as well as the ability to take preventive action to keep cancer at bay.

WEBSITE



### **Help from Others**

A family history of cancer can be scary. Visit [wkhs.com/cancer](http://wkhs.com/cancer) to learn more about the Willis-Knighton Cancer Center and the many support options available to you.



results that say positivity doesn't really affect disease outcomes."

## POSITIVITY IS SHORTSIGHTED

Don't go pooh-poohing positivity just yet. Smith says it's all about how you define it.

"We have to ask ourselves what we mean by positivity. Is it being happy and smiling? In a good mood? Or generally believing in an optimistic outcome?" he says. "There are days and times of day where you feel better than others. Optimism, however, has more to do with the belief that things are going to work out well in the long run."

And optimism can affect your health.

In one study, optimistic women were nearly a third less likely to die from cancer, heart disease, stroke, respiratory disease or infection compared with less optimistic women. Specifically, optimists had a 16 percent lower chance of dying from cancer than nonoptimists, according to the study, published in the *American Journal of Epidemiology*. In another study, published in the *Journal of Thoracic Oncology*, optimistic lung cancer patients lived an average of six months longer than their pessimistic counterparts. No studies suggest optimism is detrimental to cancer outcomes, so it's worth a shot to take a sunnier view of things.

What does that mean if you're positively a pessimist? That's OK—you don't need a personality transplant to see potential benefits.

## FAKE IT TILL YOU MAKE IT

You don't actually have to be an optimist to reap the health benefits of optimism. You just have to act like one. Here's how.

→ **Surround yourself with support.**

Dealing with cancer is hard. There will be days you're too tired to get out of

bed or too distracted to listen to your doctor's advice. The key is having people around you who can pick up the slack when needed. You might need someone to make you meals, drive you to treatment appointments or jot notes in the examining room. Let the people in your life help, and don't feel guilty about it.

→ **Follow your doctor's orders.**

It might not be that optimists have better outcomes because of their attitudes, but because they're more likely than pessimists to follow a doctor's treatment guidelines, Smith says.

"A true pessimist might decide they don't want treatment because they believe it's not going to matter either way," Smith says. "But optimistic patients follow all the recommendations of the doctor, because they believe it will work. And if you follow the treatment guidelines, you're more likely to survive."

→ **Talk about side effects.**

Optimists look for ways to deal with problems because they can see the other side of them, whereas pessimists are more likely to assume the way things are is how they'll always be. Treatment side effects are a good place to practice optimism; you don't have to just accept them. Talk to your doctor about ways to feel better. You may have more options than you think.

→ **Let yourself get angry.** "One thing I feel strongly about is that we don't want to tell people dealing with cancer they need to be rosy, shiny, sunny all the time," Smith says. "Feeling angry, sad or depressed—those are real emotions you'll deal with. Trying to smile when you feel like crying isn't going to help anything."

So go ahead and scream, cry or stay in bed when the feeling strikes. But also allow yourself to laugh, smile and be joyful when you feel like it, too. ■

# PRACTICE POSITIVE THOUGHT FOR HEALING

Is the glass half empty or half full?

Depending on your worldview, you could positively or negatively affect your health.

Eileen Czerwinski, care manager for Willis-Knighton Cancer Center, says the power of positive thinking is real. "Positive thinking can help alter the way one perceives their illness or situation," she says. "Patients who believe they are going to handle treatments well usually do."

Czerwinski works with cancer patients and has seen how a positive outlook can affect a person during illness. "There is a decrease in depression and stress and a positive promotion of psychological and physical well-being."

Czerwinski advises practicing positive self-talk and filtering out negative thoughts. "Make this common practice, and enjoy living your life," she says.

The thoughts you project into situations have a significant impact on their outcomes and mentally and physically living well, she says. "If you believe the best is going to happen, not the worst, you're a step ahead of the game. Positive thoughts produce positive outcomes."

WEBSITE



## Get the Support You Need

Dealing with a difficult diagnosis? Find the positive support and advice you need in a Willis-Knighton support group. Visit [wkhs.com/classes](http://wkhs.com/classes) to find the right fit for you.

Not so fast. While it may be a challenge to exercise with physical limitations—whether permanent or temporary—you can still do it. And you absolutely should.

“Being active is beneficial for all Americans, and even more so for people with chronic health conditions, to maintain health and function,” says Amy Rauworth, associate director of the National Center on Health, Physical Activity and Disability. “The important thing to remember is to look at the ability and not the limit.”

Of course, the limits can sometimes be difficult to get past. Let’s explore some of the barriers you might encounter when working out and ways to break through them.

**BARRIER:** You’re worried exercise will aggravate your condition.

→ **What to do to break through:** Talk to your doctor.

“People have that fear that they’re going to do too much or that they can’t be physically active,” Rauworth says. “But they can. They just need to talk to their doctor first. Most of the time, the doctor will say, ‘Yes, absolutely.’ Sometimes the doctor will say, ‘Let’s run a couple of tests first.’”

**BARRIER:** You don’t know where to start.

→ **What to do to break through:** Your doctor has given his or her blessing to be active. But how should you go about it? Rauworth recommends walking, if you’re able.

“Walking is always a great way to start,” she says. “It’s inexpensive, and if you can do it with a friend, it makes the time pass quicker.”

Rauworth suggests mapping out a route ahead of time to identify places to sit, use the bathroom or do whatever your health condition might require.

If you’re interested in strength training or functional exercises that simultaneously improve strength, endurance,

balance and agility, consider working with a trainer in the beginning to learn proper form and get tips.

“Choose the right level of personal trainer that motivates you and understands your health conditions,” Rauworth says.

**BARRIER:** You’re not sure whether facilities will be accessible.

→ **What to do to break through:** Even though the Americans with Disabilities Act has been in effect for more than a quarter century, not all recreational facilities make it easy for people with disabilities to get around.

