

VIM & vigor

FALL 2018

WK
WILLIS-KNIGHTON
HEALTH SYSTEM

Challenge Accepted

41 ways to deal with health
surprises and scares

PLUS *Serena Williams* hasn't
let pulmonary embolisms end
her superstar tennis career

WILLIS-KNIGHTON:
93 YEARS OF LEGACY IN
SHREVEPORT-BOSSIER

**Keep your heart
and lung strong
with rehab**

LIVE AN INDEPENDENT
LIFE AT THE OAKS



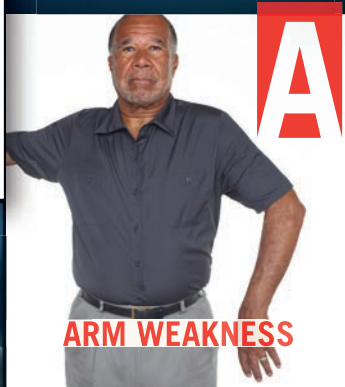


Body language
can tell you all
sorts of things.
Like someone is
having a **stroke**.



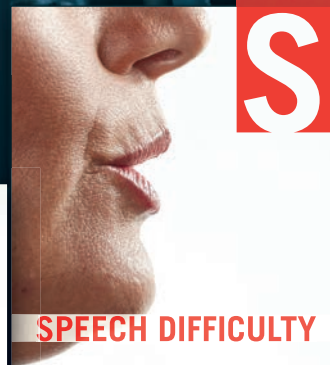
F

FACE DROOPING



A

ARM WEAKNESS



S

SPEECH DIFFICULTY



T

TIME TO CALL 911



Ad
Council



strokeassociation.org



American
Heart
Association

American
Stroke
Association

Together to End Stroke™

Know the sudden signs.
Spot a stroke F.A.S.T.

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THE BIG STORY

Your health can surprise you.
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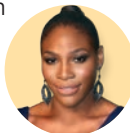
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Healing and Feeding the Community

How one Willis-Knighton employee takes care of others at work and at home.

PUTTING COMMUNITY CARE FIRST

Whether it's preventive care or treatment, Willis-Knighton wants to help improve your life



"I trust in nature for the stable laws of beauty and utility. Spring shall plant and autumn garner to the end of time." Thus wrote English poet

Robert Browning. Although the fall seasons in England are surely more pronounced than those in Louisiana, we know that autumn at The Oaks is one of the most beautiful times of the year. Those who have decided to give up the hassles and expense of a large home might find that they have downsized their lives—but not their lifestyle.

This Fall issue of *Vim & Vigor* includes a story about retired businessman Kurvis Burns and his wife, Betty, who decided to make a move while still very independent and able to enjoy everything The Oaks of Louisiana lifestyle offers. Look for Terrie Roberts' interview on page 52.

Unlike the Burnses, some people don't decide to make the move until they have to. Health incidents are often the moments that make people think about downsizing and simplifying their lives. One of this issue's feature stories covers programs Willis-Knighton offers to help people get back into a normal lifestyle after health issues. In particular, look for Darrell Rebouche's story about our cardiac and pulmonary rehabilitation programs and their benefits. You'll find it on page 49.

Something that makes The Oaks and Willis-Knighton special is that they are 100 percent local: They both serve local people and are managed by local people. This creates a special type of responsiveness and concern in our service of care because we deeply care about our community. Learn more about this local connection in the feature by Marilyn Joiner on page 54.

Although our Fall issue comes out well before the leaves are turning, I hope you'll find this to be a precursor of the happy fall days to come.

Wishing you and your family well,

James K. Elrod
President and CEO



VIM & VIGOR

PRESIDENT AND CEO, WILLIS-KNIGHTON HEALTH SYSTEM

James K. Elrod

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Courtney Herzog



MEDITATION FOR THE MIND AND BODY

The Chinese practice of tai chi will keep your focus in check



Once considered something only spiritual gurus practiced, meditation has made its way into the mainstream over the past decade—and with good reason. Several studies have proven its benefits, including:

- Reduced stress
- Better immunity
- Improved cognition
- Lower blood pressure

Meditation focuses on deep breathing, which increases oxygen in the body and produces more nitric oxide, a gas that relaxes blood vessels and allows blood to flow more easily. Paying attention to your breathing also calms the mind, helps you to stay present in the moment and increases self-awareness.

But for many, meditation is a hard practice to devote time to. Not everyone can, or wants to, sit still and listen to their breath for a prolonged period

of time. Luckily, tai chi, a Chinese meditation-minded form of exercise, delivers all the benefits of meditation with the added bonus of a low-impact workout.

During meditation, it is easy to get distracted and let your mind wander away from your inhalations and exhalations. But in tai chi, because your breath is connected to the movements of the exercise, the mind doesn't have time to get distracted because it is concentrating on what the body is doing. This kind of mind-body awareness of the continuous flow of breath and body builds up the part of the brain associated with decision-making and concentration while the area of the brain connected with emotions, such as fear, become less active. As a result, you are able to respond to stressful situations in a much calmer, more thought-out manner.

In addition to helping improve brain function, tai chi also relaxes the nervous system and leads to a more peaceful mind-body state both during and after the exercise. The combination of relaxation and deeper breathing helps decrease blood pressure, while the exercise's movements, which require you to physically move through space and constantly shift your body weight, improve balance, flexibility, spatial awareness and strength.

Tai chi is slow, graceful and low-impact, so anyone from young elite athletes to those more advanced in age can do it. If you're not sure whether tai chi is for you, give it a try. You might just find your new favorite form of meditation. ■

Technology Update

Residents of Shreveport, Bossier City and the Ark-La-Tex look to Willis-Knighton for innovative care and technology. Here is the latest innovation available at Willis-Knighton.



WK SECURE SCAN

Have you ever visited a Willis-Knighton hospital where you had been previously treated and wondered why you had to enter the same information you've already given? The answer is simple: Willis-Knighton hospitals and physician offices want the most accurate and up-to-date information at every visit. With the focus these days on digital information, it seems that there should be a faster way to do record your information. Now there is.

Willis-Knighton has adopted a new biometric patient identification system based on a patient's palm vein. The new system uses the unique patterns of veins in a person's right hand to confirm identity.

The new technology was tested in a pilot project in May at the Willis-Knighton Cancer Center. It requires patients to register in advance in order to use it, but the registration is simple. A person must present information to confirm identity and then will scan his or her right palm. The identification information and scan are then stored on a secure server.

When people arrive for a future visit, they simply enter a date of birth and place their palm on the scanner. The WK Secure Scan not only confirms the patient's identity but also gathers information about the patient's previous visits and exams, which saves time for patient and staff and ensures physicians have access to accurate records.

"Willis-Knighton chose the Fujitsu PalmSecure technology for its patient identification system because it has performed well in other health systems," says Josh Robinson, who is part of Willis-Knighton's information technology team implementing the project. "Plus, it's easy for patients to use."

Robinson also says that the use of WK Secure Scan is optional. People can still fill out information every time if they prefer. But Robinson and the team at Willis-Knighton are hoping that more people will choose to register for WK Secure Scan to speed up the registration process.



BY THE NUMBERS



**Willis-Knighton
offers care whenever
and wherever you
need it most**



INDEPENDENT SENIOR
LIVING RESIDENCES (TOWER
& GARDEN APARTMENTS AT
THE OAKS)



SKILLED NURSING FACILITIES
(HEALTH CENTER AT LIVE OAK,
PROGRESSIVE CARE CENTER)



ASSISTED LIVING OPTION
(SAVANNAH AT THE OAKS)



POST-ACUTE CARE
OPTION (WK EXTENDED
CARE CENTER)



INPATIENT
REHABILITATION (WK
REHABILITATION INSTITUTE)

UPCOMING EVENTS

“SEW IT GOES: VINTAGE QUILTS & THEIR STORIES”



Jacob’s Ladder.
Wedding Ring. Dresden
Plate. Rose of Sharon.
These and hundreds more
quilt patterns offer an
intriguing mix of fact and fic-

tion. Jeannine James, of Red River Quilters, will explain the process of quilt making—a process that takes nothing less than dedicated craftsmanship—and share stories behind some popular patterns that have survived generations. “Sew It Goes: Vintage Quilts & Their Stories” is at 5:30 p.m., Tuesday, Sept. 25, in the Tower at The Oaks Ballroom. The event is \$10 and open to the public. Register online at wkhs.com (click “Classes & Events”) or by phone at 318-212-8225.



“CELLULOID SHORT STORY: THE FOUNDING OF LOUISIANA FILM PRIZE”



In 2008, Gregory Kallenberg moved back to Shreveport to make a documentary after attending the film production program at the University of Southern California. After deciding to stay in his hometown, Kallenberg set his mind to creating a nonprofit business that would bring tourism and economic development to Shreveport-Bossier.

That business became Film Prize Foundation.

In 2012, Kallenberg launched the award-winning Film Prize festival, a competition and celebration of film where filmmakers are invited to create and show their short films. Since then, Louisiana Film Prize has grown into Music Prize, Startup Prize, Food Prize and Film Prize Jr.

During “Celluloid Short Story: The Founding of Louisiana Film Prize,” Kallenberg will tell his electric story of the birth and expansion of Film Prize. The event is Thursday, Oct. 25, at 5:30 p.m., in the Tower at The Oaks Ballroom. The event is \$10 and open to the public. Register online at wkhs.com (click “Classes & Events”) or by phone at 318-212-8225.





Round-the-clock security and a gated entrance give peace of mind to Oaks residents and their loved ones; **RIGHT: Betty Jane Kelley participates in the water aerobics class in The Oaks's Spa & Wellness Center.**



A TRUE SENSE OF SECURITY

At The Oaks, your health—and safety—are protected



Betty Jane Kelley remembers well when she made the decision to move from her spacious home in Southeast Shreveport to The Oaks of Louisiana.

She had been ill and gotten a shot earlier in the day. On her way to bed, she fell and had lain on the floor all night. “When I came to about five in the morning, all the lights were on in the house,” she says. “I didn’t realize where I was. I was a little confused from having been sick, the medicine and the shot, but I realized I didn’t need to be by myself

anymore. It helped me decide that I needed to make a move.”

Still very independent and active, Kelley, 85, chose an apartment in Tower at The Oaks, one of two independent living residences at the senior living community. She now enjoys 24/7 security and emergency response, and she and her family don’t worry about a similar incident happening again.

Although around-the-clock security might not have been the No. 1 reason she moved to The Oaks, Kelley says it now ranks at the top of the list of

benefits she values most. Feeling safe and having peace of mind is especially important to her, and other residents like her, who have lost a spouse and live alone. It’s also an important priority to their family members.

“We do whatever is necessary to make residents feel safe,” says Daniel Willis, security manager. “We patrol, walk and drive throughout the entire campus. We look for safety hazard concerns such as nonworking lights and make sure all alarms—fire, smoke and door—are working. We respond with our campus nurse and aid in whatever emergency situations may arise.

“And we also build relationships with the residents, even staying with them during a medical emergency until a family member arrives. What sets The Oaks apart from similar communities is our personal service,” he says.

That, and restricted entrance with a uniformed guard posted at the gate. To enter, visitors must identify themselves to security and indicate their reason for being on campus. From there, they’ll receive a visitor identification pass to display on the dashboard of their car during their visit.

“By restricting entrance, we make living here safer for the residents,” says Kevin Fuhrman, The Oaks chief of operations. “There is an extra level of security a gated community provides; residents don’t have to worry about vandalism, break-ins and strangers lurking around.”

Kelley agrees. “It is the best decision I have made at this stage of my life,” she says. Peace of mind—it’s a nice feeling. ■

FALL FAVORITES

As the weather gets cooler, snuggle up with some hearty, healthy dishes

Quinoa and Kale Minestrone

INGREDIENTS

- | | |
|--|---|
| 2 tablespoons extra virgin olive oil | 1 can garbanzo beans (aka chick-peas), drained and rinsed |
| 1 small yellow or white onion, chopped | 1 quart vegetable or organic chicken stock |
| 1 large carrot, chopped | 2 cups purified water |
| 2 ribs of celery, chopped | 2 no-salt-added vegetable bouillon cubes (optional) for extra flavor (one for the soup, one for the quinoa) |
| 1 large bay leaf | 1 teaspoon red wine vinegar |
| Fine sea salt | ½ cup of dried quinoa, prepared according to package instructions* |
| Fresh ground black pepper | 1 bunch kale, stemmed and chopped into about 1-inch pieces |
| 3 cloves garlic, finely chopped or pressed | |
| 1 teaspoon dried basil (or 1 to 2 tablespoons fresh, finely chopped) | |
| 1 teaspoon dried oregano (or 1 to 2 tablespoons fresh, finely chopped) | |
| 1 28-ounce can of crushed or diced fire-roasted tomatoes | |

INSTRUCTIONS

Heat the olive oil in a large soup pot over medium high heat. Add the onions, carrots, celery, bay leaf, a large pinch of sea salt and pinch of black pepper and sauté for five to six minutes until the veggies are soft. Add the garlic, basil, and oregano and continue to sauté for another two to three minutes until fragrant.

Add the tomatoes with their juices and cook another minute. Then, add the beans, stock, purified water and a veggie bouillon cube, and turn the heat to high to let it come to a boil for one minute.

Reduce the heat to medium low, then add red wine vinegar, plus all of the cooked quinoa and chopped raw kale. Cook five minutes then turn off the heat. Allow the kale to wilt for another 10 minutes. Discard the bay leaf. Serve immediately, or cool to room temperature to freeze or refrigerate.

