

VIM &

SPRING 2018

WK
WILLIS-KNIGHTON
HEALTH SYSTEM

vigor

Feel Like a ROCK STAR

33 small steps toward
achieving your goals

PLUS *Dwayne Johnson* is no
mere mortal, but we can learn
from his approach to fitness

A CARDIAC TEAM
AT THE HEART OF
THE COMMUNITY

*A look back
on 10 years
at The Oaks*

THE LATEST TECH
IN BRAIN CANCER
TREATMENT



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SPRING 2018

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Practicing Tai Chi

The Oaks brings this Chinese strength and relaxation practice to its residents.

CONTINUED CARE

As the season changes, Willis-Knighton remains committed to top care



“It is spring again. The earth is like a child that knows poems by heart.” — Rainer Maria Rilke.

This bohemian writer and poet certainly expressed the feeling we all have when spring arrives. In Louisiana, we are fortunate to experience a bit of winter every year, which allows us to enjoy the glory of spring.

For example, spring is a perfect time for residents at The Oaks of Louisiana to get out and enjoy the campus, be it the croquet lawn, walking trails or gorgeous azaleas. They also enjoy watching their campus come into bloom through the season’s budding trees and flowers. Read Terrie Roberts’ story on page 52 about how The Oaks of Louisiana property has transformed in its 10 years and how it continually works to show seniors the best of what senior life can be.

Healthcare is seasonal, too, though even without the flu, our hospitals remain busy places. Heart disease is the No. 1 killer of adults in Louisiana, and it’s also the reason Willis-Knighton has focused on heart disease for decades. In Darrell Rebouche’s feature on page 49, you’ll gain insight from several of the physicians who treat heart disease at Willis-Knighton. Enjoy learning about why they have chosen to practice and bring their expertise to our hospitals.

One of the other major health issues is cancer. Our Willis-Knighton Cancer Center strives to be on the leading edge of technology advances. Our newest radiation oncologist, Jake Wang, MD, PhD, discusses the benefits of ExacTrac for brain cancer treatment. Read Marilyn Joiner’s story about this technology on page 54.

This issue is packed with other interesting features and topics designed for your reading pleasure and for the promotion of health and wellness. I often hear compliments about *Vigor*, and I appreciate hearing what you enjoyed about our magazine. Thank you for spending time with us in these pages.

James K. Elrod
President and CEO



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PRESIDENT AND CEO, WILLIS-KNIGHTON HEALTH SYSTEM
James K. Elrod

FACILITY ADMINISTRATORS
Jaf Fielder, Willis-Knighton Medical Center
Keri Elrod, Willis-Knighton South
Todd Blanchard, WK Bossier Health Center
Sonny Moss, WK Pierremont Health Center
Margaret Elrod, The Oaks of Louisiana
Joshua Mason, WK Innovation Center
Ryan Smith, WK Rehabilitation Institute

REGIONAL EDITOR
Terrie M. Roberts

CONTRIBUTORS
Kim Foulk, Courtney Herzog, Marilyn Joiner, Darrell Rebouche,
Lyne Robinson

PRODUCTION

EDITORIAL
ASSOCIATE CREATIVE DIRECTOR: Matt Morgan
EDITOR-IN-CHIEF: Meredith Heagney
SENIOR ASSOCIATE EDITOR: Gillian Scott
ASSOCIATE CONTENT EDITOR: Sophia Conforti
COPY DIRECTOR: Jenna Murphy

DESIGN

ASSOCIATE CREATIVE DIRECTOR: Tami Rodgers
CHIEF ART DIRECTOR: Cameron Anhalt
ART DIRECTOR: Molly Meisenzahl

PRODUCTION

DIRECTOR OF PRODUCTION: Laura Marlowe
PRODUCTION TECHNOLOGY: Marilyn Bain, Cheryl Beaver,
Cheri Prime, Mary Winters

CIRCULATION

LOGISTICS DATA ANALYST: Kalifa Konate

CLIENT SERVICES

ACCOUNT MANAGER: Lauren Petrick
ACCOUNT SUPERVISORS: Beth Doshan, Laura Ferguson

ADMINISTRATION

PRESIDENT: Eric Goodstadt
SVP, BUSINESS DEVELOPMENT – HEALTHCARE:
Gregg Radzely, 212-574-4380



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Courtney Herzog,
WK Fitness &
Wellness Centers

PHYSICAL ACTIVITY AND EXERCISE: WHAT'S THE DIFFERENCE?

How to work out to be well



A lack of physical activity is the fourth-leading risk factor for preventable deaths worldwide, according to the World Health Organization. That's because being sedentary shuts down some major functions of the body: Blood doesn't circulate, glucose isn't used, muscle activation comes to a halt, calories aren't burned and metabolism slows down. The risk of developing conditions such as diabetes, heart disease, certain types of cancers and obesity also increases dramatically.

The solution? Sit less and move more.

It's important to remember that "moving" is different for everyone, depending on their needs. Many people often confuse being physically active and exercising—both of which are vital—for the same thing, but being physically active is not the same as being physically fit.

So, what's the difference?

Physical activity can be defined as any bodily movement that requires energy expenditure. This broad definition can

include a multitude of activities, such as walking up the stairs or folding laundry.

Moving around and working physical activity into your day, even minimally, is important for maintaining health. The goal is to avoid sitting for an extended period, and regular physical activity helps the body burn calories and uses stores of glucose (sugar).

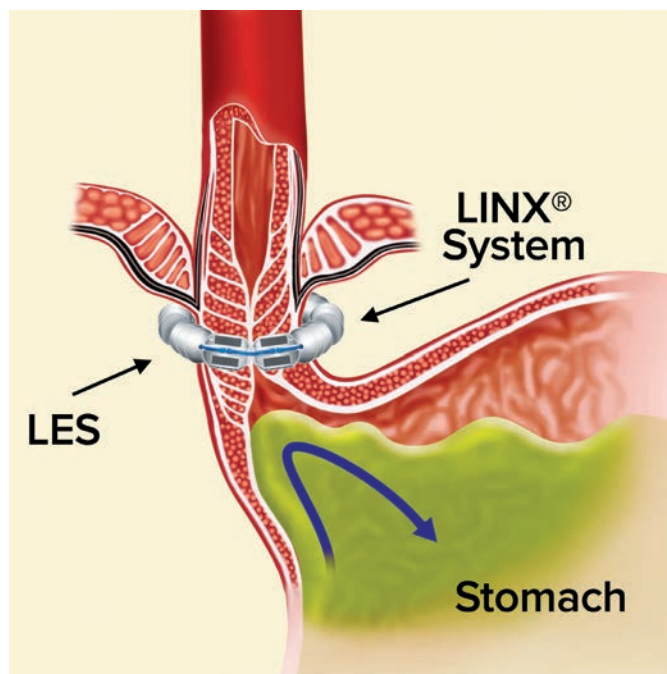
On the other hand, exercise is classified as a subcategory of physical activity and is planned, structured, repetitive and purposeful in improving physical fitness. Only exercise can improve fitness levels, and working out consistently helps develop cardiovascular and muscle endurance, muscular strength and flexibility.

An exercise routine that builds up and challenges the muscular and cardiovascular systems is critical if a person wants to keep vitality throughout his or her life. The body gradually deteriorates over time, but keeping the heart, lungs and muscles strong can slow down that progress considerably. Neglecting fitness, however, puts a person at risk for a host of chronic problems such as osteoporosis, heart disease and joint stiffness.

One type of movement is not necessarily better than the other; both are important for supporting bone and joint health, keeping muscles supple, maintaining a healthy weight and staying independent for a lifetime. Be sure to incorporate physical activity and exercise into your routine every day. ■

Technology Update

Residents of Shreveport, Bossier City and the Ark-La-Tex look to Willis-Knighton for innovative care and technology.



LINX® REFLUX MANAGEMENT SYSTEM

- **Target:** Patients who are not receiving adequate relief from medications taken for gastroesophageal reflux disease (GERD).
- **Solution:** The LINX® Reflux Management System is a small band of magnetized titanium beads wrapped around the lower esophageal sphincter, which is at the base of the esophagus. The band is designed to help the sphincter stay closed to prevent reflux. The band allows the sphincter to open when required to allow food and liquid to pass normally into the stomach. It is a same-day, minimally invasive surgical procedure.
- **Introduced by:** William Norwood, MD, who was the first surgeon in our area to offer this procedure.



ADDRESSING THE OPIOID CRISIS

Louisiana is reported to have the sixth-highest opioid pain relief prescribing rate in the United States, with an average of 122 prescriptions per 100 people. Willis-Knighton is working to educate staff and patients about the issue and the risks to help address the issue systemwide.

Additionally, teams of physicians, nurses, pharmacists, respiratory therapists and physical therapists are working together to manage patients' pain effectively. This improvement initiative focuses on identifying patients

who might be at risk of opioid-related complications. Careful attention is also being paid to opioid prescribing in the emergency department, and patients and their families are being educated about the risks associated with opioids while in the hospital and at home.