If you’re thinking of joining a gym, call ahead or schedule a tour to find out whether it will meet your needs. Does it have the equipment you require? Is it accessible? Can you get around in the changing areas?

If not, ask for what you need. You might not get it in the time frame you require, but it could mean breaking down a barrier for someone else down the line.

“The more you go out there and ask for access, the more people will benefit,” Rauworth says. “If we create an environment accessible by all, we’re all going to be more active.”

**BARRIER:** You lack motivation.

→ **What to do to break through:** To stick with an exercise regimen, it shouldn’t feel like exercise.

“Find the types of things you like,” Rauworth says. “If you’re not going to like riding a stationary bike in your basement, don’t do that.” Instead, go for a bike ride outside, take a belly dancing class or sign up for tai chi in the park.

**BARRIER:** You fear failure.

→ **What to do to break through:** Start slow and work your way up. Set realistic goals and adjust as needed on a monthly, weekly or daily basis.

Remember that any move in the right direction is a good thing. And if your

## KEEPING FIT WITHOUT THE GYM

Physical limitations are not a pass to enjoy a totally sedentary lifestyle.

Although they might prevent you from engaging in some activities, keeping active is the best way to stay healthy. And having someone to keep you accountable ensures that you do that.

Lauren Rachel is a physical therapist with Willis-Knighton Health System. She encourages anyone with physical limitations to seek the help of a physical therapist to develop a workout routine designed especially for them.

“Physical therapists can help identify goals and guide you into a routine safe for your condition,” Rachel says. “It is not necessary to start in a gym. A short walk around the neighborhood is a great way to begin.”

When you begin small and set realistic goals, you can keep moving.

CALL



### Time to Move

Need help staying active? Visit a WK Health & Fitness Center and consult with an exercise specialist on what workout plan is best for you. Call **318-212-4475** today.

limitation is new, give yourself time to adjust to your abilities.

“Recognize that you won’t be able to do the exact same exercise routine you did before,” Rauworth says. “Do what you feel is comfortable for that day, and remember every day is a new day.” ■



“Genetics certainly is part of what puts you at risk for heart disease,” says Martha Gulati, MD, a cardiologist and the editor-in-chief of the American College of Cardiology’s patient education and empowerment initiative, CardioSmart.org. “And there’s not one unique marker. There are 50 or so that seem to be the strongest indicators of heart disease. We have probably not even identified them all yet.”

Having some of those genetic markers makes it more likely for someone to have high cholesterol; other markers increase a person’s risk of high blood pressure, diabetes or obesity. All of them increase your risk for heart disease to some degree.

Heart disease also tends to run in families because of shared lifestyle habits. In other words, if your parents ate a high-sodium, high-fat, high-sugar diet, you’re more likely to eat the same.

“The foods that were cooked for you, the emphasis on physical activity—there’s more to familial heart disease than just your genetics,” Gulati says.

There’s also more to heart disease risk than just family history.

## FITNESS OVER FAMILY HISTORY

Just because your family history puts you at greater risk for heart disease doesn’t mean you’ll develop it. In fact, a recent study published in the *New England Journal of Medicine* (NEJM) showed that lifestyle factors can overrule heredity. The study found that making even a relatively modest effort to live healthfully can cut your risk for heart disease by up to 50 percent.

The study looked at four factors and their effect on heart disease risk: not smoking, maintaining a body mass index (BMI) of less than 30, getting regular physical activity and eating a healthy diet.

“The study showed even people with the highest genetic risk could cut their risk in half by doing three out of the

four things,” says Nisha Jhalani, MD, the director of the Women’s Heart Health Initiative at the Cardiovascular Research Foundation. “It supports what doctors have been telling patients for years—that you can balance the things you can’t change with healthy behaviors you can change.”

And you don’t need to transform your whole life to benefit.

“When the study authors talked about healthy lifestyle, the way they diagnosed it was very liberal,” Gulati says. “Risk was reduced with weekly physical activity, a general healthy eating pattern, not smoking and not being obese. Being overweight [having a BMI between 25 and 29.9] was OK.”

## OTHER WAYS TO REDUCE RISK

While the NEJM study didn’t look at the following factors, research suggests they, too, are beneficial in reducing risk of heart disease:

**Get enough sleep.** Poor-quality sleep increases blood pressure, an important risk factor for heart disease, according to the American Heart Association. Aim for six to eight hours per night of quality sleep.

**Manage diabetes.** Uncontrolled diabetes damages blood vessels, making you more susceptible to heart disease. You’re also more likely to have a heart attack without realizing it, as diabetes can damage nerves that signal pain. Keep your blood glucose levels under control.

**Ask about medication.** If diet and exercise aren’t enough to reduce your blood pressure or cholesterol, talk to your doctor about prescribing medication.

**Reduce stress.** Stress doesn’t directly cause heart disease, but it can increase the likelihood you’ll engage in other risk factors such as smoking, drinking, overeating and being inactive. Learn to alleviate stress in healthy ways, such as deep breathing, exercising or simply taking time to relax. ■

# WALKING YOUR WAY TO A HEALTHY HEART

The single best health behavior recommended for your heart is to be physically active.

Jonathan M. Davis, MD, of Pierremont Cardiology, says 30 minutes of aerobic activity per day, or at least 150 minutes per week, is highly beneficial.

“Any level of physical activity is better than none,” he says. “A lifelong habit of exercise reduces the risk of heart attack and stroke by 50 percent. This is more powerful than any combination of medicines.”

Dr. Davis says cardiovascular disease is largely preventable, though prevention must start early. Healthy eating, daily exercise and not smoking can make a significant impact on your risk—and so can walking.

“There are no negative side effects of walking other than not doing it,” he says. “Avoid being sedentary. It just might save your life.”

## WEBSITE



## Heart Resources

Willis-Knighton Heart & Vascular Institute provides education on ways to lower your risk of developing heart disease. Visit [wkhs.com/heart/education](http://wkhs.com/heart/education) to learn more.