**Quinoa should be prepared prior to making soup.*

Yield: 6 to 8 servings

Recipe submitted by Julie Hartley, RD, LDN,
WK Diabetes & Nutrition Center



Butternut Squash Casserole

INGREDIENTS

- 3 butternut squashes
- 1 cup water
- 1 stick butter
- 1 cup diced sweet onion
- ½ cup brown sugar
- 6 eggs

INSTRUCTIONS

Preheat oven to 400 degrees. Split squash lengthways and discard seeds by removing with a spoon. Place on a baking sheet with a lip and add water, then place in oven to roast for one hour.

While you wait for the squash to roast, place a skillet on medium heat and add butter. Melt and add onion, stir and let cook for eight to 10 minutes. Once onions are soft, remove from heat.

When the squash is tender, remove from oven and cool for about 30 minutes. Scoop out flesh and add to a bowl and discard skins. Add brown sugar and eggs and stir to combine. A chunkier consistency is fine, but if you are looking for a smoother consistency, place in food processor and blend till smooth. Pour mixture in a large dish and bake 45 minutes or until set.

Yield: 12 servings

Recipe submitted by Cameron Wallace
and Billy Wiethaupt, chefs at The Oaks
of Louisiana





MANAGEMENT PROFILE

Smiling Her Way to the Top

If you cross paths with **Sharon Marshall**, she will probably be smiling—and after talking with her a while, you will be, too. “I love meeting people, talking with them,” Marshall says. “I get attached to people. I try to help them as much as I can.”

Marshall is the assistant administrator at Willis-Knighton South & the Center for Women’s Health, where she spearheads the hospital’s day-to-day operations. Attention to detail is her forte, a discipline honed by years of service in the hospital’s business office. In more than a quarter-century of service to Willis-Knighton’s patients, Marshall has risen through the ranks. After 13 years in billing, while dabbling in the admitting office as well, Marshall moved into administration in 2007 and has since thrived in that role.

“From day one, I’ve enjoyed working for Willis-Knighton,” she says. “From the day I came, we were like a small family. We’ve grown, but we still have that family feel.”

Although her daily duties can vary significantly, Marshall wouldn’t have it any other way. “I love what I do. I’ve loved every minute of it. I really have.”

No wonder she’s smiling.



WK EMPLOYEES

One of the World’s Best Dosimetrists

Chris Henry wants to help people. As a dosimetrist, a part of radiation oncology, Henry is a vital member of the Willis-Knighton team helping patients fight cancer. When a radiation oncologist prescribes a plan for a patient, it’s Henry’s job to configure the equipment to deliver the proper amount of radiation to the tumor with the least possible side effects.

Henry is one of the best in the world at his job—and that’s no exaggeration. This year he participated with more than 150 dosimetrists in an international competition for treatment planning, and he finished fifth overall.

Henry’s colleagues are quick to praise him. “The results of the contest have brought well-earned international recognition to Chris and Willis-Knighton Cancer Center,” says Matthew Maynard, a physicist at the Cancer Center.

As for Henry, he’s just happy to help. But his desire to help people extends beyond the walls of Willis-Knighton Cancer Center. For years, he has volunteered at area food pantries. “Our most basic need is to eat,” Henry says. “To be able to provide food for people who don’t have it is just special.”

The Health Surprises Issue

You didn't see it coming, but you're getting through it together.

UNEXPECTED CHALLENGES



If life teaches us anything, it's this: Wellness and illness are anything but predictable

About 2 million

people in the U.S. have had a limb amputated.



1 in 5 Americans has a disability.

Just 5 to 10 percent of cancers are hereditary, so most people can't rely on family history to predict cancer risk.

141.4 million

emergency department visits happen each year.

About **45 percent** of pregnancies in the U.S. are unplanned.



As many as 10 percent of heart attacks afflict people **younger than 45**.

Read on and know that you can handle whatever comes your way. ➔

Sources: Amputee Coalition, Centers for Disease Control and Prevention, Harvard Men's Health Watch, National Cancer Institute, National Institutes of Health





*Tennis superstar **Serena Williams** was treated for a potentially life-threatening blood clot in 2011 after hurting her foot, and again last year after giving birth to a baby girl. But she has her eyes set on the court once more*

BY **JEANNIE NUSS**

Serena Williams is an astonishing athlete and one of the greatest tennis players of all time.

So it came as a shock to many when she was hospitalized in 2011 for pulmonary embolisms, clots that block blood flow to the lungs.

Williams was 29 at the time and recovering from a foot injury she sustained in 2010. The embolisms further delayed her return to the court for almost a year.

Pulmonary embolisms can be fatal; in fact, sudden death is the first symptom in about a quarter of cases, according to the Centers for Disease Control and Prevention.

Williams told NBC's *Today* in 2011 that the embolism was the "scariest moment in my life."

"I had a lot of swelling in my leg, which really is a telltale sign of an embolism, and I could not breathe."

After doctors couldn't find anything in her leg, they ordered a scan of her lungs.

7 THINGS You (Probably) Didn't Know About SERENA WILLIAMS

- 1 She beat her sister Venus to win the 2017 Australian Open shortly after she found out she was pregnant.
- 2 She's married to Reddit co-founder Alexis Ohanian, and their daughter, Alexis Olympia Ohanian Jr., has more than 260,000 followers on Instagram.
- 3 Her middle name is Jameka.
- 4 She's 15 months younger than her sister Venus.
- 5 She sometimes rocks out to David Bowie's *Fame* during challenging workouts.
- 6 Other than tennis, her favorite sport to watch is gymnastics.
- 7 She has made guest appearances on a number of TV shows, including *Law & Order: Special Victims Unit*, *ER* and *Drop Dead Diva*.

Sources: CNN, ESPN, IMDb, Instagram, USA Today, Vogue

Clockwise from right: A pregnant Serena Williams with husband, Alexis Ohanian; triumphant on the court; with daughter Alexis Olympia.



"That's when they found several blood clots," Williams said. "They told me that they had to check me in immediately or else ... it wasn't going to be a good result."

Williams fully recovered and returned to the court in time to win two gold medals in the 2012 London Olympics—in addition to the two she had won previously, in 2000 in Sydney and 2008 in Beijing. (Beyond the Olympics, Williams has won 39 Grand Slam titles: 23 singles titles, 14 doubles titles and two mixed doubles titles.)

In 2017, happy news was followed by another health scare when Williams gave birth to a baby girl. Immediately after, doctors had to fight more blood clots in her lungs, followed by about a week of complications including a ruptured C-section wound due to coughing.

Fortunately, Williams recovered again, and now both she and her daughter, Alexis Olympia Ohanian Jr., are doing well.

A Surprisingly COMMON THREAT

Between her 2011 and 2017 cases, Williams has helped to shine a light on pulmonary embolisms. The condition usually develops from blood clots in the legs known as deep vein thrombosis, which break off and travel through the bloodstream to the lungs.

Although those kinds of blood clots may not be well-known to the general public, they're actually pretty common.

Each year, blood clots affect up to 900,000 people in the U.S., and about 100,000 people die from them, according to the National Blood Clot Alliance. That's greater than the number of people who die from AIDS, breast cancer and motor vehicle crashes combined, according to the group.

"This is the third-leading vascular disease," says Mary Cushman, MD, who previously served on the board of directors of the American Heart Association. "You have heart attack, stroke and then deep vein thrombosis."

Causes, Symptoms AND TREATMENT

So, how do you know whether you have deep vein thrombosis or pulmonary embolism?

For deep vein thrombosis, symptoms can include swelling (usually of one leg or one arm), pain, warmth or redness.

For pulmonary embolism, symptoms can include shortness of breath, chest pain that gets worse with deep breathing, coughing or coughing up blood, and feeling lightheaded.

"The problem is that you don't always have all the symptoms, and a pulmonary embolism can occur without any symptoms," Cushman says.

If you do experience any of these symptoms, act fast.

"If you look down and one leg is bigger than the other, don't just let it go," Cushman says. "You need to get it checked out, and you don't want to wait too long, because the clot could break free and go to your lungs and kill you."

Fortunately, there are effective treatment options for blood clots.

Among the most common are anticoagulants or blood thinners, which "interfere with the blood's ability to clot," says Jack Ansell, MD, past chair and now emeritus member of the National Blood Clot Alliance's Medical & Scientific Advisory Board. "Anticoagulants don't break down the blood clot. They simply prevent more clots from forming. And the body's own system then over time breaks down the clot."

Severe cases may call for an additional drug called a thrombolytic agent (commonly known as a clot buster) to help break down the clot. In rare cases, Ansell says, surgery may be performed to remove the clot.

Know Your RISK FACTORS

There are a number of risk factors for blood clots in the legs and lungs. They include:

► Hospitalization.

Hospitalization—especially when it's associated with surgery, physical trauma or prolonged immobility—can be a major risk factor for blood clots. In fact, about 1 out of 10 hospital deaths are related to blood clots in the lungs, according to the National Blood Clot Alliance. So, if you end up in the hospital, ask your doctor to conduct a blood clot risk assessment. If your healthcare provider determines that you're at high risk for a clot, he or she can prescribe blood thinners to prevent clots from forming in the first place.

► **Family History.** "If you have a first-degree relative—a sibling, a parent, a child—who's had a blood clot, your risk is two times greater than other people," Cushman says.

Unfortunately, because pulmonary embolisms and deep vein thrombosis aren't well-known, many people don't think to ask their relatives about their health history, Cushman says. It's important to talk to your family to learn more.

► Injury and other risk factors.

Injury is another risk factor for blood clots in the legs and lungs. For Williams, a foot injury caused by a piece of broken glass led to her 2011 pulmonary embolisms.

Other risk factors for clots in the legs and lungs include cancer, surgery, trauma (like from a car accident), birth control methods that contain estrogen, hormone therapy (which contains estrogen), obesity, and

immobility (including being confined to bed and sitting too long, like when you're traveling on a long flight).

► **Pregnancy.** Women who are pregnant or who have just given birth are at higher risk for clots, too.

That's why Williams told *Vogue* she had been scared of getting pregnant since her initial pulmonary embolism diagnosis in 2011.

To prevent clots from forming during her pregnancy, Williams injected herself with anticoagulants. But she was off the anticoagulant regimen to deliver her baby, whom she calls Olympia. The next day, she suddenly felt short of breath. She alerted a nurse, and a CT scan soon showed several small blood clots in her lungs.

Preventing BLOOD CLOTS

Fortunately, blood clots can be prevented.

It's important to know your family health history and let your healthcare provider know if it includes blood clots, Cushman says. Other things that can help are to exercise regularly, avoid prolonged sitting, maintain a healthy weight and eat a healthy diet.

The National Blood Clot Alliance also emphasizes the importance of knowing your risk factors and recognizing signs and symptoms.

That's important even if you're generally healthy, says Karon Abe, PhD, health scientist with the CDC.

After all, blood clots "can happen to anybody," Abe says—even an elite athlete like Williams.

But she isn't letting her health issues stop her. She told *Vogue* that her desire to win more titles hasn't changed.

"I absolutely want more Grand Slams," Williams said. "And actually, I think having a baby might help. ... When I'm too anxious, I lose matches, and I feel like a lot of that anxiety disappeared when Olympia was born." ■

STAY HEART HEALTHY While Traveling

There are many things to be mindful of while traveling, including blood clots, because long flights or car rides can put you at a higher risk. "Any situation where you're confined and can't get up or move around can lead to blood clots," explains Paul R. Stafford, MD, of Pierremont Cardiology in Shreveport.

Fortunately, there are simple things you can do to lower your risk. "If you're driving, stop frequently and get out and walk around," Dr. Stafford says. "If you're on an airplane and you're not allowed to stand up, shift around in your seat, and move your legs. Try to be as mobile as you can."

Dr. Stafford says your clothing can also make a difference. "Tight fitting clothing can increase venous pressure, or some sports stockings that have tight elastic bands, those can be negative," he cautions. Compression stockings, however, can promote blood flow from your legs back toward your heart.

It's also important to avoid becoming dehydrated, so drink plenty of water and avoid alcohol. "And, elevate your feet whenever you can," he says.

WEBSITE



Close to Heart

Willis-Knighton Heart & Vascular Institute features the most comprehensive heart services in the Ark-La-Tex. Learn about innovative cardiovascular care at Willis-Knighton by going online to wkhs.com/heart.

THE BIG STORY

Ready for Any

PHOTO BY GETTY IMAGES



thing

➔ Health problems are often unexpected.
But rest assured, you can deal with
whatever comes your way BY SHELLEY FLANNERY

CHEST PAIN

She thinks it's just indigestion, but what if she's wrong?

IS IT OR ISN'T IT?

➔ *Nine reasons for chest pain that aren't a heart attack*

We've all been conditioned to associate chest pain with heart attacks and know exactly what to do (call 911!). And rightfully so. Chest discomfort, whether described as crushing or tightness, is the most common symptom of heart attack in both men and women, according to the American Heart Association.

"Chest pain can be a warning symptom that tells us your heart is straining because your arteries are blocked," says Vincent Bufalino, MD, a cardiologist and American Heart Association spokesman. Any new chest pain should be checked out. But not every twinge in the chest is a heart attack—or even heart-related.

"Chest pain is a very generic term," Bufalino says. It could signal any number of issues in the cardiac, digestive, respiratory or musculoskeletal systems.

PHOTO BY GETTY IMAGES

Cardiac Problems

1. Myocarditis. This condition is often mistaken for a heart attack because it shares multiple symptoms, including fatigue and shortness of breath, and it's also serious. Myocarditis and an associated condition called idiopathic dilated cardiomyopathy are the reasons behind 45 percent of heart transplants. But myocarditis does not signal a blockage. Instead, the cause is inflammation of the heart muscle caused by a virus. Additional symptoms include fever and a fast heartbeat. Myocarditis is treated with medication and rest.