Although this is a major issue that cannot be quickly resolved, Willis-Knighton is committed to doing its part to address it while also ensuring pain relief for its patients.



BOTTOM IMAGE BY GETTY

BY THE NUMBERS



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

4

EMERGENCY
DEPARTMENTS 24/7

5

QUICK CARE URGENT CARE
CENTERS 7 A.M. TO 7 P.M.

4

FULL-SERVICE ACUTE CARE
HOSPITALS 8 MINUTES
FROM MOST HOMES IN
SHREVEPORT-BOSSIER CITY

1

FREE-STANDING
REHABILITATION INSTITUTE

UPCOMING EVENTS

FOR YOUR LISTENING PLEASURE: SOX OPERATIZERS



Members of Shreveport Opera Xpress, the Shreveport Opera's education and outreach touring program, will return to The Oaks of Louisiana for an hour of musical entertainment that is sure to leave residents and community guests wonderfully satisfied. The group, which includes Kameron Lopreore (tenor), Karina Brazas (soprano), Meghan Folkerts (mezzo-soprano), Spencer Reichman (baritone) and Ah Young Kim (pianist), will perform selections from "Le Nozze di Figaro" and "Gianni Schicchi," as well as Broadway tunes such as "Someone to Watch Over Me," among others.

"For Your Listening Pleasure: SOX Operatizers" is at 3 p.m. Thursday, March 8, in the Tower at The Oaks Ballroom. The event is free and open to the public. Register online at wkhs.com (click "Classes & Events") or by phone at 318-212-8225.



TECH TALK: PICTURE OF HEALTH AT WK



Imagine the first compact proton therapy system in the world in your city and being able to get the most precise form of radiation treatment available today without having to go out of town or out of state. Or undergoing TAVR, a less invasive procedure for aortic stenosis that does not require open-heart surgery.

Willis-Knighton Health System's mission is "to continuously improve the health and well-being of the people we serve." And it is doing just that through revolutionary technology at its Cancer Center, Heart & Vascular Institute and Breast Health Center, among others.

Learn about these treatments and more at "Tech Talk: Picture of Health at WK." This informative program is from 3 to 4:30 p.m. Tuesday, March 20, in the Oak Room, Tower at The Oaks. Cost is \$10. The event is open to the public. Register online at wkhs.com (click "Classes & Events") or by phone at 318-212-8225.





Joyce and Bobby Hawkins and fellow Oaks of Louisiana residents have a beautiful setting to enjoy weekly tai chi workouts. Participants benefit not only from the ancient Chinese practice but also from the fresh air and sunshine.

TAI CHI IN THE PARK

This Chinese practice helps seniors keep their minds and bodies nimble



At 86 and 87 years, respectively, Joyce and Bobby Hawkins are often seen on the grounds of The Oaks of Louisiana engaging in a low-impact, relaxing form of exercise called tai chi.

“Tai chi is an ancient Chinese practice that promotes the flow of energy throughout the body,” says Holly Sanders, manager and senior wellness coordinator for The Oaks of Louisiana’s Spa & Wellness Center. “There are 19 movements and one pose. Although it is hard to imagine that this exercise of slow, relaxed movements can

strengthen muscles, it is an aerobic workout roughly equivalent of a brisk walk.”

An exercise often seen demonstrated in public parks, tai chi has been part of The Oaks’ health and wellness programming for nearly a year. What better parklike setting could Oaks residents have than their own 312-acre yard? So, once a week, weather permitting, the Hawkinses and fellow residents gather near Chapel at The Oaks for an hour-long workout and conditioning.

Joyce became interested in tai chi after a trip to China years ago. She and husband Bobby recognized the health

benefits of the exercise, especially for senior adults, and immediately joined The Oaks’ tai chi class when they moved in.

“One of the greatest benefits of tai chi for senior adults is that even individuals who have physical limitations can perform the movements,” Sanders says. “It is a non-

strenuous activity that doesn’t put added strain on weakened muscles. It helps improve bone strength, joint stability, heart health, your immune system and emotional well-being.”

Sanders says tai chi is also good for improving balance and preventing falls, which is a major concern for senior adults.

Studies show tai chi reduces falls in seniors by up to 45 percent and is particularly effective in people with conditions such as Parkinson’s disease, Alzheimer’s disease and multiple sclerosis.

“It targets leg strength, flexibility, range of motion and reflexes—all physical components needed to stay upright,” Sanders says.

And that’s important to Joyce and Bobby, who recognize the seriousness a fall at their ages can be.

The Oaks’ tai chi class is just one example of how The Oaks promotes a healthy, active lifestyle and is just one of many reasons residents in this senior adult community “live here and love it.” ■



GARDEN FRESH

Vegetable-forward dishes to catapult you into spring

MEDITERRANEAN QUINOA SALAD

INGREDIENTS

- | | |
|--|--|
| 2 cups water | ½ cup radishes, finely chopped |
| 1 cup uncooked quinoa, rinsed well | 2 tablespoons fresh mint, finely chopped |
| 2 cloves garlic, chopped | 2 tablespoons cilantro, finely chopped |
| ¼ cup extra virgin olive oil | 1 cup parsley, finely chopped |
| ¼ cup lemon juice, freshly squeezed | 1 cup arugula, finely chopped |
| ½ teaspoon Himalayan or Celtic salt | ¼ cup red or yellow peppers, finely chopped |
| ¼ teaspoon freshly ground black pepper | ¼ cup pitted Kalamata olives, finely chopped |
| ½ cup finely chopped scallions | ¼ cup organic crumbled feta cheese |
| 1 cup cherry tomatoes, chopped | |
| 1 cup cucumber, chopped into small cubes | |

INSTRUCTIONS

Bring 2 cups of water to a boil, add the quinoa and reduce to medium heat. Let simmer about 20 minutes, until water is absorbed and the quinoa is tender. Transfer to a mixing bowl and let cool.

Meanwhile, mix the garlic, olive oil, lemon juice, salt and pepper in a small bowl and let sit to allow the garlic to infuse the dressing. Chop the veggies and prepare the rest of the ingredients to be mixed into the salad. For extra nutritional value, add 1 cup canned garbanzo beans, drained and rinsed, for a protein boost.

Add all ingredients and dressing to the bowl of quinoa and toss until thoroughly mixed. Refrigerate for at least 30 minutes to allow flavors to combine.

Yield: 6 servings

Submitted by
Julie Hartley, RD,
LDN, CHHC,
WK Diabetes &
Nutrition Center



ROASTED ARTICHOKES AND ASPARAGUS WITH LEMON

INGREDIENTS

- 20 baby artichokes (about 2½ pounds)
- 5 thin lemon slices
- 1½ tablespoons olive oil, divided
- 1 pound asparagus, trimmed and cut into 2-inch pieces
- 2 tablespoons butter, melted
- 2 tablespoons chopped fresh flat-leaf parsley
- 1 tablespoon fresh lemon juice
- ½ teaspoon kosher salt
- ½ teaspoon freshly ground black pepper
- 1½ tablespoons pine nuts, toasted

INSTRUCTIONS

Place a large baking sheet in oven and preheat oven to 450 degrees. Meanwhile, cut off top third of each artichoke. Trim stem to within 1 inch of base, then peel stem. Remove bottom leaves and tough outer leaves, leaving tender middle and bottom. Cut each artichoke in half lengthwise.

Place artichokes, lemon slices, and 1 tablespoon oil in a bowl; toss to marinate artichokes. Arrange mixture in a single layer on hot baking sheet. Roast at 450 degrees for 15 minutes or until almost done and beginning to brown.

Toss asparagus with remaining ½ tablespoon oil. Roast at 450 degrees for 10 minutes or until tender.

Place vegetable mixture in a large bowl. Add butter and next four ingredients; toss gently to combine. Sprinkle evenly with pine nuts.

Yield: 8 ½-cup servings

Submitted by Cameron Wallace,
chef at The Oaks of Louisiana



MANAGEMENT PROFILE

Working to Make a Difference

Reneé McCuller likes helping people get stronger. When her head hits the pillow at night, she finds satisfaction in “knowing that I probably made a positive difference in somebody’s life that day.”

McCuller, a nurse practitioner, has dedicated her career to physical medicine and rehabilitation and has spent more than 31 years in that pursuit at Willis-Knighton Health System. She started as a “rehab tech” and has risen through the ranks to her current position as chief nursing officer at the WK Rehabilitation Institute. Her responsibilities also include supervising nursing care for behavioral medicine.

Throughout her career, Willis-Knighton’s leadership has supported her continuing education, through nursing school and graduate school. “It’s a great company,” she says. “They’ve been good to me all the way through.”

She loves being a nurse, too. “I like seeing people get better and become productive again.”

Patients come to the Rehabilitation Institute after they have been in an acute care facility. “We get them when they’re typically medically stable,” McCuller explains, “and we strengthen them and teach them how to take care of all their needs.”