## WHEN EMOTIONS RULE THE BRAIN

In the heat of emotion, your brain might operate differently than when under less-stressful circumstances.

“The amygdala, or the emotional part of our brain, regulates the fight-or-flight response,” says Derrick Stevenson, PhD, from the WK Rehabilitation Institute. When threatened, it responds with a rush of hormones that flood the body. “This means we often feel before we think,” he says.

The prefrontal cortex, the regulatory part of the brain, regulates functions such as understanding, deciding and inhibiting emotions. “It’s sometimes called our filter,” Stevenson says. “But this part is relatively slow in making decisions.”

Sometimes the emotional part of your brain responds before the regulatory part can mediate a reaction. This delay can cause us to respond irrationally. “We can’t remember or learn new things, so we rely on overlearned habits because we can’t innovate or be flexible,” Stevenson says.

### The Tools to REASON

Peters suggests that when we don’t understand or can’t contextualize the odds of something bad happening, we turn to experts. Put simply: Ask someone who does understand it.

Armed with information, you’ll be able to force yourself to embrace reason, even in a moment of emotional panic. Gorrindo suggests these steps:

- **Slow your breathing.** It will send a physical signal of calm.
- **Practice mindfulness.** Try to become aware that you’re thinking about risk based on your feelings.
- **Evaluate the evidence.** That’s where you recall what you know about air travel, for example. Planes rarely crash. The odds are very low

that there will be a problem. Most flights have no issues.

You probably are safe.

“Externalize it: What advice would you give to a friend? We have a lot of different advice we’d give to others. Can you take your own advice?” Gorrindo asks.

Truthfully, an important component to overriding emotion-driven decision making is practice.

The more you force yourself to become a logic-driven decision maker, the less often you’ll be driven by fear. Got Zika? Not likely. Avian flu? Doubt it. A faulty plane? You’re pretty safe, you’ll think with a shrug.

There’s so much you could be afraid of. But with practice, your reason can be stronger than your fear. ■

TOOL



### Safety Snapshot

The National Safety Council’s Safety Checkup can help you understand your risks and ways to keep yourself safe. Visit [nsc.org/forms/safety-checkup.aspx](https://nsc.org/forms/safety-checkup.aspx) to learn more.





➔ **NEW-PARENT PROBLEM:**  
***I'm not loving every moment of this like I thought I would. Could it be postpartum depression?***

With the flood of hormonally induced emotions that come along with baby, it can be hard for new moms to tell the difference between normal baby blues and postpartum depression.

“Normal baby blues include weepiness and minor anxiety and typically resolve within a week or two after giving birth,” Moore Simas says. “Postpartum depression lasts longer and can cause feelings of hopelessness, guilt, sadness and sometimes suicidal thoughts. Some women may experience it differently, with things like anxiety or obsessive-compulsive disorder showing up.”

► **PRO TIP: Don't feel guilty if you're not thrilled with being a parent every second of the day.** That's normal—raising a baby is exhausting! But err on the safe side if you suspect you're dealing with something more serious, and tell your doctor. “Any significant change in behavior should be discussed with your physician,” Moore Simas says.

➔ **NEW-PARENT PROBLEM:**  
***I haven't done anything social in weeks. How can I find the time?***

Parenthood is an all-encompassing endeavor, especially as you're just finding your footing. It's OK if you're a little behind on responding to text messages and happy-hour invites, but once you've started to get accustomed to the new you, try to reconnect with the old you, too. Schedule a date night with your spouse or a quick coffee catch-up with a friend.

► **PRO TIP: Craving company? Ask friends to come to you.** Most people will be delighted to cuddle a new baby, and you can get some much-needed adult interaction. ■

## LEARN TO TAKE A BREAK POST-BABY

It is not unusual for mothers—new moms in particular—to strive to do it all. But though they might try to be Supermom, it's not always easy.

“We put so much pressure on ourselves to do everything and be everything,” says Virginia Carter, MD, FAAP, of Bossier Pediatric Partners. “I try to encourage families to ask for support, especially in the first few weeks. New mothers often forget that they've been through a lot in delivery and their bodies need to recover.”

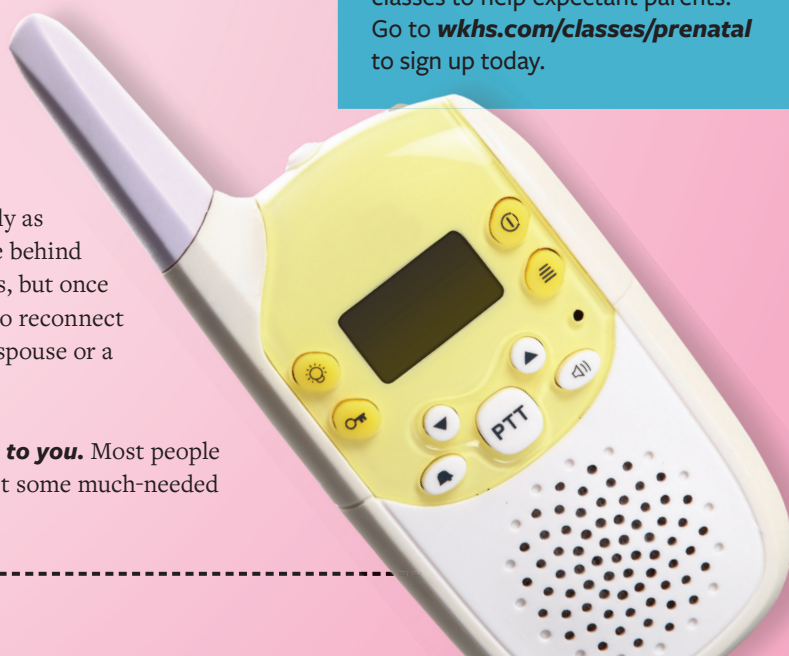
Dr. Carter says the newborn period is sweet but exhausting, so she urges mothers to let their spouse share in the responsibilities. “This gives your partner time to provide for and bond with the baby, and it also gives the mother time for herself to catch up on sleep, take a shower or just enjoy ‘me’ time.”