2. Pericarditis. Another condition marked by inflammation, pericarditis affects the sac that surrounds the heart. Certain viruses can cause the sac to become inflamed. Other symptoms of pericarditis include sharp pain along the neck or shoulder that worsens when swallowing food or lying down. Most cases of pericarditis are mild and resolve on their own with rest and anti-inflammatory pain medication.

Digestive Problems

3. Heartburn. Acid reflux occurs when digestive acids from the stomach back up into the esophagus, and the hallmark symptom is a burning sensation in the lower chest/upper abdomen known as heartburn. Antacids should provide relief. If not, and you're not sure whether it's just heartburn, call 911.

4. Peptic ulcers. These painful sores in the lining of the stomach are more common in people who smoke, drink heavily, or frequently use aspirin or NSAID (nonsteroidal anti-inflammatory drug) pain relievers. Treatment may include medications and surgery; not smoking and avoiding alcohol can help.

Respiratory Problems

5. Pneumonia. This infection of the lungs causes chest tightness but will also be accompanied by flu-like symptoms, such as fever, chills and a cough that may or may not produce phlegm.

Treatment may include antibiotics and cough medicine.

6. Pulmonary embolism. When a blood clot gets lodged in an artery in the lungs, it's called a pulmonary embolism and, like a heart attack, it is life-threatening. In addition to chest pain, symptoms include shortness of breath, cough and arrhythmia (irregular heartbeat). Medications are usually the first line of treatment.

7. Pneumothorax. Also known as a collapsed lung, pneumothorax is when air leaks from the lung into the space surrounding it, and it's often the result of an injury to the chest. Pain is typically described as sharp and is accompanied by shortness of breath. Doctors relieve pressure on the lung by inserting a needle or chest tube; surgery is sometimes required.

Musculoskeletal Problems

8. Rib fracture. Broken ribs cause pain in the chest that is worse with deep breathing, coughing and sneezing. Pain is usually localized, and the injury is sore to the touch. Most people recover with rest, ice and over-the-counter pain medication.

9. Muscle strain. Weightlifting, intense physical labor and even forceful coughing can strain the chest muscles, causing pain that worsens with activity and is relieved with rest, ice and over-the-counter pain medication. ■

KNOW THE SYMPTOMS

Not every twinge in the chest is a heart attack, but chest pain can be a warning sign.

Sai Konduru, MD, with Willis-Knighton Cardiology, says any chest pain merits further investigation, especially if it is severe and recurring. "Never try to diagnose chest pain yourself," he says.

Patients with certain risk factors for heart disease such as high blood pressure, diabetes, smoking and family history should be especially wary of chest pain, Dr. Konduru says. It is not always something to fear but should never be ignored.

Dr. Konduru says oftentimes people having a heart attack delay seeking medical attention because they don't recognize the warning signs. Still others show no signs at all.

Some common signs are chest pain, sweating, fatigue, shortness of breath and nausea. "The most concerning symptoms to a physician are chest pain, shortness of breath and jaw pain," Dr. Konduru says. "Any chest pain with or without activity needs medical attention."

A heart attack is a serious medical emergency, Dr. Konduru says. Unlike nagging lower back pain or an achy knee, chest pain isn't something to shrug off until tomorrow. It also isn't something to diagnose at home. Don't play doctor—go see one, fast.

WEBSITE



Be Heart-Conscious

Having a heart condition can be scary. Knowing the facts can help. Visit wkhs.com/heart and click "Education Resources" for information you can discuss with your doctor.

LUNG CANCER

It's not news she ever expected to hear.



IT HAPPENS TO NONSMOKERS, TOO



As many as 1 in 5 people with lung cancer don't smoke

Lung cancer is brutal. It accounts for about 13 percent of all cancers diagnosed each year, but it's responsible for more than a quarter of all cancer-related deaths.

"Lung cancer is the deadliest of all cancers," says Guneet Walia, PhD, senior director for research and medical affairs at the Bonnie J. Addario Lung Cancer Foundation. "It kills more men and women than the next three cancers—breast, colorectal and prostate cancers—combined."

And while smoking is the leading risk factor for lung cancer, nonsmokers develop the disease, too. In fact, nearly 30,000 nonsmokers died of lung cancer in 2017, according to the American Cancer Society. Nonsmokers make up as many as 20 percent of lung cancer patients.

PHOTO BY GETTY IMAGES

Other Causes of Lung Cancer

The second-leading cause of lung cancer is secondhand smoke. Living with a smoker or being exposed to secondhand smoke at work raises an individual's risk of developing lung cancer between 20 and 30 percent, according to the Centers for Disease Control and Prevention. But even brief exposure can increase risk, albeit by a small amount.

Another risk factor for lung cancer is harder to detect: Radon gas is invisible, odorless and naturally occurring. It forms as uranium and radium decay in the ground and exists in low levels in air everywhere. But about 1 in 15 homes in the U.S. has unsafe levels of radon gas, and radon is responsible for an estimated 15,000 to 22,000 lung cancer deaths per year.

Other exposure-based risks include working around asbestos, airborne chemicals and diesel fuel; air pollution; and previous radiation therapy to the lungs.

Genetics also play a role.

"A small percentage of families have a genetic mutation called T790M," Walia says. "If you have this mutation, there is a very high likelihood that you will develop lung cancer in your lifetime."

Limited Screening Guidelines

What makes lung cancer so deadly is it's often diagnosed at later stages, when the cancer has already metastasized—that is, spread to other parts of the body.

Only in the last five years has the U.S. Preventive Services Task Force recommended annual lung cancer screening for high-risk patients using low-dose CT scans. The task force defines high-risk patients as smokers or former smokers with a smoking history of 30 pack years. Thirty pack years means smoking a pack a day

for 30 years or two packs per day for 15 years.

There are currently no screening guidelines for nonsmokers. It's best to talk to your doctor about your individual risk. People with strong family histories of lung cancer may want to meet with a genetic counselor about being tested for T790M.

Know the Signs

Because lung cancer screening is still in its infancy, it's important to familiarize yourself with the early symptoms of the disease.

- Cough that doesn't go away
- Coughing up blood
- Chest pain that's worse with coughing or laughing
- Hoarseness
- Shortness of breath
- Persistent bronchitis or pneumonia
- New wheezing

Walia recommends mentioning lung cancer when talking to your healthcare team about your symptoms.

"Tell your doctor about any symptoms, like persistent cough, shortness of breath and fever that's not going away," she says. "And bring up the possibility of lung cancer, because it's certainly possible your doctor isn't thinking lung cancer if you don't have obvious risk factors."

The sooner you can get a diagnosis, the better off you'll be. ■

FEND OFF LUNG CANCER

If identified early, lung cancer is almost entirely curable, says Greg Sonnenfeld, director of the Willis-Knighton Cancer Center. "Too often the symptoms do not appear until it is too advanced and noncurable," he says.

In an effort to prevent lung cancer, a low-dose CT lung screening has been developed. This screening will look for early-stage lung cancer in people who are at high risk. It is quick, easy and results in a minimal amount of radiation exposure. Patients must meet the following criteria to be screened:

- ▶ Age 55 to 75
- ▶ Be a longtime smoker (average one pack per day for 30 years or more)
- ▶ Be a current smoker or have quit in the last 15 years
- ▶ Visit with a physician to decide whether this is the right test for you

Willis-Knighton and its physicians are committed to supporting community health initiatives by identifying people at risk for lung cancer before symptoms appear, Sonnenfeld says.

Nihar Patel, MD, with Hematology/Oncology Associates of Willis-Knighton Health System, agrees. "Lung cancer screening, in addition to stopping smoking, is an important tool to lengthen the lives of current and former smokers by guiding them to lifesaving treatments," he says.

WEBSITE



Don't Fight Cancer Alone

When you need it, reach out for help. Find a support group to help you or a loved one cope with a cancer diagnosis. You can visit wkhs.com/cancer and click support groups.

He feels terrible, and she's trying to figure out who can best help.

DECISIONS, DECISIONS



When to head to the ER, urgent care or your doctor

Quick: Your husband woke up in the middle of the night with a nasty sore throat and a fever. Where do you take him for care? What about when your daughter twists her ankle during Saturday's soccer game? Or when you cut your hand slicing a bagel?

With emergency care, urgent care and primary care options for treatment, "it's easy to understand why there's confusion," considering the overlap in care, says Sean M. McNeeley, MD, president-elect of the Urgent Care Association of America. Use this guide to help you decide where to go.

Primary Care

Your primary care provider is the person who oversees your healthcare, knows your health history, and can recommend maintenance measures such as screenings and immunizations. Primary care providers assess and treat a wide variety of nonurgent conditions and provide referrals to specialists.

Head to primary care for: Checkups, sports physicals, immunizations, chronic disease management, colds, flu, muscle strains,

mild to moderate pain, acute illnesses such as shingles, well-woman visits, headaches, skin rashes and infections, fever, ear pain, mild to moderate respiratory disorders and persistent cough.

Wait times: Typically days or weeks, depending on appointment availability; sometimes same-day.

When you can go: Typical business hours, Monday through Friday.

Cost: Going to primary care is the best option for your wallet, but don't try to save money by going there with an emergency—they'll send you to the hospital and you'll lose treatment time.

The Emergency Department

Often called emergency rooms or ERs, emergency departments are for just that—emergencies. The problem is knowing what qualifies. Some situations are obvious: heart attacks, burst appendixes and major injuries sustained in car crashes. But what about when the signs are subtle?

"If you think you're having an emergency, call 911 or go to the nearest ER," says John Rogers, MD, president-elect of the American College of Emergency Physicians. "We shouldn't expect people to determine if they're having an emergency or not. We can't always tell based solely on the chief complaint, so why would you expect to be able to?"

Head to the ER for: Trouble breathing, fainting, signs of heart attack or stroke, sudden severe headache, prolonged dizziness, sudden confusion, bleeding that won't stop, broken bones, cuts that expose bone or tissue, serious burns, coughing up blood, severe pain, severe allergic reactions, high fever (above 103 F for adults, 104 F in children older than 3 months and 100.4 F for infants up to 3 months), persistent vomiting or diarrhea, seizures and suicidal thoughts.

Wait times: Vary, depending on severity of condition, from immediate to several hours.

When you can go: Always; open 24 hours a day, seven days a week.

Cost: Emergency departments are the most expensive type of care, but they're also the most well-equipped to deal with every ailment—and quickly. Don't let cost stop you from getting lifesaving care.

Urgent Care

Urgent care centers fill a gap between primary and emergency care. They typically have basic lab and imaging equipment such as X-ray machines as well as the ability to treat minor illnesses and injuries.

"If it's not an emergency and your family doctor is unable to see you, then you've got urgent care," McNeeley says. "Most urgent care clinics are open every day of the year, and you don't need an appointment."

Head to urgent care for: Ear infections, sore throat, small lacerations, minor burns, mild allergic reactions, mild to moderate asthma, fever, flu, back pain, skin rashes, sprains and strains, simple fractures, urinary tract infections, eye irritation, vomiting, diarrhea and mild dehydration.

Wait times: Vary, depending on number of patients ahead of you (first come, first served).

When you can go: Urgent care clinics are usually open 10 or more hours a day, seven days a week.

Cost: Your cost will most likely be more than a visit to your primary care doctor but still well below your cost at the emergency department. Here, you're paying for convenience. ■

DOCTOR WHO?

When you're sick, it's hard enough to function, much less decide where to go see the doctor. From urgent care and the emergency room to your primary care physician, there are plenty of options. But where should you go? The main difference is the level of care provided. Each option has benefits, so making sure you choose the right care setting is important.

Susan Cash, director of emergency services for Willis-Knighton Health System, says it is not automatically the best choice to visit the emergency department. Emergency rooms are for just that: emergencies. "The sickest people will always be seen first in an emergency room," she says. "If you walk in with a minor illness, you might have to wait."

If available, always call your doctor for recommendations when you are ill. Having a primary care physician for routine care is best.

Cash also recommends visiting a WK Quick Care when your doctor is not available. "Depending on how serious you feel your condition is, this may be a faster and more affordable option," she says.

WEBSITE



Shorten Your Wait Time

Feeling under the weather? Stop by Quick Care and be seen as soon as possible by first checking in online. Visit wkquickcare.com to register before arriving.

You Have Cancer.

Now What?

*It's OK not to know what to do.
Start with our step-by-step guide*

BY ALISSA EDWARDS



There are few things in life more overwhelming than a cancer diagnosis.

If you have been diagnosed, these seven practical steps will help you get your bearings—so you can focus on getting better.