On that rare day when she doesn’t feel she made a difference?

“I’ll do better tomorrow.”



WK EMPLOYEE

Riding High

Caleb Tucker spends his workdays staring into a microscope in a windowless laboratory. But when he leaves this carefully controlled, sterile environment, he finds joy in the dirt. Tucker, a clinical laboratory scientist at Willis-Knighton South & the Center for Women’s Health, is a highly accomplished BMX dirt bike racer.

Most evenings, you can find Tucker at the Cargill Park BMX track. His dedication to the sport shows: Tucker has continually been ranked in the top 10 in the nation for his age group.

But his love of the sport spreads beyond riding. Tucker volunteers 10 to 15 hours a week at the track mentoring kids and maintaining the facility. “I love to see a smile on a kid’s face when they learn something new,” Tucker says.

He especially enjoys helping kids overcome self-doubt. “They learn anything is possible with hard work,” he says. “When they finally get that jump or that technique they’ve been learning, to see their faces light up, it’s priceless.”

Tucker is quick to praise the people who help maintain the local BMX facility. He plans to keep riding and helping kids grow through the sport and beyond. “It teaches these kids so many skills that will take them through life,” he says.



Caleb Tucker mentors kids in the community through BMX racing.

health benefits across the spectrum. It helps with bone density, blood pressure, insulin regulation, cognitive performance as well as maintaining overall function and quality of life. It does a lot of the same things that prescription drugs can do for you without any of the side effects."

One Step **AT A TIME**

So where to begin? Since you're not The Rock (sorry), Comana recommends seeing your primary care provider first.

"You need to make sure it's safe for you to exercise," he says.

Comana also recommends meeting with a certified athletic trainer or a physical therapist to ensure your body is well positioned before you start exercising.

"If you have bad posture or your joints aren't aligned and you start loading those joints with weights and force, you could injure yourself," Comana says. "Get a quick assessment to minimize risk."

A trainer can also help you devise a custom workout based on your goals.

"That's not to say you have to have a personal trainer all the time," Arent says. "But if you're really not sure where to start, that initial investment will save you a lot in the long run."

If hiring a trainer isn't feasible, Arent recommends turning to the internet.

"There are tons of workout programs and videos available online," he says. Just be sure to check the source (is it from a legitimate fitness organization or professional?), pay close attention to proper form and adapt the movement to any limitations you have. For instance, if balance is an issue, hold onto the back of a chair when performing standing exercises.

When building your own workout regimen, it's important to incorporate aerobic activity, strength training and flexibility exercises. You want to work out routinely but also incorporate rest time so you don't overdo it.

Johnson, on the other hand, works out six days a week, sometimes twice a day.

"When you're going to be in a loin-cloth, it changes your training," Johnson told *Men's Health* while he was filming *Hercules*.

For the rest of us—in regular clothes—ACSM recommends performing moderate aerobic activity five days per week and strength and flexibility exercise at least two days per week.

Maintaining **MOTIVATION**

It's easy to assume that Johnson's motivation in the gym is fueled by his work. But it's also his escape.

"Working out anchors my day," he told *Bodybuilding.com*. "For me, training is my meditation, my yoga, hiking, biking, therapy all rolled into one. I love it. Generally, I'm always shooting or preparing to shoot for something, so that's why I like keeping my conditioning in a certain zone. But even if I wasn't, it would launch my day. It makes me feel good."

Arent suggests adopting Johnson's attitude toward fitness to see results.

"The one thing he never trades is his exercise," he says. "Schedule it like every other appointment. Integrate fitness into your calendar."

Another way to stay motivated is to track your progress with a weight-loss app, body fat calculator or heart rate monitor. Find activities you enjoy, and involve friends or loved ones.

"You'll be more likely to stick with it if you're accountable to someone," Arent says.

Johnson knows not everyone is as motivated as he is, but he aims to be inspirational, like when he posted this on Twitter:

"Wake up determined. Go to bed satisfied. And somewhere in between eat a cookie."

Maybe he's not so different from us after all. ■

Develop Your **Exercise Routine**

Would you like to add lean body mass and get stronger like The Rock? Get inspired by Dwayne Johnson's method of using a split routine and volume training protocol.

"Split routines divide workouts into individual muscle groups so that a greater volume can be applied to the targeted area," explains Joey Vallot, a certified exercise physiologist at WK Health & Fitness Center. This means certain days are allotted to specific areas of the body, such as chest, back, legs, shoulders, arms and so on. For example, on chest day, your routine might look something like this:

- ▶ **Flat bench press:** four sets of eight to 12 reps
- ▶ **Incline dumbbell press:** four sets of eight to 12 reps
- ▶ **Incline dumbbell fly:** three sets of 10 to 12 reps
- ▶ **Cable crossovers:** three sets of 10 to 12 reps
- ▶ **Dips:** three sets of 10 to 15 reps

"When a greater volume or workload is applied to a particular muscle group, the result will be the bigger and stronger muscles, unlike the typical full-body circuit routine," Vallot says. Muscle groups benefit from multiple angles, utilizing cables, dumbbells, barbells and machines.

Remember, it takes specific areas of the body five to seven days to recover from a split volume routine. This means it isn't necessary to work a body part several times per week when using this regimen.

WEBSITE



Time to Get Fit

WK Fitness & Wellness Centers are dedicated to health, fitness and wellness. Each center is an advanced facility with top-of-the-line equipment and a qualified team of professionals. Learn more at wkfitness.com.

But for the many times when a salad and an apple won't cut it, be on the lookout for these unhealthy foods in disguise.

Hidden **SUGARS**

The average American man and woman consume 21 and 15 teaspoons of added sugar each day, respectively. The recommended amounts? Just 9 and 6 teaspoons.

Added sugars provide no nutritional value, only calories that lead to weight gain and its ensuing health problems, such as heart disease and diabetes.

On nutrition labels, ingredients are listed in descending order by weight. Look for sugar in the first three ingredients, as well as sugar alter egos such as high fructose corn syrup and sugar molecules ending in "-ose."

And watch out for these surprising sources of sugar:

► **Yogurt:** In yogurt, flavors mean added sugar. Opt for plain yogurt and add your own toppings, such as berries.

► **Oatmeal:** The same is true for instant oatmeal. Ditch the packet for steel-cut oats topped with cinnamon.

► **Granola:** Oats and nuts aren't sweet, but granola is, thanks to added sugar. "Instead, get something like a whole-grain, high-fiber cereal and have that with milk," Davis says.

► **Juice:** This sweet drink often contains added sugar on top of natural sugar. And without pulp, juice lacks the fiber of fruit that helps us feel full and lower our cholesterol. Overall, juice offers less nutritional value in more calories compared with whole fruit.

Sodium **SURPRISES**

Even if you don't have a saltshaker habit, you probably consume more sodium than you think: More than three-quarters of the sodium Americans consume comes from foods in packages and restaurants.

Dietary guidelines cap daily sodium intake at 2,300 milligrams, the equivalent

of just one teaspoon of salt. Going over the limit can lead to high blood pressure, one of the primary risk factors for heart disease.

To cut back on sodium, go easy on:

► **Sandwiches:** A turkey sandwich sounds healthy enough, but the deli meat alone may contain half of your daily sodium intake—and bread and condiments add even more. Look for low-sodium meats, or swap half of the sandwich for a salad.

► **Soup:** It may contain a vegetable medley, but a cup of soup can also push you nearly halfway to the day's sodium limit.

► **Frozen entrees:** No matter how "lean" the cuisine, frozen meals go heavy on sodium preservatives. One healthy exception in the freezer aisle: frozen vegetables, unless sauce is added.

Grains That **AREN'T GOOD FOR YOU**

According to the government's nutrition model MyPlate, a quarter of your meal should consist of grains—as long as they're the right kind.

Whole grains provide minerals and vitamins, as well as dietary fiber that can help lower the risk of heart disease and type 2 diabetes. But when grains are refined to make long-lasting foods such as white bread, rice and flour, those nutrients are lost.

Be careful with these healthy-sounding foods that lack nutritional value:

► **Bread:** Just because it's brown doesn't make it healthy. Look for bread labeled "whole wheat." Multigrain,

seven grain or 100 percent wheat bread may not fit the bill.

► **Cereal:** That box with a healthy name may be full of both refined grains and sugar.

► **Pretzels:** While these may seem like a healthy alternative to chips, they're another example of refined grains. "It's not a terrible thing to eat, but it's not going to have a whole lot of nutritional value," Davis says. ■

EAT FRESH

It's important to get your daily servings of fruits and vegetables. Julie Hartley, registered dietitian with Willis-Knighton Health System, says to work them into every meal.

"Try to include at least one of the three S's every day: salads, soups and smoothies," she says.

Hartley suggests starting the day with a berry- and greens-loaded smoothie. Have a salad topped with colorful veggies for lunch, and finish the day with soup made with black beans and kale.