WEBSITE



### Preparing for Baby

Willis-Knighton offers a variety of prenatal education and newborn classes to help expectant parents. Go to [wkhs.com/classes/prenatal](http://wkhs.com/classes/prenatal) to sign up today.



## TRUE OR FALSE:

**Men die sooner because they engage in riskier behavior.**

→ **TRUE.** When it comes to diet and smoking, men historically have been bigger risk takers. That puts them at greater risk of deadly lung and heart diseases. But that's been less true in modern times, when women began adopting those risks, too.

"Smoking, early on in the 1900s, was mainly a male hobby," Beltran-Sanchez says. "That changed in the 1950s or '60s." That said, men are still more likely to smoke than women; nearly 17 in 100 American men smoke, while nearly 14 in 100 American women do.

## TRUE OR FALSE:

**Biological differences put women at an advantage.**

→ **COULD BE TRUE.** Heart disease historically has lowered survival rates for men. That's because men are more vulnerable to cardiovascular damage and women are more resistant, Beltran-Sanchez says. Scientists are still looking for a clear-cut reason for this advantage, though cholesterol plays a role. Studies have shown that before women reach menopause, estrogen increases good cholesterol and decreases so-called bad cholesterol.

## TRUE OR FALSE:

**Women live longer because of hormonal differences.**

→ **MAYBE.** Some scientists hypothesize that estrogen helps lower mortality rates up until menopause. Mortality rates among women do rise more

## UNEARTHING WOMEN'S SECRET TO A LONG, HEALTHY LIFE

Men might be stronger, taller, faster and less likely to be overweight—but women live longer than men.

According to the World Health Organization, the average life expectancy of women in the United States is 81.6 years and 76.9 years for men.

April Patton, MD, of Family Medical and Geriatric Center, says a variety of biological and genetic factors contribute to this global trend. For instance, women usually develop cardiovascular disease in their 70s and 80s, about 10 years later than men, who are more likely to get it in their 50s and 60s. The female immune system is also thought to be stronger than the immune system in men.

Additionally, a man's occupation is thought to play a role in his reduced life span, as high-risk occupations are predominately held by men.

"Finally, women are known to have healthier lifestyles compared to men," Dr. Patton says.

Regardless of gender, staying active physically and mentally can help ensure good health in your senior years.

sharply after menopause, but they don't keep pace with mortality rates of men. Beltran-Sanchez says that although researchers are exploring this, the link hasn't been proved.

## TRUE OR FALSE:

**Longevity is increasing for men, too, and the life-span difference between men and women is narrowing.**

→ **TRUE.** "Women are doing worse; now it looks like men and women are catching up," Beltran-Sanchez says.

Men still are more likely to die at younger ages. But because behavior differences between men and women aren't as severe anymore—women are taking risks, too—their average life spans also will look more similar. This is especially true for white women, for whom life expectancy is going down.

## WEBSITE



### Boost Your Brain Power

As you age, it's just as important to keep your mind healthy as it is to remain physically active. Visit [wkhs.com/vigor/memory-sharp](http://wkhs.com/vigor/memory-sharp) to get tips on how to keep your brain in shape.

(Researchers think it's driven in part by rising suicide rates, alcohol and drug poisonings, and liver disease.)

"Things are changing so much," Beltran-Sanchez says, "I'm not sure how much longer we're going to keep seeing this large female advantage." ■



the first is playing with Legos, counting coins or coloring with crayons, and younger siblings can end up with little objects in their mouths, ears or noses. "I saw a little girl whose brother had a seed and he dared her to put it in her ear," Lev says. "It got stuck, and it was quite a fiasco to get it out."

For older kids, make sure they're wearing helmets and other protective gear when biking, skating, skateboarding and skiing.

### **If you drink, do so in moderation**

Everyone knows about the dangers of drinking and driving. But alcohol can lead to other risks besides vehicle crashes. Lev sees injuries in people who have fallen and hurt themselves or gotten into fights when under the influence. And binge drinking can lead to alcohol poisoning.

Lev recommends talking to your teenage children about the dangers of drinking too much. "I work in a hospital surrounded by colleges, and every Saturday night I see girls and guys, well-dressed, completely unconscious, with vomit in their hair. They're a total mess," Lev says. "They went out to have a good time and ended up being miserable."

### **Be careful at work**

Two professions are especially dangerous when it comes to sending workers to the emergency department, Lev says: food service and healthcare. Food service workers risk lacerations from knives and broken glasses. "Stemware is prone

to breaking in the dishwasher or sink, causing cuts on the fingers," she says.

Healthcare professionals need to be careful when lifting or moving people, because that's a common cause of back strain. And they should follow protocol for handling needles at all times, as needle stick injuries happen frequently.

### **Mind your medications**

Maybe you see your internist for your overall healthcare, an orthopedic specialist for a sports injury and a psychiatrist for anxiety. They might all give you different medications, and "those medications might not work together," Lev says. "You want to make sure they don't cause interactions." Drug interactions can create excessive sedation, weakness and dizziness; in some cases, they are life-threatening.

Lev recommends using your cell phone to keep a list or a photo of your medications so you always have it at hand.

### **Take your time**

Often, people end up in the emergency department when rushing leads to a fall. (Falling is especially dangerous if you're on blood thinners, because you may bleed too much, including inside your body. "If you fall and hit your head, even if you think it's insignificant, you should be evaluated," Lev says.)

It can be hard to slow down and take care when life is hectic, but it's worth the effort. That's especially true of driving, when being hurried or distracted can be fatal. ■

## THE WARNING SIGNS YOU SHOULDN'T IGNORE

When it comes to warning signs of heart attack and stroke, people often don't take them seriously.