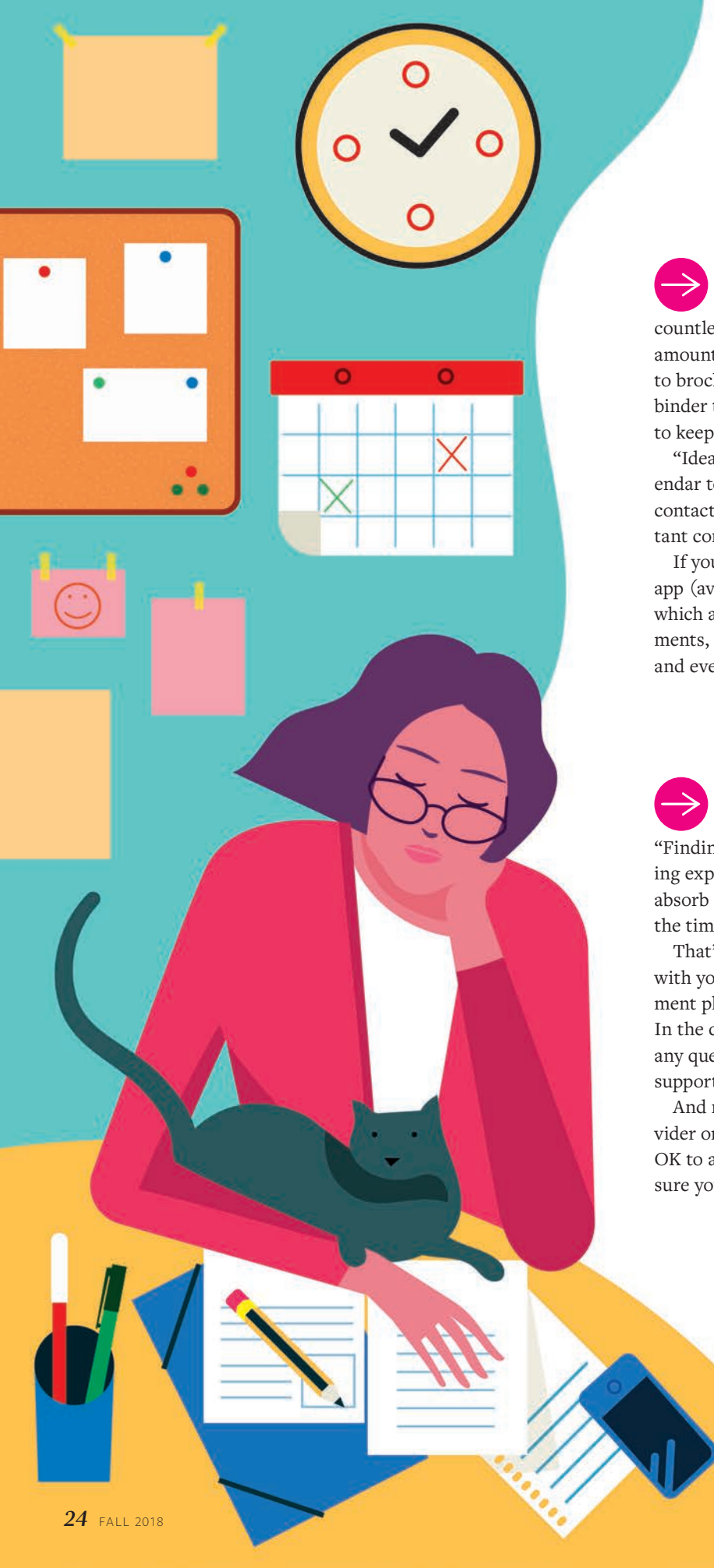


First, Take a Moment

It may seem as if there's a lot to do—and there is—but it's OK to allow yourself time to process your diagnosis and experience emotions like fear, sadness and anger before jumping into scheduling appointments and tests.

“A cancer diagnosis is a shocking, life-changing event,” says Jenny Marais, RN, oncology nurse navigator and author of *Navigating Your Cancer Journey: A Handbook for Cancer Patients and Caregivers by an Oncology Nurse Navigator*. “Give yourself a chance to grieve and breathe before you worry about taking any next steps.”

Remember that it's common for individuals with cancer to experience some form of depression after a diagnosis or during treatment, adds Dawn Wiatrek, PhD, a psychologist and a spokeswoman for the American Cancer Society. “If you're struggling,” she says, “meeting with a mental health professional or attending a cancer support group can provide the support you need to get through your cancer journey.”



Get Organized

In the weeks and months to come, you'll attend countless appointments and be inundated with massive amounts of information, from paperwork and test results to brochures and business cards. Consider purchasing a binder that you can bring with you to your appointments to keep track of it all.

"Ideally, this would include a place to take notes, a calendar to keep track of appointments and a place to keep contact information for your providers and other important contacts," Marais says.

If you prefer to go paperless, check out the LivingWith app (available in the Apple App Store and Google Play), which allows you to keep track of your doctor appointments, store your test results and insurance documents, and even audio-record your appointments.



Get a Grasp on Your Diagnosis and Treatment Plan

"Finding out you have cancer is an incredibly overwhelming experience," Wiatrek says. "Most people simply can't absorb all of the information that's provided to them at the time of their diagnosis."

That's why it's wise to schedule a second appointment with your oncologist to review your diagnosis and treatment plan *after* you've had a chance to process the news. In the days leading up to this appointment, write down any questions you think of to ask your doctor. Bring a support person as an extra set of ears.

And remember, if you aren't comfortable with your provider or what he or she is telling you for any reason, it's OK to ask for a second opinion, Marais says. Just make sure your insurance will cover it.

➔ Connect with Resources

Ask if your hospital or treatment facility offers cancer support groups, workshops or trained support staff, such as oncology social workers and oncology nurse navigators, to help you during your cancer journey.

“A nurse navigator is a registered nurse who has been specially trained in cancer care and can be an invaluable resource,” Marais says. “We can help you schedule appointments, coordinate care between your providers, remove barriers to care and provide education and emotional support to you and your family.”

In addition, check with local organizations such as the American Cancer Society, which may offer free or low-cost programs and services in your area to support you before, during and after your treatment. “These may include free rides to treatment, free and reduced lodging for patients who travel for treatment, free or discounted wigs or breast prostheses, and peer support from other cancer survivors,” Wiatrek says.



9 QUESTIONS TO ASK YOUR DOCTOR

You’ve just received a cancer diagnosis. While it might be tempting to spend hours on the internet researching, resist the urge—at least for now, says Dawn Wiatrek, PhD, a psychologist and a spokeswoman for the American Cancer Society. “The best source of information about your cancer and individual situation is your doctor,” she says. “Instead, schedule your next appointment and focus your energy on writing down questions to ask during your visit.”

Here are a few to get you started:

1. What stage is my cancer, and what exactly does that mean?
2. What are my treatment options, and what do you recommend?
3. What is the goal of my treatment?
4. What are the side effects of this treatment, and what should I report right away?

5. Do I need to get any immunizations or dental treatment before I begin?
6. What do you think are my chances of survival?
7. Are there any clinical trials available that could benefit me?
8. How much experience do you personally have treating my type of cancer?
9. How should I go about seeking a second opinion?

Bring these questions—and any others you think of—to your next visit, then write down your provider’s answers, so you can review or research them later.

“Don’t be afraid to ask your doctor to explain something if you don’t understand,” Wiatrek says. “That’s what they’re there for.”



→ Meet with a Financial Counselor

Cancer care can be costly, but money is the last thing you want to worry about when you're trying to get better. Reduce some of that financial stress by meeting with a financial counselor (or nurse navigator or social worker who can fill the role) at your hospital before beginning your treatment.

"We can help you work with your doctor's office to review your insurance coverage and go over likely costs, which can give you an idea of what you can expect to pay over the course of your treatment," Marais says. "We can also help you find ways to minimize out-of-pocket costs, such as using generic drugs or participating in clinical trials, and provide information about financial assistance that may be able to help you pay for treatment."

→ Identify Your Support System

In the weeks and months to come, it may be difficult to keep up with your current responsibilities. Determining people you can count on now can help you avoid stress later on.

"This is the time to tell your close friends, neighbors and family members about your diagnosis and see how they'd like to help," Wiatrek says. This may include light housekeeping, meal preparation or grocery shopping. If you have young children, you might need a babysitter or someone to transport kids to and from school, sports practices or extracurricular activities.

If you work, it's likely that you will require time off to attend doctor appointments and recover from surgery or treatments. "Start by researching the Family Medical Leave Act laws in your state and then communicate with your employer about your diagnosis and treatment plans as you feel comfortable," Marais says. "Most people are pleasantly surprised by the care and support they receive from their bosses and co-workers."



Focus on Getting Better

You're now ready to begin your treatment—and that's when the real work begins.

"This is the time to prioritize your mental, physical and emotional well-being," Marais says. "That means surrounding yourself with loved ones, nourishing yourself with a healthy diet, staying hydrated, exercising [as recommended by your provider] and completing your treatment plan."

Try to minimize obligations in your life that increase your stress level or drain your energy reserves by accepting the help that others offer. "It may be difficult to let go of your normal responsibilities," Wiatrek says. "But your No. 1 job right now is to focus on getting better." ■



COMING TO TERMS WITH CANCER

"You have cancer" is one of the most devastating phrases you could hear, and the news can be difficult to process.

"It's almost impossible for a patient to grasp everything we say in that room," admits Prakash Peddi, MD, of Hematology/Oncology Associates at Willis-Knighton Cancer Center. Dr. Peddi advises his patients to have loved ones with them to help take in and process all the information. "I always encourage patients to bring as many family members as possible to come and discuss the diagnosis and implications with me," he says.

Dr. Peddi also says he understands that he will often need to explain details of diagnosis and treatment several times. "There are always questions and doubts with the new diagnosis, and I tell my patients that these issues will be discussed again and again and again. Repetition and reinforcement are important; for both good and bad news."

"There's never an easy way to break the news," he says. "Most of the time when we talk, we try to convey the news to the patient in a straightforward way." Dr. Peddi says it is common for patients and their families to anticipate the worst, but cancer doesn't always take your life. Some cancers are treatable, and some are curable. Reactions to the news vary, and doctors are prepared for that. Dr. Peddi says, "I don't think we're here as doctors to judge how patients should react."

These conversations can be complex, and Dr. Peddi emphasizes that the dialogue will be ongoing throughout treatment. "It's important for doctors to have compassion," he insists, "to sit down and really talk."

WEBSITE



Get the Support You Need

High-tech patient care with a multidisciplinary approach to treatment of cancer is the hallmark of the Willis-Knighton Cancer Center. Find more online at wkhs.com/cancer.

Solving *Back Pain*

5 questions to ask yourself
to get to the root of this
common but vexing problem

BY ALLISON THOMAS

PHOTOS BY GETTY IMAGES



Does your back hurt? If it makes you feel any better, you're not alone.

Back pain is one of the top reasons people go to the doctor, and 80 percent of us will experience it at some point in our lives. It can have many causes—from a simple muscle strain to a herniated disk or spinal stenosis to (more rarely) a serious underlying condition, such as an infection, an abdominal aortic aneurysm or cancer.

Most episodes of back pain, fortunately, will resolve on their own within a few weeks. In the meantime, though, you need *relief*. Here are a few key questions to ask yourself about your back pain to help you deduce what might be causing it—and to know when it's time to seek care.

1 What Brings It On?

Figuring out what exacerbates your back pain is the logical place to start, says Jacob M. Buchowski, MD, an orthopedic surgeon and spokesman for the American Academy of Orthopaedic Surgeons.

"Is the pain there with activity? Is it constant? Is it worse during the day or night? Was it the result of some kind of trauma? These kinds of questions can help determine if it's a mechanical or degenerative problem, or if it may be something more serious," Buchowski says.

On the flip side, pain that appears seemingly out of nowhere can be a concern.



"If you're 50 to 60 years old and you've never had back pain before and you develop it suddenly with no obvious reason, it's probably worth getting checked out," says David J. Kennedy, MD a physiatrist and spokesman for the Association of Academic Physiatrists. Because degenerative changes in the spine and back pain can begin as early as the 20s and 30s, a sudden, unexplained bout later on is less likely to indicate a degenerative or mechanical problem and thus could potentially be more concerning.

2 **Where Is the Pain?**

Yes, the simple answer is, "In my back." But what part of it? And does the pain travel? Does it radiate into your shoulder, arm, buttocks, thigh or groin, for example?

"About once a month, I'll see a patient with back pain that radiates into the buttock and groin," Buchowski says. "They think they have a spine problem, but it turns out it's actually hip arthritis."

Pain that occurs in your back between your lowest rib and buttock could also indicate an issue such as a kidney stone, he says.

3 **Are There Associated Symptoms?**

Pain that comes with other symptoms is likely to make your doctor look for causes beyond your back, Buchowski says.

"For example, if someone says they've had back pain and have also been experiencing weight loss, or they have pain accompanied by fevers, chills and night sweats, that's going to take

you in another direction beyond just mechanical back pain," he says. It could indicate problems such as an infection that's causing destruction of the intervertebral disks (the shock absorbers between the vertebrae) or of the adjacent bone.

Other associated symptoms that could be cause for concern include bowel or bladder issues, or a new onset of weakness. "If you can't hold a coffee cup or you find you're dropping things, that's something that probably needs to be checked out," Kennedy says.



NAME Confidential No.

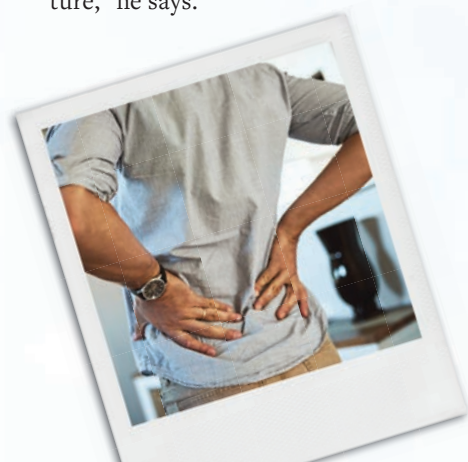


4 **Could It Be Related to Something Else?**

Other health conditions—or even a history of them—can sometimes contribute to back pain. For example, because osteoporosis causes your bones to weaken or thin, trouble with your back could be a result.

“If you have osteoporosis with back pain, it could lead to an osteoporotic fracture in the spine, so that’s something we look for,” Buchowski says.

Although rare, cancer can be a cause of back pain. “A history of cancer could indicate there’s been a metastasis [spreading] in the spine that’s weakened the bone and led to a fracture,” he says.



5 **Is It Getting Better?**

This can be a tricky issue, because for most people, back pain comes and goes, Kennedy says.