"Spring is when our bodies detox from the winter months. Mother Nature provides the right foods for our bodies, so it's easy to enjoy in-season produce from your local farmers market," she says.

"Ask yourself, 'Is there a fruit or veggie on this plate?' Sneak both into your meal, and you will hit your goal daily," Hartley says.

TOOL



Your Checklist for Healthy Eating

Get food guidelines based on your age and desired calorie intake in checklist format by visiting [choosemyplate.gov/myplate-daily-checklist](https://www.choosemyplate.gov/myplate-daily-checklist).

Recognizing **BAD HABITS**

Every bad habit starts for the same reason, Johnson says: We feel discomfort, so we do something—eat a cookie, vent our complaints—to feel better. Having recorded that positive feeling, the brain reminds us to find the same solution next time.

That's why the first step in changing habits, she says, is simply recognizing them as suggestions from your brain.

"If you know that's just a thought flowing through your mind—'hey, let's go get some cookies'—you know how that works," Johnson says. "You don't have to act on every thought."

Willpower, though, is only a short-term strategy for stopping habits. It's more effective to identify patterns and replace undesirable habits with healthier alternatives, says Jill Grimes, MD, a spokeswoman for the American Academy of Family Physicians.

For example, dessert might be the follow-up to every family dinner. But instead of serving cake and cookies each night, you can start substituting fruit salad or chocolate-covered strawberries.

"Look for your rituals and see how you can make them a little healthier," Grimes says.

Changing Habits **TOGETHER**

It's hard to be the only person choosing salad over pizza, and it's easier to adopt healthy changes with family support. Try these ideas for improving habits as a family—and bonding while you're at it.

The habit: Your family constantly grazes on chips, cookies, candy and other unhealthy snacks.

► **The fix:** Healthy snacks must be two things: easy and visible, Grimes says. Rinse and chop fruits and veggies when you get home from the grocery store, and store ready-to-eat servings in containers at the front of the fridge.

"You're going to eat what's there. We all are," Grimes says. "No one's going to pick up celery over a candy bar sitting next to it."

The habit: Most of your meals come from drive-thrus and restaurants.

► **The fix:** It's hard to follow a healthy diet at restaurants, where portions are oversized and many options are high in fat, salt and sugar.

Save dining out for certain nights of the week, and find at least five healthy recipes to prepare at home, Grimes says. Add veggies to family favorites, like pasta. And have children help in the kitchen so they feel ownership of the meal.

The habit: You rarely see a family member without a cellphone in hand.

► **The fix:** Set house rules so that phones can't be used after a certain hour or during meals. Don't forget the rules apply to adults, too: You can't expect kids to engage in dinner conversation when their parents are staring at screens.

The habit: After school and work, the whole family hits the couch for the rest of the night.

► **The fix:** Make exercise a habit by incorporating it into your schedule, like taking a family walk or bike ride after dinner.

The habit: The TV is on all night, every night.

► **The fix:** Start by turning off the TV at least 30 minutes before

bedtime—light emitted from TVs and other screens can affect sleep quality. Instead, end the day with screen-free activities, such as reading. Find substitutes for TV time, like a family game or craft. ■

KICK BAD HABITS TO THE CURB

Have you ever had a bad habit you couldn't break?

Arien Ward, PsyD, with WK Center for Mental Wellness, says bad habits can be a result of stress, coping skills or different lifestyles.

The good news is most habits can be changed with a bit of determination. "Typically, it takes anywhere from two to six months to break a habit," she says. "They are often built unknowingly and take effort to correct."

Here are Dr. Ward's tips on how to break bad habits:

- Acknowledge you want to change
- Develop and commit to a plan
- Make a list of triggers and learn how to avoid them
- Establish an accountability partner
- Reward progress when you meet goals

The process of breaking habits varies depending on the person, behavior and rewards you allow yourself, Dr. Ward says. "Through repetition, healthy new habits can be formed and maintained."

WEBSITE



Seek Help

If you're struggling to make a positive change, enlist the help of a professional. Willis-Knighton's behavioral medicine department offers a full array of counseling and treatment services. Visit wkhs.com/behavioralmedicine to learn more about all it has to offer.

Why You're **READY**

1 You've already tried modifying your lifestyle. At some point, aging joints don't let you run and jump like you used to. But if you're still in pain after you've traded running for biking or reduced your hourlong walk to 30 minutes, it's time to explore the next level of treatment options.

2 Pain is inhibiting you from every-day activities. You can change your hobbies and possibly even your job to accommodate joint pain, but you can't eliminate the physical demands of simply getting through the day.

"I have to be able to get off a toilet or chair. I have to be able to fix meals for myself or walk to the mailbox. I need to walk at least a couple of blocks," Johnson says.

3 You're in pain more often than not. Johnson recommends starting a daily log in which you record the pain levels you experience on a scale of zero to 10.

"If you have more bad days than good days, maybe surgery is a consideration," he says.

4 Your joint is damaged from osteoarthritis. The bones of a healthy joint glide over each other thanks to cartilage, the tissue that covers the ends of the bones and helps absorb shock. But when the joint is damaged by osteoarthritis, the cartilage breaks down, causing bones to rub together.

Your doctor will take X-rays to look for space between bones, which should be filled with cartilage. If bones are instead touching, Johnson says, "They've essentially lost all of their cartilage ... they'd be a candidate for total knee or total hip replacement."

5 You've exhausted all other non-surgical treatments. Before recommending surgery, your doctor may prescribe physical therapy to alleviate

stress on the joint by strengthening the muscles surrounding it. Anti-inflammatory medications or steroid injections to reduce swelling might be part of treatment, too.

If nothing helps manage the pain, you probably need joint replacement. But that doesn't mean the time spent strengthening muscles during physical therapy was wasted.

"Your recovery will be that much better," Johnson says.

Why You're **NOT READY**

1 You haven't tried losing weight.

Extra weight means extra stress on your joints. A study in *Arthritis & Rheumatology* found that every pound of weight lost reduced pressure on the knee fourfold—so if you drop 10 pounds, you'll take off 40 pounds of pressure. Losing weight can help you be more active and, in turn, prolong or even avoid the need for surgery.

2 You haven't quit smoking. Studies show that joint replacement surgery is riskier and less effective for people who smoke. In one study, smokers were 10 times more likely to undergo revision surgeries and almost twice as likely to develop surgical complications, including blood clots and kidney failure.

A successful joint replacement surgery requires the bone to grow into the implant. But because nicotine constricts blood vessels, smokers are slower to heal and more prone to infection and blood clots.

3 You're not healthy enough for surgery. Joint pain can trigger a vicious cycle: A sedentary lifestyle and weight gain can lead to heart disease or type 2 diabetes that makes surgery risky.

If you're not in good health, make it your goal to get well enough for joint replacement. It's worth it, Johnson says.

"The vast majority of patients have significant improvement, if not complete resolution of their pain." ■

TOTAL KNEE REPLACEMENT: A TIMELINE

Getting back on your feet with a new knee might not take as long as you think.

"It's common for patients to stay in the hospital just for a day and go home the next day," says Wayne A. Johnson, MD, a spokesman for the American Academy of Orthopaedic Surgeons. "Patients can do so much better in just a six-week period."

While high-impact sports like running probably aren't in the cards, you can expect to enjoy activities such as walking, golfing, biking and doubles tennis with an artificial joint. Here's what recovery time may entail:

- **1 day later:** Walk in the hospital
- **1–3 days later:** Get discharged from the hospital
- **2–3 weeks later:** Walk without a cane
- **4–6 weeks later:** Drive
- **3 months later:** Return to most activities
- **6–12 months later:** Return to full strength and endurance

VIDEO



Joint Effort

Has your doctor recommended a joint replacement surgery? Willis-Knighton provides patient education videos to help you prepare for your procedure. Visit wkhs.com/physicalmedicine/videos.

For Carl Franklin, being able to see his toes (thanks to a reduced belly) is better than any food. Below right, a “before” photo with daughter Emmy.

Carl Franklin
AGE: 50

Make the plan
Limiting carbohydrates

Work the plan
Sticks to meat, dairy and vegetables, particularly Brussels sprouts, broccoli, spinach and salad



Carl

Franklin says, “I was a pudgy kid, and in my teenage and early college years my weight started to get out of control. I tried to eat less and exercise more, but that approach usually only works for a few days—maybe a couple of weeks if your confidence stays up. You feel like you’re battling your own body.”

Franklin had some success losing weight with the Atkins diet in the late ’90s, but once he stopped it the weight came back, peaking at 366 pounds.

In June 2015, he got sobering news: He had diabetes. “My doctor sounded like she was reading me a death sentence. She said, ‘I’m really sorry. This is a progressive disease. I’m going to have to get you on medication.’”

Inspired by the success of a friend in controlling his diabetes, Franklin began strictly limiting his carbohydrates in January 2016. “It’s not a radical diet,” the Connecticut resident says. He loves to cook, so he found alternative recipes that didn’t have carbohydrates.