Heart attack and stroke are two leading killers in the United States. And yet Jagan M. Beedupalli, MD, MPH, of Willis-Knighton Cardiology, says people often downplay warning signs instead of seeking medical help.

"These two things can be life-threatening and change the way they live," Dr. Beedupalli says. "They don't want to face something that could be bad."

Heart attack warning signs include chest pain, shortness of breath, nausea and discomfort in the arms, neck and jaw. Stroke symptoms include face drooping, weakness on one side of the body and slurred speech.

If you are worried about your risk, talk with your doctor about what you can do to prevent a heart attack or stroke.

WEBSITE



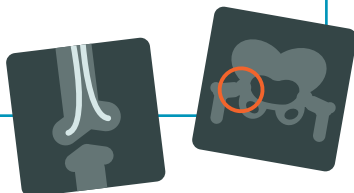
### Heart Help

WK Cardiac Rehabilitation is a comprehensive recovery program to improve heart health for those diagnosed with cardiovascular disease. Visit [wkhs.com/vigor/cardiac-rehab](http://wkhs.com/vigor/cardiac-rehab) to learn more.

# JOINT IMPROVEMENTS

**1 million**

Americans have a hip or knee replaced each year.



**More than 7 million**

Americans have an artificial knee (4.7 million) or hip (2.5 million).

States with the **most** hip and knee replacements:

**CALIFORNIA, FLORIDA AND TEXAS**

States with the **fewest** hip and knee replacements:

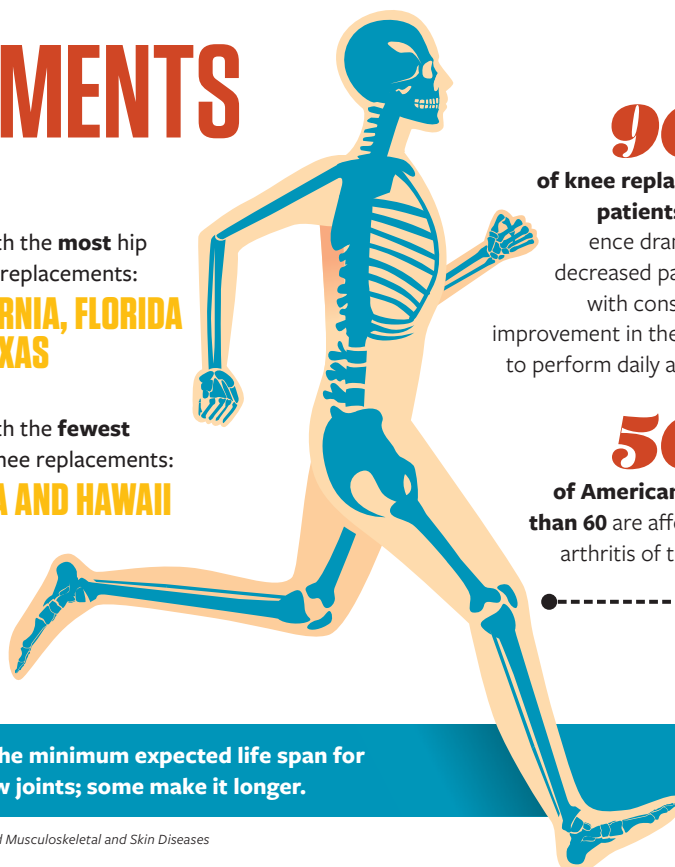
**ALASKA AND HAWAII**

**90%**

of knee replacement patients experience dramatically decreased pain along with considerable improvement in their ability to perform daily activities.

**50%**

of Americans older than 60 are affected by arthritis of the knee.



**10-15 YEARS**

is the minimum expected life span for new joints; some make it longer.

Sources: American Academy of Orthopaedic Surgeons; National Institute of Arthritis and Musculoskeletal and Skin Diseases

## THE PAIN-FREE KNEE REPLACEMENT REVOLUTION

"It's a new day for joint replacement," says John Mays, MD, of Bossier Orthopedics. "In the old days, people would tell you how painful knee replacement was. Today, I tell people they will have very little pain after surgery."

Dr. Mays attributes the lack of discomfort post-surgery to new techniques for controlling pain and an increased focus on mobilization. "The most important thing you can do is to be as active as possible as early as possible," he explains. Dr. Mays says that going home, lying on the couch and putting a pillow under the knee is a mistake. Bending the knee is easy after

knee replacement, but getting it straight is harder, he says.

Today, inpatient rehab is generally used only for the elderly and those who have no one at home to help them. About 90 percent of Dr. Mays' patients go home either the same day or only a day after surgery.

His focus is on preparing them for activity that will help them get accustomed to their new knee. This "be active" message is good advice for all knees—even ones that don't need replacing. "There is a misperception that people wear out their joints," Dr. Mays says. "They don't. They rest them out!"

WEBSITE



### Joint Effort

Considering joint replacement? Attend Willis-Knighton's Joint Replacement Camp. Learn more and register at [wkhs.com](http://wkhs.com) or by calling 318-212-8225.

# JUST WHAT THE DOCTOR ORDERED

*The hospital on the hill  
gets a **NEW LEASE ON  
LIFE** through renovation*

BY **DARRELL REBOUCHE**

The Doctors' Hospital building (pictured for sale in November 2014, inset) was purchased by Willis-Knighton and transformed into the WK Rehabilitation Institute.



**B**illy Bundrick used to be a paperboy in Shreveport's Stoner Hill and Highland neighborhoods. Early in the morning, he and his friend "Spanky" McCoy would go to the corner of Stoner and Louisiana avenues to pick up copies of *The Shreveport Times* and deliver them door to door. Later in the day, they would do it all over again and distribute the *Shreveport Journal*.