“The severe, crushing pain usually doesn’t last for long while the low-level nagging pain feels like it lasts forever. At some point, it’s worth getting checked out just to make sure you’re not missing something,” he says.

If your pain seems to be related to activity and improves with rest, it’s more likely to be mechanical pain, Buchowski says, and he recommends self-treatment options including ibuprofen or acetaminophen, or core-strengthening exercises and low-impact aerobic activities, like walking or swimming, to see if that helps.

“If it’s not better in a couple of weeks, it may be time to see a primary care doctor or specialist and start physical therapy,” he says. ■

IS EXERCISING WITH BACK PAIN SAFE?

Most adults will experience an episode of back pain in their lifetime, and the majority of back pain cases are not associated with any serious injury and will improve within several weeks. One of the most common questions during back pain recovery is, “Will exercise help eliminate the pain, or do you have to get rid of your back pain before you can start exercising?”

Lee Rielly, physical therapist for Willis-Knighton Health System, says, “Resuming normal daily activity as quickly as possible is considered safe and effective.”

Rielly explains prolonged periods of inactivity after back pain are discouraged, and that avoiding exercise because of the potential risk of making the condition worse is a common misconception. “The use of exercise is effective in the prevention and management of back pain,” he says.

But there is no one-size-fits-all exercise recommendation. Consult your physician to develop an effective approach for you.

WEBSITE



Eliminate Your Pain

If you suffer from back pain, regular daily exercise should be a part of your lifestyle. WK Fitness & Wellness Centers offer a variety of classes to benefit you and keep your body pain-free. Check out the available classes at wkfitness.com.

10 WAYS TO PREPARE FOR HEALTH CHALLENGES

1 If you have a symptom that alarms you—such as a swollen leg, which could indicate a blood clot—don't wait to get it checked out.



Know what conditions run in your family and tell your doctor.

3 Whether you're dealing with cancer or another serious illness, know the people you can count on and ask them for help. Be specific about what you need.

4 Does your chest hurt? Stay calm, but seek emergency care if you think there's a chance it's a heart attack.

Think about how you'll respond to a crisis in advance, such as your child breaking a bone during a sports game.

5

6 If you're a smoker or a former smoker, talk to your doctor about lung cancer screening.

7 Don't think that being a nonsmoker means you can't get lung cancer. Be aware of your risk factors.

8

If you're receiving treatment for a health condition, don't be afraid to ask your doctor a lot of questions. And ask for a second opinion if you want one.



9 If you might be in the midst of a health emergency but don't want to go to the emergency department because of the cost, go anyway. Your life is more important than money.

10

Don't live with chronic pain—such as in your back—without seeing if a physician can help you. It's better for your quality of life, and it might uncover a treatable health problem.



THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS



HOME IS WHERE THE ALLERGENS ARE

More than 90 percent of U.S. homes have at least three detectable allergens, and about a quarter of homes have at least one allergen at elevated levels, according to a report from the National Institutes of Health.

Having pets is a big risk factor, and the type of housing also matters, with mobile homes, older homes and rental homes showing higher levels of allergens.

The good news is that you can reduce exposure to allergens by following these tips:

- ▶ Every week, vacuum carpet and wash sheets in hot water.
- ▶ Limit pets' access to bedrooms.
- ▶ Use allergen-impermeable covers on mattresses, pillows and box springs.

THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS



Pollution Risk for Moms-to-Be

As if pregnant women don't have enough to worry about: New research says air pollution could play a role in miscarriages. A study from the National Institutes of Health showed that exposure to common pollutants such as ozone—a main component of smog—may increase the risk of losing a pregnancy in the first 18 weeks of pregnancy.

The reason air pollutants could have this effect is not clear, and more research is needed. In the meantime, pregnant women should consider avoiding outdoor activity when air quality alerts are issued.

TOOL



Check Your Air Quality

Find out how healthy the air is where you live by visiting airnow.gov.

ONION RINGS **vs.** FRENCH FRIES

• Which fried treat is healthier?

Real talk: Any food that's been doused in oil and fried is not going to help you reach your healthy eating goals. That said, onion rings have a slight edge over french fries, with 157 calories and 9 grams of fat in eight medium-sized rings, compared with 295 calories and 16 grams of fat in about 20 fries.

But if you love these crunchy, salty side items, don't despair: It's easy to make healthier versions.

Cooking onion rings or french fries at home, versus eating them at a restaurant, allows you to control the type of oil. Restaurants often use oils high in trans fats, which are particularly unhealthy. If you use liquid oils such as olive, soybean or canola, they are higher in healthy fats.

Another option: Instead of frying, try roasting or baking in the oven. Those methods use far less oil but preserve the satisfying crunch.

The verdict? Onion rings are somewhat healthier than french fries, but your best bet is to cook these foods at home and forgo frying.



► TRUE OR FALSE

Tick bites can lead to a red meat allergy.

TRUE. Researchers have linked an allergy to alpha-gal, a molecule found naturally in red meat, to bites from a particular species of tick called Lone Star. The tick is commonly found in the Southeast, as well as some parts of New York, New Jersey and New England. Those who develop an alpha-gal allergy from these tick bites can experience anaphylaxis—an allergic reaction that constricts airways and causes blood pressure to plummet—three to six hours after eating red meat.



CANCER DEATHS DECLINING

Need to hear some good news?

Deaths from cancer decreased by 26 percent between 1991 and 2015. That translates to nearly 2.4 million fewer deaths.

The statistics, published in *CA: A Cancer Journal for Clinicians*, showed that lung cancer is the most common cause of cancer death for both men and women. Other common causes of cancer deaths include breast for women, prostate for men and colorectal for both sexes.

Researchers believe that death rates have reduced because of improved treatments and early detection. The death rate could be further reduced if fewer people smoked, as smoking is the cause of nearly a third of cancer deaths.

STATS: ALZHEIMER'S DISEASE



1 in 10

people age 65 and older
has Alzheimer's.

It is the

No. 6

leading cause of death
in the U.S.

Almost

2/3

of Americans with
Alzheimer's are women.

In 2016, nearly

16

MILLION

friends and family
members provided
unpaid help valued at

\$230

BILLION

to people with Alzheimer's
and other dementias.

Source: Alzheimer's Association

SET YOUR SIGHTS ON LONGEVITY

Older women who undergo surgery to remove cataracts lower their risk of death by 60 percent. That finding comes from a 20-year study of nearly 75,000 women that was published in the journal *JAMA Ophthalmology*.

Cataracts, a clouding of the eye lens that typically forms with age, causes problems such as loss of focus and impaired night vision. Researchers believe that cataract surgery helps extend lives because once vision is improved, people get more exercise, stay compliant with medication and decrease their risk of falling or having accidents while driving.



THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS

Understanding Depression

Are you sad, or are you depressed? It's important to know the difference.

We all experience sadness from time to time. It is a normal human emotion that is often triggered by a disappointing event and usually passes with time.

Depression, on the other hand, is a medical illness that affects more than a person's mood and "can have a significant impact on one's concentration, sleep pattern, appetite, energy and ability to function at work or socially," says Jason Broussard, DO, at The Center for Mental Wellness.

Dr. Broussard says first-line therapy, which is a combination of antidepressant medication and psychotherapy, can be used to help treat depression. First-line therapy might also include brain stimulation, such as electroconvulsive therapy and less-invasive transcranial magnetic stimulation if medication and psychotherapy fail. Talk to your doctor about the best treatment plan for you.

WEBSITE



Take Care of Your Mental Health

Transcranial magnetic stimulation, one option for treatment of depression, is available in Northwest Louisiana at The Center for Mental Wellness in the WK Rehabilitation Institute. To learn more, go online to **thecenterformentalwellness.com**.

This is no leisurely game of catch.



WORKOUTS THAT WORK: FRISBEE

Who knew that tossing a flying saucer during an afternoon at the park was a workout? It is. In fact, a 150-pound person burns 100 calories in 30 minutes.

If you want to up the ante, try your hand at the sport called Ultimate Frisbee, which combines elements of soccer and football and burns nearly 500 calories per match. Since players alternate between jogging and sprints over 40 minutes, Ultimate Frisbee is comparable to an interval workout.

PHOTOS AND ICONS BY GETTY IMAGES

WHAT ARE THE ODDS

of Having an
Anxiety Disorder?



About
1 in 5

Each year, about 18 percent of U.S. adults are affected by anxiety disorders, according to the Anxiety and Depression Association of America. That makes it the most common mental illness in America. Unfortunately, only **36.9 percent** of people with anxiety disorders receive treatment.

A WORKOUT FOR YOUR FACE?

Worried about the visual signs of aging? Research shows that facial exercises might help you look a little younger.

A study published in *JAMA Dermatology* showed that women older than 40 who practiced a specific series of exercises every day for eight weeks then every other day for four weeks looked about three years younger when evaluated by dermatologists. The idea is that strengthening facial muscles—like any muscles—makes them stronger and larger, for a face that appears rounder and less hollow and wrinkly.

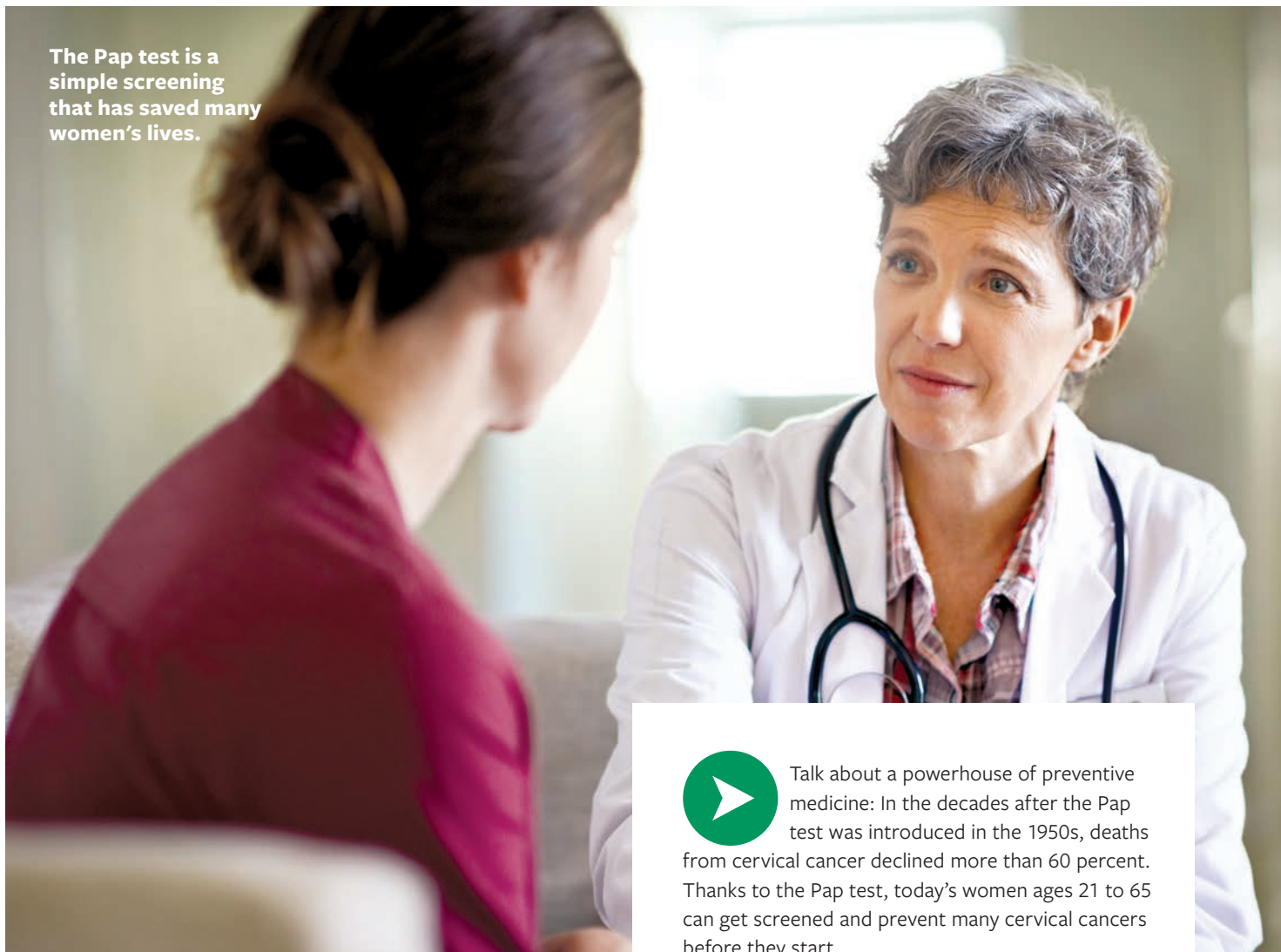
The study was small, and more research is needed, but feel free to pucker, smirk and stick your tongue out—all in the name of exercise.



JARGON WATCH

BRCA1 AND BRCA2: When women have inherited mutations in one of these two genes, their risk of breast and ovarian cancer is increased. Women with a family history of breast or ovarian cancer can receive genetic testing for these mutations, which can help them understand their risk and take preventive measures.

The Pap test is a simple screening that has saved many women's lives.



THE TRUTH ABOUT PAP TESTS

The screening exam is still a lifesaving diagnostic tool after more than 60 years



Talk about a powerhouse of preventive medicine: In the decades after the Pap test was introduced in the 1950s, deaths from cervical cancer declined more than 60 percent. Thanks to the Pap test, today's women ages 21 to 65 can get screened and prevent many cervical cancers before they start.