At first, he turned to low-carb breads, and baked goods made with almond

MEDICINAL HELP FOR WEIGHT LOSS

There’s no substitute for healthy eating and regular exercise when it comes to losing weight, but medical supervision can also be beneficial.

Anthony Stuart, MD, of Tri-State Medical Clinic at Willis-Knighton Medical Center, is the medical director for Willis-Knighton’s Weight & Wellness Solutions. Weight & Wellness Solutions is a one-of-a-kind comprehensive weight management program with a team of healthcare professionals devoted to helping people establish healthy lifestyle habits.

Although some prescription drugs for weight loss might have checkered reputations, Dr. Stuart says there are several viable medicines to help treat obesity. For example, Dr. Stuart recommends Qsymia, Contrave, Saxenda, Adipex and Xenical to aid in weight loss.

It’s important to remember that these drugs must be prescribed by a doctor. Dr. Stuart urges caution when considering over-the-counter supplements that are marketed for weight loss. “These supplements are considered food and are not regulated by the FDA. Their claims can’t be verified, and the safety or interactions also have not been well-studied.”

Prescriptions and their side effects are monitored by your doctor. Talk with your doctor about what will work best for you.

WEBSITE



Online Resources

The multidisciplinary staff of Willis-Knighton offers the full spectrum of healthcare related to weight loss. See Weight & Wellness Solutions online at wkhs.com/Diabetes/Weight.

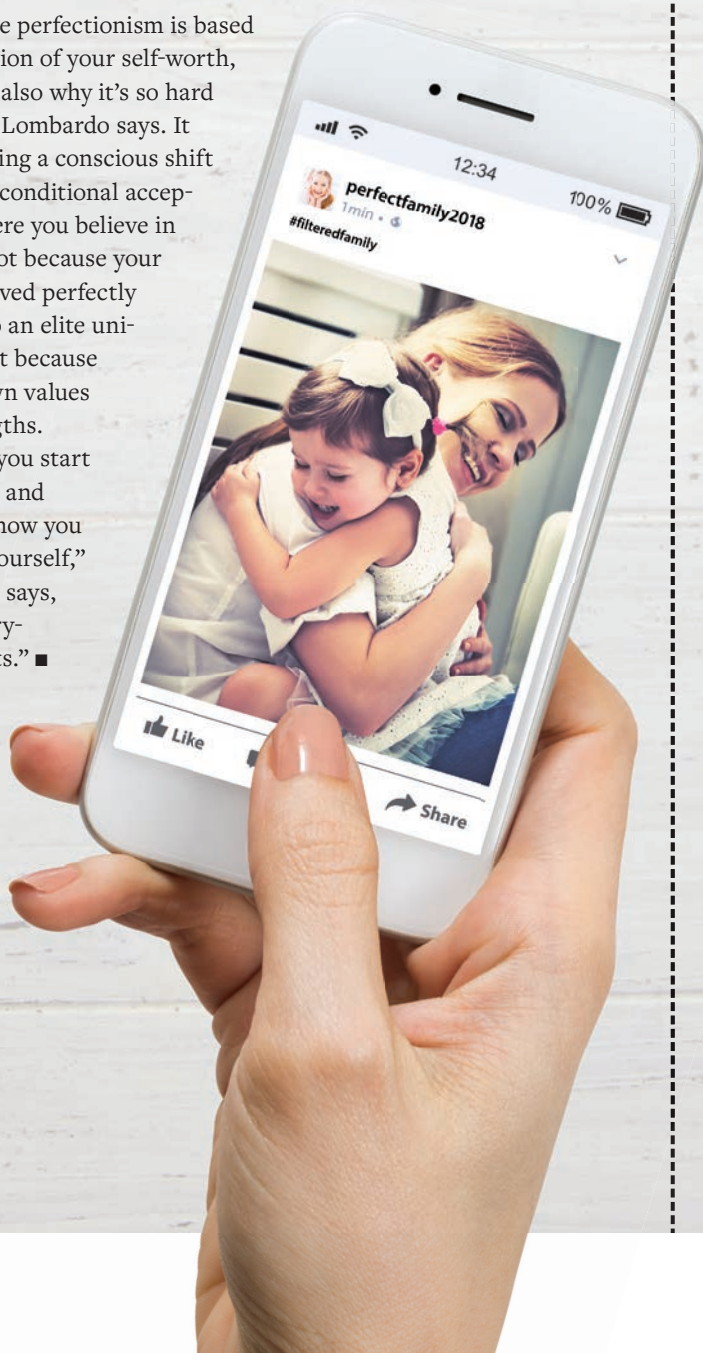
➔ **PERFECT TRAP:** *Parenting*

Perfectionism is a problem most new moms know all too well. You want to be the perfect mom, do it all without any help—and maybe even capture the perfection in your social media posts. Biali Haas recommends trying to reduce your exposure to the latter. “Social media is such a source of pressure. Even if you logically know that everyone on Facebook is curating their lives and you’re not seeing their messy reality, just scrolling through it can still have negative effects,” she says.

So, why are moms so prone to perfectionism in the first place?

“Because perfectionism is based on the notion of your self-worth, and that’s also why it’s so hard to shake,” Lombardo says. It takes making a conscious shift toward unconditional acceptance, where you believe in yourself not because your child behaved perfectly or got into an elite university, but because of your own values and strengths.

“When you start doing that and changing how you perceive yourself,” Lombardo says, “then everything shifts.” ■



PHOTOS BY GETTY IMAGES

THE STRUGGLE TO BE PERFECT

“Nature is not perfect, yet it is beautiful.” This is something Devanshi Jani, MD, a psychiatrist at Pierremont Psychiatric Clinic in Shreveport, reminds her patients who struggle with perfectionism.

Dr. Jani says perfectionism is an idealistic belief that leads to unrealistic thinking, stress and rigid behavior. “Parents’ beliefs, behavior and expectations of their children play a major part in the creation of future perfectionists,” she says. School, work, sports, television and social media can also influence people to pursue perfection in an unhealthy way.

Many of Dr. Jani’s patients ask questions like, “My childhood was perfect, and my life is perfect. Why am I so depressed?” She says, “I want to tell them that’s exactly why they are sad, but instead I say, ‘Let’s talk about it.’”

Although it’s not always easy, avoiding high standards can help alleviate stress. When it comes to wellness, setting realistic nutrition and fitness goals can be a great first step. “Diet and exercise are important for health, but if missing a day at the gym or eating one french fry makes you feel guilty, that’s a problem,” she says.

If it lingers, the stress of being too perfect can lead to other health problems, such as anxiety and panic attacks.

“I tell my patients to try to stay in the middle,” Dr. Jani says. “Choose imperfection. Make a small mistake, dare not to draw a straight line. It’s OK not to be perfect.”

WEBSITE



Practice Self-Care

If you need the help of a counselor, Willis-Knighton can help you choose one who is right for you. Visit wkhs.com/vigor/Problem-With-Perfect.

THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS

CRACKING DOWN ON BREAST CANCER

“You have breast cancer” are four words no one ever wants to hear, especially as the number of breast cancer cases is on the rise. The good news is survival rates are on the rise, too.

Improved detection, screening and treatment all contribute to increased survivorship among women diagnosed with breast cancer, says Julie Cupp, MD, with WK Breast Health & Surgical Center.

“Advances in technology and improvements in treatment over the last decade have caused survival rates among breast cancer patients to increase,” she says. For example, better tools such as 3-D mammography allow for better precision and early detection of malignancy.

Thanks to improvements such as these, Dr. Cupp says many people who experience breast cancer recover and go on to live full lives.

APPOINTMENTS



Get Screened

The American Cancer Society recommends women ages 45 and older have annual breast cancer screenings. Visit the WK Breast Health Center online at wkhs.com/imaging/breast to see all available options.

KETCHUP VS. HOT SAUCE

Which condiment is healthier?

Condiments are flavor enhancers, secondary to the main food act. But if you're not careful, these supporting characters can take over the meal by adding sugar and salt.

Let's put two popular sauces to the test: ketchup and hot sauce.

One tablespoon of popular varieties of ketchup contains 4 grams of sugar, the equivalent of one teaspoon. The sweetness comes from ingredients such as high fructose corn syrup, an added sugar.

So if you consume a few tablespoons of ketchup at one meal—not hard to do when you're eating a burger and fries—then you've had the equivalent of two teaspoons of sugar. That's about 30 percent of the daily added sugar recommendation for women and 20 percent of the daily recommendation for men.

By comparison, most hot sauces have a short and simple list of ingredients: peppers, vinegar and salt. Both hot sauce and ketchup can be salty, but hot sauce is the winner again, with 35 milligrams of salt per serving compared with ketchup's 160 milligrams.

THE VERDICT? Time to get spicy.