Years later, in the same neighborhood, a teenager named Eric Bicknell worked as a busboy in a hospital cafeteria on Louisiana Avenue.

Bundrick went to school across the street at Hamilton Terrace, where he played football. After practice, he and his lifelong friend he calls "Ol' Spank" would often walk into the hospital cafeteria to buy malted milk—back when it was made with real ice cream and whole milk right on the spot.







**ABOVE:** Dr. Eric Bicknell works with patient Richard Gray at the WK Rehabilitation Institute. **RIGHT:** Dr. Bicknell oversees patient Caroline Coker as she goes through therapy.



As a young nurse, Karen Goodwill dropped off her 3-month-old baby in a day care center on the same street before she went to work every day at the hospital. Goodwill's kids were nurtured there for years. She recalls those days with a faraway look and remembers when she had opportunities to check on her children during the workday. And she certainly found fulfillment caring for patients, too. "It was a family-oriented place where you were honored for what you gave to the hospital and to patients," she says.

In their youths, Bundrick, Bicknell and Goodwill could not have known they were forming emotional bonds with a building—a place that would become so special to them that in 2017 they would wistfully remember those early days.

"The hospital on the hill," as it is known by many, was the venerable Doctors' Hospital. It was owned and operated by doctors, one of whom was Bicknell's father, Dr. Harold Bicknell. "My father was a stockholder and a

surgeon who worked here," he says. "So my brothers and I, along with the children of other physicians, worked here in the summers." That's how he wound up bussing tables in the cafeteria.

Later, he would work in maintenance at Doctors' before eventually finding his way to the operating room as a scrub tech. There, among the many physicians he observed, was former paperboy William S. Bundrick, MD, one of the most respected orthopedic surgeons in the country. Also treating patients there was a physical therapist, formerly known as Ol' Spank.

Inevitably, Bicknell went to medical school. Now, thanks to a fortuitous turn of events, Eric Bicknell, MD, practices medicine daily in the place where he once cleared dirty dishes. He is the medical director for Physical Medicine and Rehabilitation for Willis-Knighton Health System. The hospital might have a new name, WK Rehabilitation Institute, but it's still on the hill—just shiny and new.

Dr. Bundrick established his clinic next door to Doctors' in 1970, at the corner of Stoner and Louisiana and practiced there for 37 years. As he strolls through the Rehabilitation Institute lobby, he remembers walking across the yard from his office to the hospital.

Things changed in the early 2000s after the hospital was sold. The structure changed from its prominent position overlooking Interstate 20 and Line Avenue to one that was left vacant.

"I was convinced they would tear this building down," Goodwill says. "It was a sad thing."

Dr. Bundrick agrees: "You could really see it going down, and it was hard to watch. It was like watching a member of your family slowly die."

All four Bicknell brothers worked at Doctors' growing up, and three of them are now physicians. In 1928, their father was born on that very site. To see the building's decline was especially painful for Dr. Bicknell. "This was a place where

*"To have it as a place of hope and healing and rehabilitation for the people of Shreveport-Bossier, my heart is bursting with pride."*

we grew up,” he says. “To see a for-sale sign and the grass not mowed and the paint peeling away, it was discouraging knowing what this meant to my family and to so many other families.”

Goodwill left Doctors’ in the late 1990s after working there seven years full time and many more part time. Now she’s back, working the night shift at the Rehabilitation Institute. “In a way, it’s like coming back home,” she says.

Most people seemed to think the future of the property involved only a wrecking ball, but leaders at Willis-Knighton saw something different: a solid core for renovation that could make the iconic campus a beacon at the gateway to downtown Shreveport. That vision became a reality in March. The structure has been thoroughly revitalized, as the once-vacant building now has healthcare professionals providing comprehensive physical and behavioral rehabilitation, along with outpatient dialysis.

One day shortly before the new hospital on the hill opened for patients, Dr. Bundrick spent several hours walking the floors and taking it all in. The place he loves, where he showed up every day for almost four decades, is no longer slowly dying. “They’ve done a heck of a job with this whole thing,” he says.

Similarly, Dr. Bicknell thinks back on those Doctors’ days. “It was what inspired me to become a physician, seeing what went on within the walls of this place and how dedicated everyone was who worked here,” he says. “To have it as a place of hope and healing and rehabilitation for the people of Shreveport-Bossier, my heart is bursting with pride.”

With a new mission in place, there’s new life in the hospital, as well as in the surrounding neighborhood, which reinforces Willis-Knighton’s role as a vital engine for economic growth in Shreveport’s inner-city neighborhoods.

Oh, and the cafeteria is open again. You might just see Dr. Bundrick and Dr. Bicknell there talking about old times or trying to sway someone to make a malt for them. ■

**Clockwise from top right:**  
**Dr. William S. “Billy” Bundrick, in the WK Rehabilitation Institute lobby, marvels at how Willis-Knighton has brought life back to the Doctors’ Hospital building.**  
**Karen Goodwill, RN, outside the WK Rehabilitation Institute, fondly remembers her days as a young nurse at Doctors’ Hospital. Dr. Eric Bicknell once worked as a busboy in the cafeteria at Doctors’ Hospital.**



# A Hive of Activity

*How The Oaks' fitness facilities cultivate a healthy community*

BY **TERRIE M. ROBERTS**

**The Hildebrands make exercise a part of their daily routine. The Spa & Wellness Center sealed the deal when the couple decided to downsize and move to a senior adult community.**



**J**ulia and Tynes Hildebrand knew that when they moved to a retirement community, it would need—above all else—facilities for them to exercise.

Even in their 80s, the couple maintain a workout regimen that includes daily exercise. When they toured Tower at The Oaks at The Oaks of Louisiana, they looked no further.

“We said, ‘Wow,’” Julia recalls. “Everything is here. With the Spa & Wellness Center under the same roof, it is very convenient.”