"This is a really, really good screening test because it can prevent cancer ... before it actually becomes cancer, and it [the Pap test] does it very accurately," says Chemen M. Neal, MD, mentorship chairwoman for the American Medical Women's Association and a fellow of the American College of Obstetricians and Gynecologists.

Credit the staying power of the Pap to George Papanicolaou, the Greek doctor who was able to discern healthy cervical cells from malignant ones under a microscope starting in the 1920s. In the early 1900s, cervical cancer was the No. 1 cancer killer of women. Today, cervical cancer still kills about 4,000 women a year in the U.S., but virtually all of those deaths are preventable.

PHOTO BY GETTY IMAGES

TRUE OR FALSE:

The Pap test screens for HPV.

→ **FALSE.** The Pap test examines cells brushed from the cervix, at the bottom of the uterus, to detect abnormal changes (dysplasia) that could be precancerous. The Pap can also find cancer cells. HPV microscopic testing can be done at the same time and use the same specimen to look for human papillomavirus (HPV), which causes cervical cancer. When the tests are done at the same screening, the effort is called Pap and HPV co-testing.

TRUE OR FALSE:

A Pap test with an abnormal result means cancer.

→ **FALSE.** Usually, an abnormal Pap test means that abnormal cells that can precede cancer have been identified, or that an infection is present. Doctor and patient will discuss the specific abnormality and how to proceed, ranging from repeat Pap testing in six months or a year to more advanced tests such as colposcopy.

TRUE OR FALSE:

Women who have had the HPV vaccine still need to have Pap tests.

→ **TRUE.** The HPV vaccine offers protection from some types of the virus, including HPV 16 and 18, which cause cervical cancer. The vaccine is not fail-safe and does not protect against all HPV infections that cause cancer. Dysplasia can still be found with the Pap screening.

TRUE OR FALSE:

Every woman should have a Pap test every year.

→ **FALSE.** Screening guidelines issued in 2012 call for healthy women to have their first Pap test at age 21 and every three years until age 29; from 30 to 65, women can be screened every five years with Pap and HPV co-testing or every three years with the Pap test alone. Generally, most women older than 65 no longer need the Pap test because the incidence of cervical cancer after that age is low. Testing does continue past age 65 when certain risk factors, such as HIV, are present.

TRUE OR FALSE:

Women alone are responsible for remembering when to schedule a Pap test.

→ **FALSE.** Ideally, this is a shared responsibility between a woman and her doctor. Physicians generally will have a record of the appropriate timing for the screening based on the recommended guidelines. Talk to your doctor about what's right for you; some women continue to have annual tests because of risk factors. ■

WHEN A PAP SMEAR RESULT IS ABNORMAL

Finding out that a Pap smear has come back abnormal can be disconcerting, but it doesn't always mean cancer, says Monica Sehgal, MD, of Women's Specialists at South.

"A Pap smear is a screening test for cervical cancer, but it is not diagnostic," Dr. Sehgal says. "It evaluates cellular abnormalities that are associated with an increased risk for the development of cervical cancer."

If your Pap smear comes back abnormal, Dr. Sehgal says the follow-up protocol will depend by the specific test result, a person's age, medical history and whether she has had HPV (human papillomavirus) testing.

"Types of follow-up can range from observation with repeat Pap in one year to colposcopy with biopsy and excisional treatments," Dr. Sehgal says. "If a woman does have cervical cancer, treatment options include cone biopsy of the cervix, hysterectomy, chemotherapy and other surgeries as indicated."

WEBSITE



Get in the Know

Willis-Knighton's Health Library offers comprehensive information and resources about more than 1,100 tests and screenings. To find one you're interested in, visit wkhs.com/health-resources/health-library/procedure-surgery-fact-sheets.

HOW TO SPOT A CONCUSSION

A bump on the head can be just that, but it can also be serious. Learn what to watch for—including subtle signs and symptoms that could easily be missed



Concussions—especially in children—are nothing new. Kids have been falling off bikes, crashing into each other on the field and catapulting themselves off swing sets forever. But as awareness of the potential damage from this type of traumatic brain injury, or TBI, has increased, we're now more likely to seek medical care than simply shrug it off.

In fact, from 2007 to 2013, rates of TBI-related visits to the emergency department increased by 47 percent for all populations, and in 2012 alone, more than 329,000 children were treated for concussion or TBI, according to the Centers for Disease Control and Prevention.

The hardest part is knowing when to seek medical care.

"Not all symptoms are obvious, and it can be tricky because some symptoms are not readily apparent for up to 24 hours," says Neha Raukar, MD, a fellowship-trained primary care sports medicine physician and spokeswoman for the American College of Emergency Physicians.

Raukar explains six categories medical professionals like her use to assess the signs and symptoms of a concussion, so you'll know how to spot one.



CONCUSSION? SEE A DOCTOR

Concussion screenings are now ubiquitous in sports and can be done many ways, including computer and smartphone applications that measure an athlete's cognitive abilities. But how effective are these tools when they can't assess headache, sleeping problems or other signs of concussion?

"Baseline tools will not tell you if somebody's had a concussion or not," explains Patrick Massey, MD, an orthopedic surgeon and sports medicine specialist at The Orthopaedic Clinic in Shreveport. "It still takes the interpretation of the doctor." Dr. Massey says key indicators of a concussion are impaired motor skills and balance.

Orthopedic surgeon and sports medicine specialist Andrew J. Moritz, MD, of Bossier Orthopedics, emphasizes how important it is to know whether an athlete is truly ready to return to play. "If you go back before you have resolution," he says, "the repercussions of another concussion can be significantly more than having a second concussion after complete resolution."

Dr. Massey also says it's important for sports organizations to be proactive about concussion prevention. "Every athletic department should have a protocol and stick to it."

WEBSITE



What Parents Can Do

Concussions are serious business, and concern is growing among parents about concussions in youth sports. Visit the Willis-Knighton Health Library at wkhs.com/vim/concussions for more tips on how parents can spot and help treat a concussion.



Watch for Physical Symptoms

There are obvious physical signs that warrant a trip to the emergency department: loss of consciousness, seizures or not being able to move an arm or leg. But more subtle signs including headaches, dizziness, sensitivity to light, or nausea and vomiting can also indicate a problem and should be brought to the attention of a doctor.



Don't Ignore Emotional Changes

"If your child is acting anxious, or more emotional, sad or irritable than usual, it's something you'll want to pay attention to," Raukar says.



Beware Cognitive Problems

You may not notice problems with memory or concentration until your child needs to use those skills, Raukar says. Once at school, he or she might have difficulties. "They may just feel *foggy*," she says. "It's like they're looking at the world through a TV with rabbit ears rather than high-def."



Monitor Sleep

Concussions tend to cause sleep disturbances in one of two ways: The individual might feel tired and want to sleep all the time, or he or she may have difficulty falling asleep. "Lethargy is more common, but it's usually one or the other," Raukar says.



Look for Vision Problems

Issues with sight, such as blurry or double vision, can be challenging to detect—both by the parent and the child—especially if they are minor. But ask your child about any vision problems and see a doctor if you have concerns or notice changes.



Assess Their Balance

Balance problems aren't always as noticeable as one might think, Raukar says. And they can develop a while after the incident. Look for signs in the child's gait when walking or if he or she seems to be leaning to one side when standing.

If you're still not sure how to proceed—whether that means pulling your child from play at school or taking him or her to the doctor, Raukar recommends following the mantra, "When in doubt, sit them out."

"You want to give them time to rest and observe them, and definitely take them to the doctor if you see any of these symptoms," she says. ■



If only parenting came with a manual...



Sometimes, it seems like childhood is just a long stretch of concerns for parents. From kindergarten readiness to internet access to tattoos—eek!—what’s a normal part of growing up? And when should parents consult an expert?

Wendy Sue Swanson, MD, a pediatrician and spokeswoman for the American Academy of Pediatrics, helps us sort out how to handle some typical parenting concerns.

FREAK OUT OR CHILL OUT?

From first words to bed-wetting to teenage rebellion, parents fret about what’s normal—and when to call an expert

Q Your oldest child said “dada” at 12 months, but your youngest is 18 months old and doesn’t say any recognizable words.

Is it: Typical childhood development or a sign of a problem?

IT DEPENDS. Language is complicated. There’s receptive language, which is what your child understands, and expressive language, which is how your child communicates. Does your child understand some things you

say and mimic sounds that aren't yet words? Babies need to hear language to express it, so that could be a source of the problem—children who don't say at least a word or two by 18 months should have a hearing check and some cognitive testing, even if they passed their newborn hearing screening, Swanson says.

If tests don't find any reason for concern, ask your doctor if you should wait a few months or if speech therapy might help. Some children are just late bloomers, but getting some expert help might give you peace of mind.

Q Your 5-year-old is about to start kindergarten, but she doesn't know her colors.

Is it: Developmentally appropriate or a sign of a delay?

AGAIN, IT DEPENDS. Lots of things have to happen for children to identify colors, and children develop in their own ways. If your child knows some numbers and letters and can name at least six body parts, it's probably not something to worry about, Swanson says. If you think your child has been taught in multiple ways—through sight, hearing and touch—and you still have concerns, you might want to see a developmental therapist.

Q Your second-grader still wets the bed, and she's embarrassed to have friends sleep over or to spend the night at her grandparents' house.

Is it: Something she'll outgrow or a worrisome condition?

PROBABLY SOMETHING SHE'LL OUTGROW. Bed-wetting typically stems from an immature connection

between the brain and the bladder—in deep sleep, kids relax the sphincter that keeps the bladder closed and they wet the bed. About 10 percent of 7-year-olds and 5 percent of 10-year-olds still wet the bed and should eventually outgrow it, Swanson says. Limiting liquids after dinner and emptying the bladder before bedtime can help, and medications can block urine production for special occasions such as camp and sleepovers.

One caveat: If a child has had dry nights for a long time and then starts wetting the bed, that could signal a medical problem or psychological stress. In this case, consult your pediatrician.

Q You checked the browser on your 9-year-old's laptop and discovered that he has been looking at pornography online.

Is it: Typical childhood curiosity or inappropriate behavior?

CHILDHOOD CURIOSITY. That said, it still warrants a discussion about what pornography is and why it's not appropriate for children. "It's a hard conversation, but you just need a minute of courage," Swanson says. You can explain that curiosity is understandable

and he shouldn't be ashamed, but that you don't think it is good for him to be watching adults act in this way.

Kids this age should be accessing the internet only in public and in supervised parts of the home, not on devices in their bedrooms. And if you don't have one, put a family media plan in place. It should include clear ways to know what your child is doing online and repercussions if he violates your trust.

Q Your teenager wants your permission to get a tattoo, and she insists it will be small, tasteful and in a spot she can easily cover.

Is it: Something you should allow or something you should discourage?

PROBABLY SOMETHING YOU SHOULD DISCOURAGE. Tattoos are permanent, and teenagers aren't generally mature enough to decide that they want something on their body forever, Swanson says. That's why it's illegal in most states for minors to get tattoos without parental permission. Most people choose tattoos as a sign of self-expression, so encourage her to express herself with other, less-permanent options such as hair color, makeup, jewelry or henna tattoos. ■

TOOL



Screening the Screens

With phones, tablets and TVs vying for your child's attention, it's important to have a media use plan in place. Visit [healthychildren.org/mediauseplan](https://www.healthychildren.org/mediauseplan) to build one that works for your family.

SERVING UP SAFETY

How to protect yourself from seven places that danger lurks in your kitchen



The kitchen may be the heart of your home, but it's also an epicenter for injury and illness. The good news is that it doesn't have to be that way.

"With minimal knowledge of cross-contamination and kitchen safety, you can have confidence in the kitchen," says J. Stan Bailey, PhD, retired chief scientist for the Department of Agriculture's Agricultural Research Service.

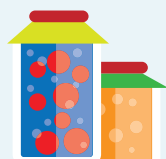
Here are the biggest hazards in your kitchen and how to keep yourself and your family safe and happily fed.

Refrigerator

► **Check the temperature.** Set your refrigerator to 40 F and your freezer to 0 F. Use a thermometer if you think your fridge isn't cooling properly.

► **Move meat to the bottom.** To avoid meat juices dripping onto other foods, store raw meat in plastic bags on the bottom shelf.

► **Don't let leftovers linger.** Toss uneaten leftovers after three or four days, and regularly check the dates on packaged products, too.



Countertop

► **Put it away.** Perishable food should never be left out on the counter for more than an hour. Thaw frozen foods in the fridge, and always refrigerate marinating meats.

► **Get on board.** Use separate cutting boards for meat, produce and cheese to avoid cross-contamination.





Sink

- ▶ **Scrub in.** Wash your hands before preparing food and after handling raw meat. Use soap and warm water, and lather for at least 20 seconds.
- ▶ **Sanitize your sponge.** Toss it in the dishwasher weekly or opt for dishcloths and use a clean one each day.
- ▶ **Rethink rinsing meat.** It's unnecessary and only ends up spreading germs through water splatter.

Knife Block

- ▶ **Stay sharp.** Have your knives sharpened regularly. Sharp knives are safer than dull ones because they don't require as much force to use. Keep all knives out of reach of young children, and supervise knife use in older kids.
- ▶ **Beware bagels.** More than 3,000 people cut their hands each year slicing bagels, according to AARP. Get a bagel slicer. Better yet, buy your bagels sliced.