Liven up your meal with hot sauce instead of ketchup so you don't eat more sugar and salt than you intended.



TRUE OR FALSE:

Postpartum depression is noticeable to you and people around you.

→ **FALSE.** The postpartum depression experienced by 1 in 9 mothers doesn't always involve crying and sadness. Often, women simply feel anxious, overwhelmed or guilty, says Shannon Clark, MD, a spokeswoman for the American Congress of Obstetricians and Gynecologists.

Every new mom struggles with lack of sleep and worries about how to best care for her baby. But if your mind is constantly racing with fears, you can't sleep or eat, or you feel as though you can't make it through the day, those feelings are past the point of normal—especially if they persist for a week or two, Clark says.

Postpartum depression is treatable with counseling and sometimes medication, but it won't go away on its own. "If you feel something's just not right, that's all it takes to call your OB-GYN," Clark says.

TRUE OR FALSE:

It can take several weeks for the vagina to feel normal after birth.

→ **TRUE.** When you consider how much the vagina stretches to allow a baby through, it's no surprise that things aren't quite right down there. First off, expect to see blood, mucus and tissue from the lining of the uterus in the first several days after birth.

For weeks to come, the vaginal area may feel swollen and sore, especially if the perineum—the area between the vagina and anus—was torn or cut during birth. Those changes can cause incontinence and discomfort in the bathroom, while vaginal dryness caused by a drop

in estrogen levels can make sex painful. (When you do feel ready for sex, check with your doctor first.)

Share concerns with your doctor, Clark says, but know that such changes are normal and that healing takes time.

TRUE OR FALSE:

Breastfeeding comes naturally to new moms.

→ **FALSE.** It may seem like the work of Mother Nature, but breastfeeding takes effort and persistence from the majority of new moms. A study in the journal *Pediatrics* found that in the first three days after the baby's birth, 92 percent of first-time moms had at least one breastfeeding concern, like the baby not feeding well, breast pain or perceived lack of milk. While 8 in 10 women in the U.S. begin breastfeeding, only 19 percent ultimately breastfeed exclusively for six months, as recommended by the American Academy of Pediatrics.

Clark encourages moms to seek support from lactation specialists—and not to feel guilty if they supplement breastfeeding with bottle-feeding and formula.

"You think your body isn't going to fail you, but the reality is that it sometimes does," she says. "It's OK if things don't exactly go the way you read they're supposed to." ■

BOUNCING BACK AFTER BABY

With celebrity moms showing off shockingly svelte bodies just weeks after giving birth, it's no wonder new mothers are confused about what to really expect about their post-baby bodies.

"It took nine months to put the weight on; you should give yourself at least that to take it off," says Holly Sanders, group fitness coordinator for WK Fitness & Wellness Centers.

Sanders recommends starting slow and focusing on your health first. "Your body is not what it used to be, so take it easy," she says.

Sanders suggests incorporating walking into your daily routine as a great, low-intensity activity. "Ease back into exercising, and never put unnecessary pressure on yourself," she says. "You will get there."

It is also important to eat right, especially if you are a nursing mother. "Listen to your body," Sanders says. "Eat what you need as long as the options are healthy."

If you're pregnant, remember that prenatal fitness is equally important as self-care after giving birth. "Taking care of your body beforehand helps you bounce back quicker," Sanders says.

WEBSITE



Create Your Fitness Plan

There's no rush, so ease your way back into your favorite jeans. Visit the WK Fitness & Wellness Centers at wkfitness.com to view all postpartum exercise classes and develop an exercise plan that works best for you.



1. Drop 5 pounds.

Extra body weight adds stress on the joints, particularly the knees. Every pound of body weight places 4 pounds of exertion on the knees. So if you're 10 pounds overweight, your knees are actually feeling the stress of 40. That means losing a modest amount of weight—say, 5 pounds—can make a difference to your joints.

“The higher your body mass index, the more stress you're placing on your joints,” says Ethel Frese, a physical therapist and spokeswoman for the American Physical Therapy Association. “Certainly, if you have a BMI of 30 or higher, losing even a small percentage of weight will significantly reduce the stress on your joints.”

And weight loss has benefits beyond your joints. Fat cells release chemicals that promote inflammation, so losing body fat helps to reduce pain and inflammation all over.



2. Lift some weight.

Now that you know the benefits of dropping weight, we're going to recommend you add some—in the form of strength training.

“A good strength-building program is essential for people with arthritis,” Frese says. “Strengthening the muscles around the joint offers support so there's less stress on the actual joint. The muscles take some of the pressure off.”

The Arthritis Foundation recommends strength training for 20 to 30 minutes two to three times per week. Stick with that schedule, and you should feel results in one to three months.



3. Ease up on sugar.

Sugar not only contributes to excess fat, but the substance itself

LEARNING TO LIVE WITH ARTHRITIS

If you experience arthritis pain, you might find yourself avoiding certain everyday tasks.

“When they use their hands, it hurts, but they have to move their hands,” says Erin Butler, an occupational therapist at Willis-Knighton Rehabilitation Institute. “If they don't, then the joints will keep getting tighter and tighter until they can't use them anymore.

To make life a little easier, Butler's OT colleague, Cristina Shamburger, recommends adaptive equipment.

“Patients need to conserve the integrity they have in their joints,” Shamburger says. Introducing tools to your routine can make a difference for arthritis pain. But remember, it's OK not to push yourself. “Don't overdo it, but keep moving,” Butler says.

CALL



Manage Your Arthritis

The WK Physical Medicine and Rehabilitation Institute offers a full array of rehabilitation services. Visit wkhs.com/physicalmedicine or call **318-716-4720**.

also causes inflammation, which exacerbates joint pain. The Arthritis Foundation suggests cutting refined sugar completely, but if you can't do that, try some healthier alternatives: no-calorie sweetener stevia, synthetic sugar sucralose (Splenda), agave nectar or antioxidant-rich honey.



4. Get your posture checked.

The source of aches and pains isn't always obvious. Pain in a joint may actually stem from a muscle imbalance elsewhere in the body. For instance, lots of back pain can actually be attributed to weak abdominals.

Work with a certified physical therapist and ask for a movement analysis.

“We get muscle imbalances when we adopt abnormal movement patterns that place repetitive stress on a joint,” Frese says. Physical therapists can analyze patterns and suggest adjustments to make sitting at your desk or going down the stairs less painful.



5. Stretch it out.

Stretching is important for improving and maintaining range of motion in your joints. But static stretching (holding a stretch for a while) can be boring. Instead, try a dynamic activity that incorporates multiple facets of exercise.

“Activities like yoga, tai chi and Pilates are particularly good for stretching but also improve strength and balance,” Frese says.

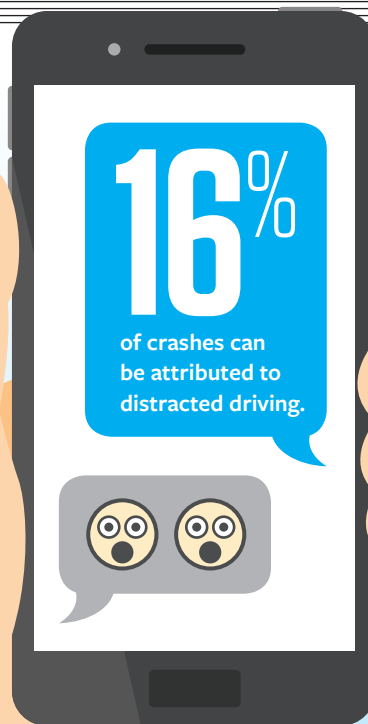
Another option is swimming.

“Aquatic therapy helps you strengthen muscles without any joint compression,” Frese says. Find an activity you enjoy and really start living. ■

DISTRACTED DRIVING

In 2015, distracted driving caused

3,477 deaths and 391,000 injuries.



A distraction lasts in the brain **27 seconds** after the activity has ended.



5 seconds is the average time eyes are off the road when texting—at 55 mph, it's enough time to drive the length of a football field.

660,000 PEOPLE are using cellphones or devices while driving at any given moment during daylight hours.

Sources: AAA Foundation for Traffic Safety, National Highway Traffic Safety Administration

DRIVE DISTRACTION-FREE

It can be tempting to look at your cellphone while driving. But the reality is, one quick glance at your phone could land you in the emergency room.

Susan Cash, Willis-Knighton's director of emergency services, acknowledges that some accidents they see could have been prevented.

"Nobody's likely to admit they were looking at their cellphone when they were driving and hit another vehicle," she says. "But it's one of the many things that can distract a driver and cause an accident."

Cash says that National Safety Council experts contend that even hands-free cellphones are not risk-free. "Research shows that

simply listening to a phone conversation can reduce the attention paid to driving by 37 percent," she says.

Tragic endings can often come from preventable actions, and it's even more devastating when a child is involved.

"Parents need to act like parents," Cash says. "Allowing a child to get on a boat without a life vest, drive an ATV over uneven terrain or zip a golf cart around the neighborhood is recipe for an accident."