A fitness room with Keiser resistance equipment lets residents enjoy a worry-free workout with classes led by certified instructors. The state-of-the-art equipment is designed with older adults in mind: There are no heavy plates or

pins to move, and resistance is increased or decreased with the push of a button.

Cardiovascular options include seated ellipticals, bicycles and upper-body ergometers. Woodway treadmills are specially designed to reduce harmful shock to joints, muscles and connective tissue while providing a great cardio workout.

Additionally, the aerobics studio is the perfect place for specialty classes such as Total Body, Cardioblast, meditation and line dancing.

It is the natatorium, however, that makes the Spa & Wellness Center unique to the area. The natatorium features a 40,000-gallon saltwater pool, with a temperature maintained at a comfortable 88 degrees. The pool

includes hooks and bands at both ends for stretching and toning, and there is also a bench with jets for massage therapy. A fabric duct distribution system provides a consistent and uniform air dispersion that controls humidity and eliminates drafts, which allows residents to sit poolside in comfort.

Margaret Elrod, executive director of The Oaks, says that when The Oaks of Louisiana was being planned, providing opportunities for fitness, activity and wellness became a top priority.



“When my mother had a stroke and became debilitated, I watched the decline that the forced inactivity caused her,” she says. “She had always been so active and energetic prior to that, and it was evident that the physically disabling condition also caused her to decline social and mentally.”

“I knew we needed to have a fitness and wellness center on-site so that residents had no excuse not to pursue an exercise program,” Elrod says.

It was also important for there to be a saltwater pool, an aerobics studio for classes and exercise options outdoors, such as the LifeTrail fitness system and walking trails.

“People today are living longer,” Elrod says. “We want our residents not only to live longer but also thrive, enjoy good health and wellness and be socially and mentally active.”

To that end, Holly Sanders, WK Fitness & Wellness group exercise coordinator and manager of The Oaks’ Spa & Wellness Center, says her goal is to have every resident involved in some sort of exercise program.

“I want to help residents maintain a maximum level of wellness and independence. Even moderate exercise and physical activity can help improve your health and help you stay strong and fit enough to be able to keep doing the things you like to do as you age,” Sanders says. “Senior adults especially need to exercise. It helps prevent

and delay health conditions like diabetes, heart disease and osteoporosis. It also helps with mood and reduces depression.”

“At this stage in our lives, exercise is very important to Julia and me,” Tynes Hildebrand says. “Although we can’t stop getting older, we can improve our quality of life and enjoy it more by exercising.”

Besides the Spa & Wellness Center’s pool, exercise equipment and the LifeTrail, a variety of health and fitness classes further support The Oaks’ commitment to providing opportunities for residents to achieve overall physical and mental wellness. Among the offerings:

→ **TAI CHI IN THE PARK** is conducted under the oak trees near the Chapel at The Oaks. The slow-flowing rhythmic exercise class improves balance, strength and flexibility. Practicing tai chi is also an effective stress reliever.

→ **CARDIOBLAST** is a high-energy cardiovascular workout class. This fat-burning, heart-pumping workout combines various cardio exercises including chair aerobics, balls, circuit training and dancing.

→ **TOTAL BODY** provides a quick all-over conditioning tone-up and includes elements of endurance, core work, strength, flexibility and balance.

→ **THE OAKS YOGA** is a therapeutic class that releases stress and leaves the body feeling relaxed and rejuvenated. Traditional yoga poses are done in the chair or with the option to stand. This class also helps improve balance.

→ **BRAIN FITNESS** is all about improving memory and cognitive skills through fun games and puzzles designed to keep the mind sharp.

→ **CHAIR DANCE** has participants moving to the beat of the music at their own pace. It’s a great way to improve heart health and strength.

→ **BALANCE BUILDING** involves standing and sitting postures that require concentration and focus. Some exercises will improve muscle and bone strength.

“I can’t stress enough how important it is for senior adults to exercise,” Sanders says. “At The Oaks, there is opportunity after opportunity to engage in some sort of health and wellness program or activity.”

Those opportunities were the deal-maker for the Hildebrands.

“One of the reasons we chose The Oaks was for the exercise possibilities,” Tynes says.

A good fit for sure. ■



Brain health is as important as physical health, and residents are encouraged to take part in Brain Fitness. Word scrambles and brain teasers are among activities offered to improve cognitive function.



Tai Chi in the Park is one of many health and wellness classes offered at The Oaks of Louisiana. It’s the perfect exercise to enjoy outdoors on The Oaks’ beautiful campus.

# WHERE SHOULD YOU GO *When You're Sick?*

Knowing when to head to the **EMERGENCY ROOM VERSUS THE DOCTOR'S OFFICE** can save you time and money *BY MARILYN S. JOINER*



Susan Cash, director of emergency services, says automatically choosing to visit the emergency department when you are ill is not always the best choice.

**Y**ou wake up in the morning and your eyes are red, your nose is running, and you feel as if someone stepped on your head while you were trying to sleep last night. What do you do?

If you think, I feel awful so I need to go to the ER, think again.

Although that might seem reasonable, the emergency department is not always the best choice when you are ill.

"In an emergency department, the sickest people will always be seen first," says Susan Cash, who is director of emergency services for Willis-Knighton Health System.

Cash explains that emergency rooms are open 24/7 to care for people with conditions that could be life-threatening, including people who have called 911. EMTs evaluate people on location and determine whether they need to be transported to an ER by ambulance.

"If you walk in with a sore throat and the emergency room is busy, you may

have to wait," Cash says. "We are here to treat people whose conditions are most serious first."

What do emergency staff consider serious? "If you think you're having a heart attack, or if you have symptoms of a stroke, by all means you need to be in an emergency room," Cash says.

For these conditions, time is of the essence, and that's why emergency staff encourage people to call 911 instead of driving themselves.

A condition is also considered serious if it involves uncontrolled bleeding, shortness of breath, a decreased level of consciousness, an obviously broken bone or something that might need surgery or the type of diagnostic equipment not available at urgent care, such as MRI and CT scanners.