Tap for Food Temps

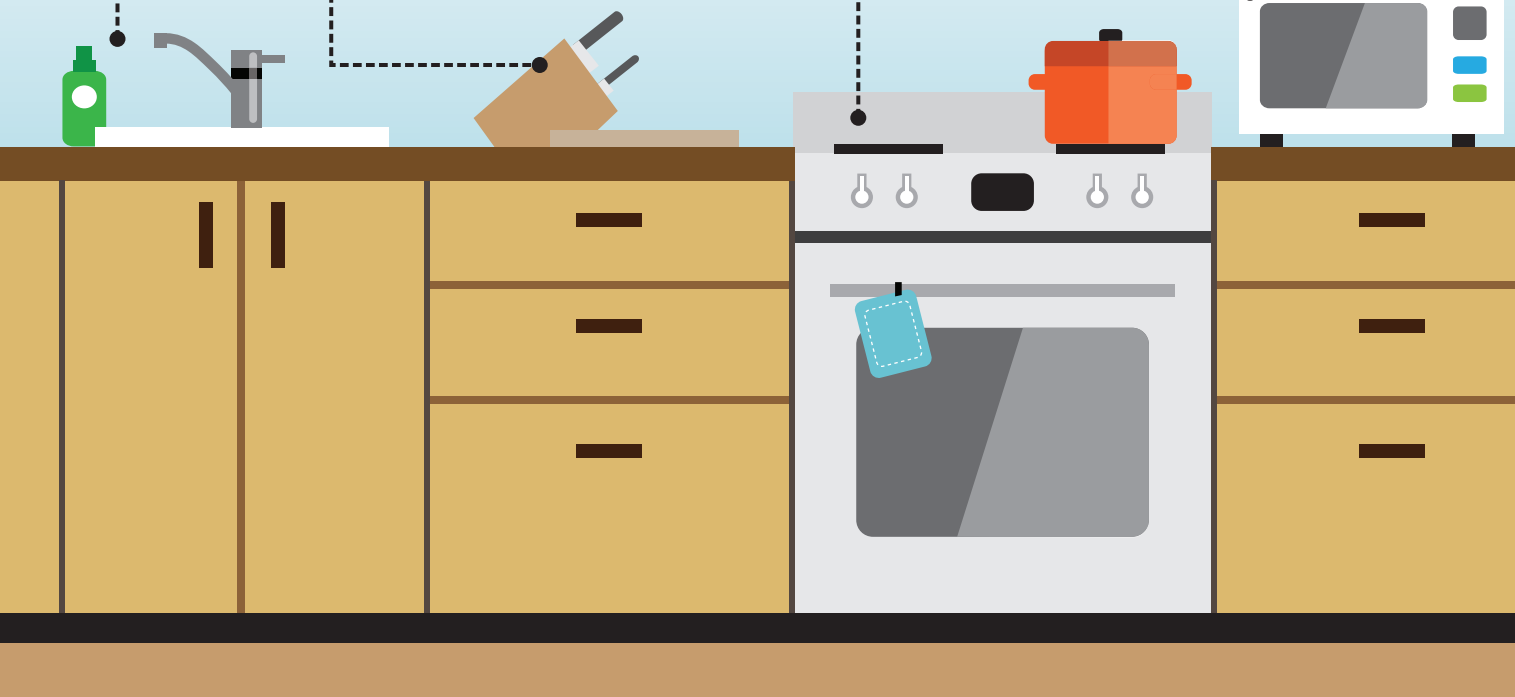
Download the **Is My Food Safe?** app from the Academy of Nutrition and Dietetics for a searchable database of internal cooking temperatures, information on expiration dates and a direct line to ask questions. Available for iPhones and Androids.

Oven and Stovetop

- ▶ **Put potholders away.** Potholders and kitchen towels can catch fire if left too close to the burners.
- ▶ **Use a meat thermometer.** Don't rely on color or texture when determining whether meat is cooked thoroughly.

Microwave

- ▶ **Handle with care.** Microwaves are responsible for more burns than any other kitchen appliance. Always use potholders. ■



THREE WAYS TO COOK CAULIFLOWER

This mild-tasting cruciferous vegetable can stand in for carbs or shine on its own



A quick scan of Pinterest and popular cooking websites will prove that cauliflower is having a major moment. Home cooks on low-carb diets love to use it in no-potato hash browns, gluten-free pizza crust and no-grain risotto.

“Whether people have prediabetes, are on an elimination diet or are just trying to increase fiber, cauliflower allows them to have tastes and flavors that they’re used to while minimizing certain ingredients,” says registered dietitian nutritionist Isabel Maples, a spokeswoman for the Academy of Nutrition and Dietetics.

But cauliflower, a cabbage variety that’s actually a flower that stops growing as a bud, is a worthy ingredient even if your goal is simply to eat more vegetables. Not only is it rich in vitamin C, but it also contains glucosinolates, which are plant components that researchers believe might help reduce inflammation in cells and protect against chronic diseases, such as cancer.

Maples also notes that cauliflower is rich in fiber, which “isn’t just about good digestion anymore.” Researchers have found that eating more fiber contributes to better gut health. “It’s this idea that fiber-rich foods help feed the healthier bacteria and allow them to flourish, so that when the bad bacteria comes around, they can’t take over,” she says.

Here are three ways to include cauliflower in your weekly menu.

1 ROAST IT

Preheat oven to 375 degrees. Slice out the stem and cut cauliflower into bite-size florets; place them in a bowl and drizzle with olive oil. Add salt, pepper and spices (if desired). Toss with tongs to combine. Arrange florets on a foil-covered pan and cook for 30 minutes, turning once.

2 PROCESS INTO COUSCOUS


After cutting cauliflower into florets, pulse in a food processor until it reaches a couscous-like consistency. (Take care not to fill the bowl more than three quarters of the way; you might need to process multiple batches.) The cauliflower can be added raw to salads or be sautéed over medium heat in olive oil or butter for 6 to 8 minutes.

3 MAKE STEAKS

To make cutting easier, use the largest cauliflower you can find. Trim the stem so the cauliflower can sit securely on its base, and place it on a cutting board. Slice it in half first, vertically and down through the stem. Divide each half again so you have four slabs total (extra florets can be reserved for other recipes). Heat olive oil in a skillet set to medium-high and sear for about 3 to 4 minutes each side, until cauliflower is golden.



PHOTO BY GETTY IMAGES

A close-up photograph of a bowl filled with cauliflower rice. The rice is white and finely textured, mixed with small pieces of green herbs and several halved cherry tomatoes. The bowl has a white base with a red floral pattern. In the background, there are blurred green leaves.

Grain-free
and hearty.

FRESH FACTS: CAULIFLOWER

Choose wisely Look for heads that are firm and feel heavy; they should be free of any browning or speckled discoloration. The stem should have a smooth, creamy appearance, and the leaves should look perky.

Store smartly When wrapped in plastic, cauliflower should last in the refrigerator for up to five days (don't wash it until you're ready to use it). It generally does not freeze well unless it has been blanched or puréed into soup first.

Meet the (colorful) cousins Broccoflower is a mild-tasting, chartreuse-hued hybrid of broccoli and cauliflower. Romanesco (sometimes called Roman cauliflower) is an Italian heirloom variety. It is similar in color to broccoflower but has conical florets and a nuttier flavor. Other cauliflowers include purple, which contains the antioxidant anthocyanin, and orange, which has beta carotene (and therefore more vitamin A).

Use the proper skillet Because cauliflower contains sulfur compounds, cooking it in an aluminum or iron pan can cause a chemical reaction that will make the vegetable discolor. Use a stainless steel or nonstick variety.

APP



Picture Your Perfect Foods

Ever find yourself flummoxed by labels in the supermarket aisles? Fooducate, which is available in both the Apple App Store and Google Play, uses your phone's camera to scan the item's bar code. Then it grades your choices (from A to F) and suggests healthier alternatives. Visit fooducate.com.

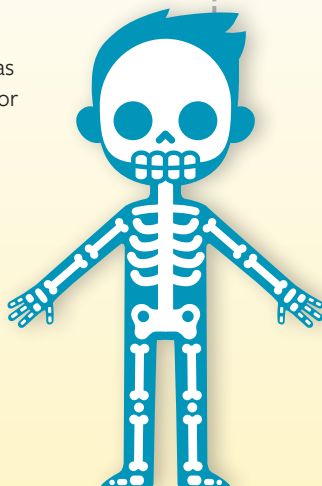
BROKEN BONES

30 MINUTES, 4+ DAYS A WEEK

How much weight-bearing exercise, such as walking, jogging or aerobics, adults need for good bone health.

1,300 MILLIGRAMS

The calcium that's needed daily in adolescence. For example, you can get this by eating all of the following: 1 cup of calcium-fortified orange juice, 2 cups of milk (nonfat, reduced-fat or whole) and 6 ounces of regular yogurt (Greek has less calcium).



10 to 20 years old

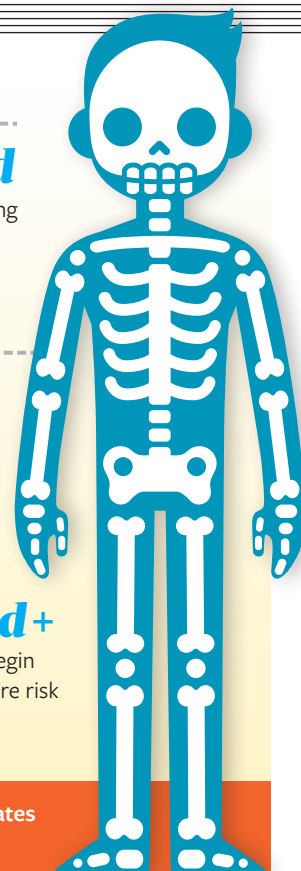
The stage of life that's key for developing bone. More bone made in these years means less chance of fractures later.

20 to 30 years old

Approximate age when your bones are the thickest and strongest.

40 years old+

Age when you gradually begin to lose bone, meaning more risk of breaks.



1.5 MILLION

Number of fractures annually in the United States due to osteoporosis, which causes frail bones.

Sources: American Academy of Orthopaedic Surgeons, National Institutes of Health

Strengthen Your Skeleton

People often wait until they're old to consider whether their bones are strong enough to resist breaking.

That's too late, says surgeon Lisa Cannada, MD, spokeswoman for the American Academy of Orthopaedic Surgeons. "You've got to build your bone bank when you're young."

Bone building happens during childhood and young adulthood, until you reach peak bone mass, typically in your 20s.

After that, "there's nothing you can do but take deposits away from the bank," Cannada says.

When you don't restock the calcium your body loses naturally every day, it takes the mineral from your bones, which can make them less dense as you age, potentially contributing to osteoporosis and increased fracture risk.

Adopt these habits to improve your chances of avoiding broken bones.

1. Don't skimp on calcium. Yogurt and milk are two high-quantity sources. Add a supplement if needed.

2. Get vitamin D. Your body requires vitamin D, commonly obtained from sunlight, to absorb calcium. When you follow recommendations to protect your skin from the sun at all times, you'll probably need a supplement.

3. Work out your bones. Strengthen bones with weight-bearing exercise: hiking, running, dancing or using a treadmill. Add a couple of weightlifting sessions weekly.

4. Prevent breaks from falls. Think about fall risks in your home—loose rugs, dark hallways—and other places you frequent. Don't skip protective gear for activities like biking and team sports.

TOOL



Find Out How Much Calcium You Need

The International Osteoporosis Foundation offers a simple-to-use calculator to estimate whether you get enough calcium. Go to iofbonehealth.org/calcium-calculator. You can also download an app for your smartphone.

Raghu Nathan, MD, is medical director for Willis-Knighton's pulmonary rehabilitation program.



REHABBING YOUR WAY

Back to Health

For people with heart and lung disease, rehabilitation can restore strength ➤

BY **DARRELL REBOUCHE**



Jean Whitaker had trouble doing day-to-day tasks around her house because of a lung problem called chronic obstructive pulmonary disease, commonly known as COPD. “I couldn’t make my bed without stopping to catch my breath,” she recalls.

Although there is no cure for COPD, its progression can be slowed through pulmonary rehabilitation. Vickie Heath, a Willis-Knighton respiratory therapist, persuaded Whitaker to begin a pulmonary rehabilitation program. It changed her life. “It didn’t take me long to discover that rehab would help,” Whitaker says. “I didn’t want to be the little lady with the oxygen tank.” Now, Whitaker goes to a pulmonary rehabilitation maintenance program at Willis-Knighton to help make her lungs stronger.

“We want patients to have a productive life without so much shortness of breath,” Heath says. “We want them to realize they can do things. They don’t have to just sit on the couch and live with this.”

Other than COPD patients like Whitaker, people diagnosed with emphysema, chronic bronchitis, asthma, pulmonary fibrosis and interstitial lung disease can also benefit significantly from rehab. It’s also a vital healthcare component for lung transplant patients.

What Is Cardiac and Pulmonary Rehabilitation?

Cardiac and pulmonary rehabilitation improve the well-being of patients who have chronic heart or lung problems. Both of these kinds of robust rehab programs are available at Willis-Knighton.

“Pulmonary rehab makes a tremendous difference in patients’ quality of life,” says Raghu Nathan, MD, who specializes in critical care and pulmonary disease at WK Bossier Health Center. Dr. Nathan is the medical director for Willis-Knighton Pulmonary Rehabilitation. “I tell all my patients this is easily the best thing they can do for



Robert Lafargue, MD, is medical director of Willis-Knighton’s cardiac rehabilitation program.

their disease because it does more than just improve their exercise tolerance,” he says. “That’s the main goal; but because it happens in a supervised setting, they get a lot of additional help in terms of nutrition, breathing techniques, controlling their symptoms and also the psychological benefit of increased sense of well-being and group support from the other patients.”

People who work together at rehab share stories and measure their progress against one another. “It’s in a supervised setting, so they feel confident about pushing themselves,” Dr. Nathan adds.