"If their parents had seen what I've seen over the years, they would be less permissive," she says. "Some accidents are unavoidable, so let's prevent the ones we can."

WEBSITE



Pledge to Just Drive

Sign a pledge that you'll "just drive" when you're driving—instead of talking on the phone, taking selfies or looking at social media—at nsc.org/pledge.



Heart to Heart

Willis-Knighton's heart team works together with advanced technology to improve care

BY **DARRELL REBOUCHE**

It's Friday morning, and a group is gathered in a conference room at Willis-Knighton Heart & Vascular Institute. At first glance, it appears to be a breakfast meeting with coffee and small talk about the weekend ahead. But then the demeanor shifts. The healthcare professionals get down to business, as they begin to discuss the best way to treat a patient with a serious heart condition. This is a high-risk case conference—a weekly routine at Willis-Knighton.

In the room, there are cardiologists, cardiothoracic surgeons, nurses, cardiac technicians and others involved who are collaborating to make lifesaving decisions about the most appropriate care for high-risk patients.

"There's symbiosis between the cardiologists and the surgeons here," explains Michael G. Futrell, MD, of Willis-Knighton Cardiology. Dr. Futrell, who has practiced at Willis-Knighton since 1978, continues to be encouraged by the relationships among physicians and staff. "We go over cases and review angiograms, echocardiograms, CT scans and heart catheterizations where we discuss what's best," he says. "The patient benefits when physicians work in concert to get the best outcome."

A Proactive Community

These conferences help make Willis-Knighton a special place to practice medicine. They complement a system-wide focus that assures doctors have

what they need to help their patients. Dr. Futrell and several of his fellow cardiologists are quick to praise the administrative support they've received from the health system.

"In today's practice, especially in a community of our size, we are encountering high-risk, complicated patients much more frequently," says Ryan Master, MD, of Pierremont Cardiology. "If you want to be a major cardiovascular center, your hospital has to be able to take care of patients who are this sick. You have to have an administration that has the insight and the vision to see how we can best treat our patients."

"The hospital is always open to what we need to do," affirms Dr. Futrell, who



Jonathan Davis, MD, of Pierremont Cardiology, gets ready for a procedure in the cardiac catheterization lab at WK Pierremont Health Center.



Ryan Master, MD, of Pierremont Cardiology, and Mike Futrell, MD, of WK Cardiology, talk in the hybrid operating suite at Willis-Knighton Heart & Vascular Institute.

expects the camaraderie between cardiology and surgery to grow.

Anil Chhabra, MD, with Pierremont Cardiology, has been at Willis-Knighton since 1983 and says administrative support has been evident for decades. “If we need anything, new equipment, a new device, we are never held back. That’s one thing I like about the system,” Dr. Chhabra says. “Willis-Knighton executives have been willing to grow the field (of cardiology), and they’ve lived up to their word about that.”

Dr. Master’s perspective is a relatively new one. He joined Pierremont Cardiology in 2016 after completing fellowships in cardiovascular diseases and interventional cardiology at UT Southwestern Medical School in Dallas. He’s the young expert who embraces the value of collaborating with his partners, including his father, Herbert Master, MD. He also notes his appreciation for

the experience of Pierremont Cardiology partners Jonathan Davis, MD, and Robert Martin, MD, particularly in working on complex total occlusions.

“All of us look at these complicated cases and find the correct approach to treat these patients,” Dr. Master says.

New Tech, Better Technique

As two WK pioneers of cardiology, Dr. Chhabra and Dr. Futrell have been critical links in the development of the health system’s now-burgeoning heart and vascular program. Both are proud of what has been accomplished.

“We were the first hospital in the region to perform 600 open-heart procedures in one year,” Dr. Chhabra says. “We were among the first to do 1,000 coronary interventions and to offer carotid stenting. We were also among

the first with endovascular repair of AAA (abdominal aortic aneurysm), which is grafting a stent into the aneurysm without doing open surgeries.”

The Heart & Vascular Institute is experiencing excellent outcomes with TAVR (transcatheter aortic valve replacement), giving patients with aortic stenosis a chance for a better lifestyle. TAVR is a significantly less invasive approach than traditional open-heart surgery for patients who are at high risk for aortic valve surgery. “This has been a phenomenal success at our hospital,” Dr. Futrell says. “The outcomes have been absolutely fabulous.”

“TAVR was originally approved for nonoperable or extremely high-risk

patients,” Dr. Master explains, noting that, compared with surgery, the results have been equal in the high-risk patient population.

Dr. Master acknowledges now that TAVR is approved for intermediate-risk patients, and having the ability to work with thoughtful and experienced cardiac surgeons is a huge benefit. “We look at cases with the surgeons, and if we think surgery is your best option, we will send you to surgery. It’s a nice collegial environment where, as a group, we look at it and decide what’s best.”

For badly leaking heart valves, there’s the MitraClip option. This minimally invasive advancement addresses the leaky mitral valve without opening a patient’s chest.

Critically linked to heart procedures are vascular procedures. Willis-Knighton physicians also offer complex interventional procedures to address arterial disease.

Some patients have pain in their legs when they walk, caused by blockages in the arteries. Some have wounds that won’t heal, making amputation a real possibility. Interventional cardiologists and surgeons at Willis-Knighton can

offer an array of advanced techniques to treat patients’ symptoms and provide limb-salvage therapy, including angioplasty, stents and atherectomy, a procedure that removes the calcium in an artery.

Another vascular procedure that was first introduced at Willis-Knighton Heart & Vascular Institute is TCAR, transcarotid artery revascularization, which allows a vascular surgeon to safely treat blockages in the carotid artery for patients who have a high risk of stroke.

Putting People First

One characteristic of all of the doctors at these conferences is their personal commitment to always place people first. Consultation and collaboration, seeking state-of-the-art technology and procedures, striving for better processes—these are all connected to their “patient-first” attitude.

The patient takes an active role in his or her own care. “Patients are more educated now than they’ve ever been about their heart problems. They have more access to information,” says Dr. Davis. “They come to the office with



Mike Futrell, MD, of WK Cardiology, listens intently during a high-risk case conference at Willis-Knighton Heart & Vascular Institute.

preconceived ideas of what their problems are. So, I like to sit them down and ask them what they think is wrong and together come up with a plan.”

That patient-first attitude inspires doctors to continue seeking the best ways to help people. That attitude seems ingrained as part of these physicians’ psyches.

“It’s up to us not to limit ourselves,” Dr. Master notes. “We like to make sure that we have the latest and the best technology to treat our patients, as long as it gives the best and safest result possible. If you can keep patients feeling well, they can be more productive members of society and enjoy their lives. That’s what we strive to do.”

Physicians affiliated with the Heart & Vascular Institute are well-suited for shepherding patients through these lifesaving experiences.

“I enjoy being with patients at some of their most harrowing moments, knowing I played a part in saving a life,” Dr. Davis says. “Certainly there are other factors that lead to that. God’s grace is one of them. But there are circumstances where the things that I’ve spent my life learning how to do make a difference in somebody else’s life.”

The doctors, administration, staff and some divine intervention. No wonder it’s said, “At Willis-Knighton your heart’s in the right place.” ■



Cardiothoracic surgeons, cardiologists and others discuss high-risk cases every Friday at Willis-Knighton Heart & Vascular Institute.



10 YEARS OF

The Oaks

*A look back at what it took to create
Willis-Knighton's thriving senior
community* BY **TERRIE M. ROBERTS**



For 25 years, 600 East Flourney Lucas Road was a hidden jewel. Located at the end of a long driveway and behind a densely wooded area, was 144,000 square feet of buildings known as Live Oak Multifamily Retirement Community.

Live Oak's founder, Winona Ward, believed Live Oak to be of divine inspiration, a community focused on spiritual, physical and mental well-being of its residents. That concept was successfully developed for 25 years.

Then, in 2007, the ideas behind Live Oak exploded with new fervor when it joined with Willis-Knighton Health

System, a move that would ensure its future growth and expansion.

The Beginning of The Oaks

James Elrod, Willis-Knighton president and CEO, recognized the importance of preparing for a rapidly aging population and felt it was important to expand the continuum of care Willis-Knighton offered. A senior community was the next step to fulfill the health system's mission of focusing not only on health but also on well-being.

Willis-Knighton had purchased the property adjacent to Live Oak, a tract of

land known as the Sawyer Farm, with the intent to develop a senior residential community unlike any in the region.

As a good-neighbor gesture, Elrod invited the Live Oak board to lunch so he could share the health system's vision. He assured Live Oak leaders that WK wanted to be a good neighbor to them and exhibit a spirit of cooperation.

Live Oak board members liked what they heard. Shortly after, the Live Oak board of trustees offered its assets to Willis-Knighton as the foundation for what was to become The Oaks of Louisiana.

Modifying Live Oaks

Live Oak's financial situation and its aging physical plant made the decision to merge with Willis-Knighton an easy one.