Cash admits it's sometimes difficult for people to determine the gravity of their condition, so erring on the side of caution is usually best. "If you have a complicated medical history, maybe a history of pulmonary disease or

diabetes, you probably need to be in an emergency room,” she explains.

Nationwide, emergency department overcrowding is a problem. “Part of that can be attributed to people using the ER for minor illnesses when they could be cared for more appropriately in an alternative setting that may be faster and more cost-effective,” Cash says.

Emergency departments use a triage system, which provides an evaluation of everyone who comes in to determine how serious a patient’s condition is. In the ER, those deemed most serious will be called back first, leaving patients with less serious conditions to wait.

For routine care, it’s smart to have a primary care physician who maintains your health records and can make more specific decisions about your care. If your doctor’s office is open when you feel you need care, it’s always wise to call and ask for a recommendation from the doctor.

Otherwise, choose urgent care or the emergency department, depending on how serious you think your condition is. For children running a fever, Cash recommends WK Quick Care Kids because the center cares exclusively for children in a child-friendly environment.

If your condition is not considered serious, one big benefit of avoiding the ER is the cost. It’s expensive to operate an emergency department 24 hours a day, seven days a week and have the availability of all complex diagnostic services. The cost of an ER visit reflects that expense, even when you visit for a health problem that is not life-threatening.

Urgent care and primary doctor office visits will be less expensive. So, when you are sniffing or you notice a rash that needs to be evaluated, look to WK Quick Care or your primary physician. ■

## GETTING THE RIGHT CARE



### YOUR DOCTOR

#### Days and hours vary

Your doctor is the best source for:

- ▶ Routine health services
- ▶ Illnesses
- ▶ Minor accidents
- ▶ Preventive healthcare
- ▶ Routine immunizations



### QUICK CARE URGENT CARE

#### 7 a.m. to 7 p.m. daily

Quick Care is an excellent, affordable source when your doctor is not available to treat:

- ▶ Minor illnesses with nausea, vomiting, diarrhea, earache, cough, congestion or sore throat
- ▶ Minor falls, bumps, bruises or sprains
- ▶ Skin rashes, sunburns or minor burns
- ▶ Fever or cold symptoms
- ▶ Eye infections
- ▶ Urinary tract infections
- ▶ Minor cuts or animal bites that would require only a few stitches



### EMERGENCY DEPARTMENT

#### Open 24/7

The Emergency Department at any Willis-Knighton general hospital is for serious conditions that are life-threatening and that need immediate attention, including:

- ▶ Symptoms of heart attack or stroke
- ▶ Chest pain
- ▶ Shortness of breath
- ▶ Loss of consciousness
- ▶ Obviously broken bones
- ▶ Poisoning
- ▶ Fainting, dizziness or confusion
- ▶ Severe headache with change of vision
- ▶ Severe burns
- ▶ Serious neck or back accident





If there is an activity at Savannah at The Oaks, Frances Parker is going to take part—even if it means wearing a crazy hat in a parade around campus.

## GENEROSITY'S FINEST

*Busy bee Frances Parker has made it her mission to always lend a helping hand*



Savannah residents walk into the Arbor and are immediately transported back to a 1950s diner. Life-size cutouts of Elvis Presley and Marilyn Monroe hold court along one wall. In the center of each table are fuzzy dice, miniature jukeboxes, bottles of Coca-Cola and assorted milkshakes and ice cream sundaes made from tissue paper.

A band has begun the first chords of “Wake Up, Little Susie” when Frances Parker, 92, strolls in, extends greetings to several residents already seated and finds her way to a table with an empty chair.

If something is going on at Savannah at The Oaks, you can bet Parker is going to be there. Since moving into

the assisted living residence at The Oaks of Louisiana in October 2011, the Benton native has become a huge part of the culture of Savannah—always wearing a smile and ready for whatever the day brings.

“I’m just an old lady who enjoys life,” she says. She always has.

“She has a very positive outlook on life,” says Janice Latvala, manager of Savannah. “She never complains and wants to be a part of whatever is going on.”

Camille Wade, activity coordinator, agrees. “She is so kind and so helpful and loves whatever we are doing. Her willingness to engage at all levels in life at our residence is refreshing,” she says.

Beanbag baseball. Monthly birthday parties. Singalongs. Cookouts. Making “Fire-and-ice” pickles. St. Patrick’s Day and Mardi Gras parades.

“I like to stay busy,” Parker says.

She also likes to help anyone and in any way she can.

“She has such a generous spirit,” Wade says. “She will help anyone at any time ... and she gives the best back rubs!”

It is no surprise, then, that Parker’s chosen profession was nursing, or that she began the volunteer program at the former Highland Hospital in 1984 and continued to volunteer weekly until recently.

“God gave me the desire and ability to help people,” she says. “I’m still healthy, so I help folks as much as I can, when I can.”

It is help that doesn’t go unnoticed by fellow residents and staff at Savannah.

Parker continues to live out the words of Mahatma Gandhi: “The best way to find yourself is to lose yourself in the service of others.” ■

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## 44 treatments for cancer **0 days of missed work**



James Drennan, a busy cattleman from DeKalb, Texas, lived an active life on his farm and with his family, and he was not ready to take time off when he was diagnosed with prostate cancer.

***"I was feeding about 175 head of young cattle every day and I knew if I had surgery I'd be laid up at least a couple of months."***

Proton therapy at the Willis-Knighton Cancer Center gave him more control over his future.

He had 44 treatments and missed 0 days of feeding his cattle.

***"I am very pleased...I would definitely recommend proton therapy."***

Watch his video at [www.wkhs.com/Drennan](http://www.wkhs.com/Drennan).

***Prostate, Breast, Lung, Colorectal, Brain, Head and Neck and Gynecologic Cancers***



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