Robert Lafargue, MD, is medical director for outpatient cardiac rehabilitation at Willis-Knighton. He echoes Dr. Nathan’s thoughts on helping rehab patients. “There’s a lot of teamwork that goes into rehabilitating a person after they’ve had an event,” he says. “We have a nurse, two exercise physiologists, a dietitian and a physician.”

On the pulmonary side, respiratory therapists teach the classes, monitoring participants’ activities and exercise. Their slogan is “Catch your breath and keep it,” which neatly describes the program’s goals.

Pulmonary treatment is three times a week for about six weeks, whereas people in the cardiac rehab program go for 36 sessions over 12 weeks. After treatment, both pulmonary and cardiac rehab offer maintenance programs, something Whitaker continues to enjoy. “The people I have met there have just been great. It’s a pleasure to be with people,” she says. “They’re really congenial and we have a good time. It’s not a chore. It’s a fun time.”

“We encourage patients to continue, because once you’ve built up your exercise, you will continue to increase your

endurance level,” says Rhonda Peters, coordinator for Willis-Knighton pulmonary rehabilitation.

Heath has dedicated the bulk of her career to pulmonary rehab, which she finds satisfying and rewarding. “It’s enjoyable to help patients get more out of life, to be happier and more productive,” she says.

Dr. Nathan agrees. “It is easy for these patients to stay motivated, because it works so well,” he says. “The positive feedback in terms of functional improvement is readily apparent. They see the progress, so our coordinators successfully graduate a majority of the patients in the program and also keep them in the maintenance program.”

More Than Exercise

Exercise is a large component of pulmonary and cardiac rehab, but there is much more to both programs, including nutritional counseling. Nutritionists

help people learn how to take care of themselves through what they eat.

“It’s not just a specialized diet to treat the patient’s specific diagnosis; this is also preventive medicine,” says Julie Hartley, a registered dietitian, licensed nutritionist and certified health coach at Willis-Knighton. “We teach a lifestyle change. Food is medicine, and nutrition plays a huge role in the management of chronic disease.”

Hartley is quick to manage expectations, though. “We really try to work with the patients,” she says. They didn’t get heart disease or lung disease in a day, so they won’t be able to manage it in a day. It takes a commitment.”

A major factor in COPD, as well as heart disease, is smoking. Most COPD patients are or have been smokers, and every physician will strongly advise them to stop. Smoking leads to emphysema and chronic bronchitis, among other pulmonary issues. It’s also a major contributing factor in a wide variety of heart and vascular diseases. Willis-Knighton Tobacco Treatment Clinic is a valuable resource for

patients who are experiencing heart and lung disease.

“Smoking is the leading cause of premature death,” says Jarrod Mitchell, a certified tobacco treatment specialist who is director of Willis-Knighton’s tobacco treatment program. “If a smoker wants a better quality of life, the Tobacco Treatment Clinic can definitely help them toward the goal of quitting tobacco for good.” The clinic provides information and techniques that have been proven to help people quit using tobacco.

Positive Outcomes

Statistics show there are 800,000 deaths a year attributed to heart disease, according to Dr. Lafargue, but he says if a patient goes through cardiac rehab, there’s a reduction in mortality of more than 45 percent.

Patients in the rehab programs also learn about medication management, relaxation, and energy conservation techniques. Lung patients learn new ways to breathe so they can control shortness of breath during activity or stressful situations.

This has worked well for Whitaker, who says, “As a result of rehab, I can do lots of things my friends can’t do because they sit at home and have pity parties. Well, they can’t if they don’t get up and try!”

She is Heath’s star patient. “Mrs. Whitaker has been with me a long time,”

Heath says. “She enjoys the social aspect, but she does the exercise and believes in it. She knows if she didn’t do this, she wouldn’t be here.”

As for Whitaker, she can now happily make up her bed every day and has the energy to keep her house neat and clean. She also knows fighting COPD through pulmonary rehab is an ongoing pursuit. “I’m getting better,” she says. “It takes determination.” ■

LEFT: Jean Whitaker works out three times a week as part of her pulmonary rehab maintenance program; BELOW: After having gone through pulmonary rehab, Whitaker no longer struggles doing day-to-day tasks like making her bed.





Getting Ahead

Don't wait to move to enjoy the full benefits of living at The Oaks

BY **TERRIE M. ROBERTS**

When retired Shreveport businessman Kurvis Burns and his wife, Betty, were looking for a senior living community to call home, they were drawn to the breathtaking beauty of The Oaks of Louisiana.

"It looked like a park," Kurvis Burns says. "I knew it was the place."

Three hundred twelve acres of manicured lawns, vast gardens, walking trails, two gorgeous lakes, a pond, a pecan orchard, towering trees and

wildlife that ranges from rabbits to deer, Canada geese to raccoons—so much to enjoy, especially for independent senior adults such as the Burnses.

The couple, who "try not to wait for anything," moved to The Oaks in 2016 while they still were independent and could enjoy maintenance-free living and all of the benefits offered at The Oaks. They did not want to wait until illness or a medical event forced a move to an assisted living residence or skilled nursing facility.

Preparing for the Move

Tired of maintaining a large house and yard and all the responsibility homeownership and maintenance entail, the Burnses began the process of downsizing.

They enlisted the help of a relocation company to help organize, sort and dispose, donate or sell belongings they didn't want or need, and they prepared mentally and physically for the move.

"It is life-changing, no doubt," Burns says. "You have to get used to it, but anytime you retire and move it is an adjustment. The process wasn't as bad as I thought it would be, though. We wanted to spend our time in a more relaxed way. It was time."



Betty and Kurvis Burns love inviting friends and family to events such as family barbecues; RIGHT: The Burnses were drawn to the breathtaking beauty of The Oaks when they were looking to move to a retirement community.



The Benefits of Moving While Healthy

From choosing a retirement community to actual moving day, moving is a stressful and often overwhelming process. It is understandable that senior adults who have lived in the same house for 30 or 40 years say they are not ready, even as health issues arise or home and yard maintenance becomes more of a burden.

But moving gets more difficult with time, says Rhonda MacIsaac, director of independent living at The Oaks. “Those who are independent and in good health can better handle the transition, often embracing this new chapter in life. Those who are frail often have a more difficult time making the transition,

which can lead to other health problems for them.”

Burns acknowledges his peers too often say they are not ready to move to a senior living community, though there is a risk to waiting.

MacIsaac, too, hears this statement frequently. “Yet, once independent living residents move here, most all regret not having made the move sooner,” she says. “They realize they could have spent months, even years, enjoying the freedom from home maintenance and new friendships, activities and financial predictability that moving when you are healthy affords. Waiting until a health issue occurs means a loss of control in decision-making and the opportunity to

experience the benefits available in an independent residential setting.”

At The Oaks, the many benefits and amenities keep residents active and healthy. This was one of the main reasons the Burnses picked The Oaks. “When we checked into the services The Oaks offers, there were so many options and amenities,” Burns says. “We couldn’t have made a better choice.”

Residents are encouraged to stay involved through health and wellness programs, book reviews, off-campus excursions and out-of-town trips, lectures, lifelong learning classes, socials, spiritual life programs and more. Moving to The Oaks earlier allows residents to fully enjoy and benefit from the activities, MacIsaac says.

The Oaks emphasizes total wellness and strives to keep residents healthy and independent for as long as possible. It offers aid in all areas of health: physical, spiritual, emotional, intellectual and social, MacIsaac says.

“By waiting too long to move, more than likely when you move to The Oaks, you’ll need assistance or you have some serious stuff going on and need even more care,” Burns says. “There is a lesson to be learned from that. Move when the time is right. Don’t wait.”

Take it from the Burnses: They didn’t wait and are living independently, experiencing life at its full potential. ■



Local Legacy

93 years later, Willis-Knighton remains a mainstay in the community

BY **MARILYN S. JOINER**

When Tri-State Sanitarium hospital opened its doors in 1924 at the corner of Greenwood Road and Virginia Place, it was because two local doctors decided that healthcare was needed closer to people in the growing western suburbs of Shreveport. It was the city's fifth hospital at the time, and a welcome establishment to the community, as

the *Shreveport Times* noted about its grand opening:

"Among other blessings, Shreveport may be thankful for its hospitals for the care of the sick and injured, the fifth of which, the Tri-State Sanitarium. ... Although the doors were not scheduled to open until 6 o'clock Thursday evening, visitors to the new institution began to arrive ahead of time in such numbers that it was almost impossible



James C. Willis, left, and Joseph E. Knighton, bottom, purchased the Tri-State Sanitarium hospital in 1929, which began the 93-year legacy of Willis-Knighton Health System.

to finish final preparations for the formal opening. The reception lasted far past the scheduled hour of closing, 9 o'clock."

The success of the hospital was affirmed just a year later when three doctors built a new clinic office next to the hospital: James C. Willis, Joseph E. Knighton and Broox Garrett, Sr.

In 1929, Willis and Knighton purchased Tri-State Sanitarium hospital from the original owners. Just over two decades later, the hospital had been transformed into a not-for-profit community hospital and was named in the honor of Drs. Willis and Knighton.

A Lasting Legacy

Today, many in the Shreveport-Bossier community believe that Willis-Knighton's local connection is one of its greatest strengths.

In the U.S., hospitals are frequently owned by out-of-town organizations, for-profit hospital chains or large not-for-profit chains with hospitals in multiple states. Willis-Knighton has remained true to its local roots. The health system's corporate office is local, as is its board of trustees, the group charged with oversight of the health system. All of Willis-Knighton's leaders have a vested interest in the welfare and future of the Shreveport-Bossier community because they, too, are local people.

One of those local leaders is the chairman of the hospital's board of trustees, Frank Broox Hughes, MD. Dr. Hughes joined the medical staff in 1976 as a young doctor and was elected to the board of trustees in 2013, following the death of the previous board chairman, Ray Oden.

Dr. Hughes' middle name might hint to a relationship with Broox Garrett, Sr.,

an early founder of the Willis-Knighton Clinic, but there's no genetic connection. "Dr. Garrett was a family friend who took care of my parents and delivered some of my siblings," Dr. Hughes explains. Coincidentally, Dr. Hughes shares not only the name with but also the medical specialization, as he is a pediatrician in Bossier City, just as Dr. Garrett was.

"The best thing about local is that people know and care about each other, like the circle of life," Dr. Hughes says. "The world is a small place when it comes to relationships."

Those relationships with the community and its residents have developed over the years, strengthened by a common bond of not just caring for each other but also caring about each other. And it all starts at the top.

Dr. Hughes notes that the health system is "locally managed and skillfully grown by a CEO with 52 years of vision and the full support of a board of trustees of local physicians and community leaders." He notes with pride that there is no out-of-town corporate office or officials. Everything you see at Willis-Knighton is local, reflecting a pattern of local commitment.

Giving Back

One source of pride for Willis-Knighton is its philanthropy, which was adopted in 1979. Although all people might expect a hospital to only deliver healthcare, few would expect a level of philanthropy from a hospital that exceeds that of the local United Way. There's no foundation or fundraising. Willis-Knighton gives directly from the

health system's earnings. The more the health system earns, the more the community benefits—it's a symbiotic relationship of the best kind.

One example that Dr. Hughes is proud to cite is the very successful Shots for Tots program. Willis-Knighton took over the program when the state was cutting it due to budget issues. It's a service that is both health-oriented and humanitarian, helping families that have difficulty finding or affording expensive childhood vaccinations.

Although businesses and organizations in our community have come and gone, flourished then withered, Willis-Knighton has grown hospital by hospital, continuing the pattern established 93 years ago, to address the healthcare needs of this community. This is what comes when people care about each other and care for the community.

"When you are aware of all the medical services available at Willis-Knighton, and the thousands of jobs provided for people in our community, it really hits home," Dr. Hughes says. "You can't get more local than Willis-Knighton!" ■



Frank Hughes, MD, joined the Willis-Knighton staff in 1976. He notes with pride that everything about Willis-Knighton is local, reflecting a pattern of local commitment.



Charlene Young is a familiar face at Oaks activities. At age 93, she continues to live a full and active life.

HOME FREE

After leaving her home of 41 years, Charlene Young found a new community at The Oaks



Charlene Young's smile is as sweet as her disposition, and she wears it well.

The 93-year-old Oaks of Louisiana resident, who moved to the community nearly four years ago, is a delightful soul who has woven her life into the tapestry of life at Garden Apartments at The Oaks, one of the community's independent living residences.

But Charlene's move to The Oaks wasn't easy: She had built a life in El Dorado, Arkansas, where she lived for 41 years, more than 30 of them as a widow.

"The longer I stayed, the more difficult it was to leave," Charlene says. "I did volunteer work and was involved in a lot of activities at my church and Sunday school. We had a choir that went to nursing homes and sang. I was busy with three bridge clubs, played golf and had a big garden."

Advancing years and a trip to the emergency room was the impetus for moving closer to daughter Cindy Goodman, who lives with her family in Spring Lake.

Charlene visited several senior living communities with her daughter and fell in love with The Oaks. "I wanted

to be where I could step out my door and put my feet on ground," she says. The Garden Apartments were a perfect fit: They offer residents a comfortable homelike setting with separate front and back doors, as well as nearby parking, a patio for grilling and entertaining and flower beds that can be tended and personalized with treasures.

"I have the perfect location," Charlene says. "I have a lake view, and I have wonderful neighbors." Her apartment looks out onto Lake Herman, and nearby walking trails help keep her active. She tries to walk once a day, weather permitting.

Other than walking the trails, Charlene's days are full attending activities, such as the Hump Day Social and Garden Apartment coffee, singing in The Oaks Chorus and competing on the Live Oak Rookies beanbag baseball team.

"I also love visiting with my friends. Everyone is so nice here, and I've made so many friends," she says. A few minutes with Charlene Young, and it's easy to see why. ■

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