"Live Oak had a very rich history and had a wonderful ministry to seniors," remembers Jerry Ivey, WK director of safety and engineering, who directed the construction activity. "They just found themselves without the money to keep it at the same level and continue to grow."

Margaret Elrod, Oaks executive director, adds, "There was an understanding that we would spend \$100,000 to update and renovate Live Oak, something they did not have the funds to do."

Extensive modification and renovation of existing Live Oak buildings and



property began shortly after the acquisition in 2007. These renovations were based on research gathered by Willis-Knighton executives as they reviewed successful living communities throughout the Southeast and contracted with design experts to formulate a master plan.

“The entire facility, while a very nice place, was very dated and in some places very dark,” Margaret Elrod adds. “We gave it a complete face-lift.”

Ivey and his crew remodeled existing apartments, and the health center nursing stations were redesigned. Live Oak’s large community areas, including dining and gathering space, were expanded and enhanced with modern amenities and updated décor. All building interiors were brightened with improved lighting, neutral colors, new flooring and decorative handrails. Monies spent far exceeded \$100,000.

Developing The Oaks

New elements to the property were also introduced.

The first new construction project was the Chapel at The Oaks, which was relocated and made anew. The neo-Gothic structure sits at the center of the 312-acre property and features architecture inspired by St. Giles, the chapel at Deerfield Episcopal Retirement Community in Asheville, North Carolina. The updated Chapel at

The Oaks had its first service in April 2009.

It was important to maintain the multi-faith aspect of the Live Oak community, Margaret Elrod says. “That was the bedrock of Live Oak’s existence,” she explains. “The founders and former boards wanted to provide an atmosphere of inclusion and tolerance for all faiths and maintain it as a place that encouraged the exercise and expression of faith. Therefore, not to maintain that here would have been in direct conflict with Live Oak’s very foundation.”

The new community concept of senior living evolved with the Tower at The Oaks independent living residence and later with Savannah at The Oaks, an assisted living option, and a centrally located clubhouse shared by all residents.

The property itself was improved, too. The heavily wooded area between East Flournoy Lucas Road and the old Live Oak facility was cleared, and additional water features were added, including the magnificent Lake Eleanor by the Tower at The Oaks. Streets were created, and security fencing and a gatehouse were developed to provide secure entry to the property.



The chapel features a neo-Gothic style and represents the emphasis on a multifaith community that is so important to the founders of Live Oak and The Oaks of Louisiana.

A Celebrated Future

Ten years later, The Oaks of Louisiana shows seniors the lifestyle that is possible for their future.

With this maintenance-free lifestyle, residents no longer worry about home and lawn maintenance, meal preparation, or even driving to appointments or errands. It offers a safe, secure environment that supports peace of mind. Enhanced longevity comes from the idea of total wellness with activities and programs that support emotional, physical, social, mental and spiritual well-being.

But above all, The Oaks of Louisiana has broken the traditional retirement community mold, as its residents are hardly retiring or slowing down. With people living longer and remaining active longer, The Oaks of Louisiana demonstrates the best of what senior life can be. ■



Jake Wang, MD, PhD, inspects a mask used for precision patient positioning during radiation therapy.

Focusing In on Brain Cancer

ExacTrac technology helps target cancer with ease and precision

BY **MARILYN S. JOINER**



C. Jake Wang, MD, PhD, radiation oncologist at the Willis-Knighton Cancer Center, is one of those brainy guys you want on your team when fighting a major illness. Before attending medical school, he earned a doctorate in bioengineering at UCLA. Clearly, he understands molecular biology, the tissues in the human body and bones.

That's why it's not surprising that he gets excited about technological

developments in stereotactic radiotherapy and image-guided radiotherapy. One of those developments is the ExacTrac patient positioning system, now in place at the Willis-Knighton Cancer Center.

Previously, patients with cancer in the brain were treated with technology such as Gamma Knife. "The Gamma Knife equipment is pretty accurate," says Dr. Wang, who has previously used Gamma Knife but adds that it has its limitations.

EXACTRAC AT A GLANCE

- ▶ Unique insight into patient position during treatment delivery
- ▶ Continuous monitoring during treatment
- ▶ Accommodation for patient motion during procedure
- ▶ Robotic alignment
- ▶ Patient-friendly mask for comfort
- ▶ Submillimeter precision
- ▶ Noninvasive
- ▶ No sedation

“A frame was attached to the head, which was invasive and uncomfortable. That required mild sedation to address the pain,” he says. “And then several hours of monitoring were required after the procedure to assure that the patient did not have any serious side effects. The procedure could take a half day.”

With the ExacTrac system, no frame is required. A specialized mask is made prior to treatment. A CT scan fused with a thin-slice MRI is then used to plan the radiation, which requires a team including physicians, medical physicists, radiation therapists and dosimetrists.

“We are fortunate that we have an excellent on-site medical physics team and supporting staff to assure the quality and accuracy of our treatments,” Dr. Wang says. “Not every place has this.”

Another benefit is that the procedure is noninvasive. “The patient lies on the table with no frame, so it’s relatively comfortable,” Dr. Wang says. Multiple images are then acquired in real time to verify patient position and monitor target movement during treatment.

When the treatment is completed, the patient can leave. So, instead of spending an entire morning getting treatment, ExacTrac is generally completed in about one hour.

Efficacy of radiosurgery—the use of high-dose radiation to ablate cancer in

a single treatment—is well established, Dr. Wang notes. Doctors can treat all the lesions they see on the scans, but new ones can develop.

“We monitor our patients closely every few months,” he says. “Because the procedure is noninvasive, patients can be easily treated again if a new lesion develops.”

Although ExacTrac is most commonly used at the cancer center to treat cancer metastasized to the brain, it is also available to treat benign tumors. Dr. Wang anticipates adding functional radiosurgery and extracranial radiosurgery with ExacTrac in the future.

Willis-Knighton has a history of adopting new technology to treat patients with cancer. For instance, the TomoTherapy unit at Willis-Knighton

was the fourth in the U.S. when it was introduced in 2003, and the compact pencil-beam proton therapy unit at the center was the first of its kind in the world. These technologies both are used to treat tumors in the brain at Willis-Knighton.

“TomoTherapy is still a very good technique,” Dr. Wang notes. “For example, it is better for larger lesions where it can deliver a more uniform dose of radiation. The ExacTrac allows us to treat smaller lesions so accurately that we minimize radiation to normal brain tissue.”

Basically, it’s about options. “With ExacTrac, we have another tool we can choose,” Dr. Wang says. This means oncologists can use whatever is best for their patients. ■

“We are fortunate that we have an excellent on-site medical physics team and supporting staff.”



Dr. Wang looks at a mask used in treatment with the ExacTrac patient positioning system, a noninvasive radiation treatment for brain cancer.



Weekly bridge games with, from left, Herschel Downs, Betty Douciere, Daisy Kime and Enid Roberts are one of the ways Daisy, a Tower at The Oaks resident, keeps mentally and physically active at age 94.

STAYING SOCIAL

At 94, Daisy Kime has redefined what it means to be an active community member



When someone reaches 94 years of age, it certainly is understandable that he or she might slow down and take longer to stop and smell the roses.

But try and tell Daisy Kime that. This resident of Tower at The Oaks independent living residence at The Oaks of Louisiana likes to stay busy.

Since moving to The Oaks, Daisy has immersed herself in life at the Tower and become a mover and shaker among residents. She is president of the Tower Resident Association and co-captain of the Tower Tornadoes bean bag baseball team. She plays Rummikub once a

week and bridge twice a week. She also puts together a newsletter for Tower residents several times each year and attends various activities offered at The Oaks.

"I have always been active," Daisy says. "I like and enjoy everything I do here. Sometimes I bite off more than I can chew, though. I don't do real well at delegating," she adds with a laugh. But Daisy is also quick to share the credit. She says fellow Resident Association officers Tynes Hildebrand, Sam Smith and Jean Laster each have brought individual gifts to their positions. That's made her job as president easier than

it could have been for someone who's in her 10th decade.

Daisy moved to The Oaks in March 2014. Divorced and living alone in Jackson Square, she began to find her house too big to take care of herself. "It required a lot of upkeep," she says. "And I was kind of lonesome because I could no longer drive."

The Oaks of Louisiana appealed to her. The maintenance-free lifestyle is what she needed and wanted at this stage of life. She no longer worries about unexpected repairs or maintaining her lawn and flower beds. And it doesn't matter that she no longer drives, because The Oaks offers complimentary transportation.

Lonesome? Daisy doesn't remember what that feels like. She has found a second family in the residents who live here. "We all care about each other," Daisy says. "We watch out for one another and help each other. It's like having a bunch of best friends."

On Thursday afternoons, Daisy joins several friends in the Tower Card Room for a game of bridge. She shuffles the cards and begins to deal.

Life at The Oaks has dealt her a good hand. ■

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