GIVE YOUR BONES A TEST
DON’T WAIT FOR A FRACTURE TO GET SCREENED FOR OSTEOPOROSIS

Losing some bone density is a natural part of aging. But for millions of people with osteoporosis, or “porous bone,” their bones become so weakened that a minor fall or injury can result in a fracture, often in the hip or spine.

Although anyone can develop osteoporosis, post-menopausal women lose bone more rapidly due to the sharp drop in estrogen. In fact, it is estimated that one in two women over 50 will suffer a fracture due to this bone-robbing disease.

Fortunately, there are actions you can take to prevent osteoporosis – and to build bone strength if you already have it. The first step is to assess your current condition by getting a bone density test.

Bone Health Services
Holland Hospital now offers Bone Health Services, along with a number of other services focused on women’s health, at its eastern location: the Holland Hospital Medical Building in Zeeland. Bone Health Services is designed to give you everything you need to understand osteoporosis and reduce your risk of fractures. Bone density tests – quick and painless low-radiation scans – are done on state-of-the-art DXA* machines by specially trained radiology technologists.

At the heart of the program is an in-depth assessment of each patient’s current condition and risk factors. This consultation can take up to 90 minutes – a small commitment of time considering the difference it can make in your future quality of life, notes nurse practitioner Anne McKay, MSN, who helped develop the Bone Health program.

“Osteoporosis is a silent disease, so you may not know you have it until you break a bone,” says McKay. “That’s why bone density screening and follow-up care are so important. We can help patients prevent potentially disabling fractures.”

If osteoporosis or osteopenia (low bone density) is detected, McKay works closely with her patients to develop a bone-building treatment plan, which may include:

- Weight-bearing activities (such as walking) and resistance exercises.
- Getting enough calcium and vitamin D, either through diet or supplements. Depending on age, most adults need at least 1,200 mg of calcium and 600 IU of vitamin D daily.
- Reducing risk for falls, which account for 90% of osteoporotic fractures. (See fall prevention tips on page 4.)
- Medication to slow bone loss.

Seeing a women’s health expert or keeping up-to-date on important screenings has just become easier for Lakeshore-area women. Holland Hospital now offers a number of services for women at the Holland Hospital Medical Building in Zeeland. Make an appointment (phone numbers listed here), or just stop in. Services include:

- **Bladder and Pelvic Health Services – New!**
  Through a collaboration between Holland Hospital and Western Michigan Urological Associates, urology specialists are available on-site to diagnose and treat bladder problems, pelvic pain, and a wide range of female urinary concerns. Call (616) 392-1816 for a consultation; a doctor’s referral is not needed.

- **Bone Health Services – New!**
  Comprehensive osteoporosis diagnosis, prevention and treatment services are offered. See story above.

- **Women’s Midlife Services**
  Previously located on S. Washington Ave. in Holland. Barb DePree, MD, a gynecologist and certified menopause practitioner, offers education and customized treatment for women experiencing perimenopause, menopause and other midlife health issues. Appointments available by calling (616) 748-5785.

- **Breast Health Services**
  Schedule your annual mammogram at our Zeeland site. Digital mammography, clinical breast exams and diagnostic services are provided at three Holland Hospital locations. Call (616) 355-3865 to schedule; a doctor’s referral is not needed.
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GIVE YOUR BONES A TEST

score” (measures probability of breaking a bone)

A DXA bone scan is a common test used to screen for osteoporosis. It measures the density of bone in the body and can help determine the risk of a fracture. People with a high risk of osteoporosis are often recommended to get regular bone density tests.

Anne McKay, NP, MSN, of Holland Hospital’s Bone Health Services, discusses the results of a DXA bone scan with Fennville resident Ann Coffey.

Screening guidelines

The National Osteoporosis Foundation recommends that all women begin bone density testing at age 65, and men at age 70. Men and postmenopausal women with risk factors may need to get screened earlier. (See Risk Factors at right.)

McKay cautions that a heel scan, which Holland Hospital offers for free of charge to women at age 65, can give preliminary information but should not replace the hospital’s more advanced bone density scan.

“If you’re 65 years old (or 70 for men), Medicare will cover a top-quality bone density test,” she notes. “In addition, you’ll get an experienced clinician who will talk with you about lifestyle and risk factors, and check for secondary conditions that can affect your bone health.”

Success story

Ann Coffey, 73, is glad she got a bone density test earlier this year. The Fennville resident had been tested years earlier and was taking a daily calcium supplement, so thought she was spared from her family history of osteoporosis. But when a routine lab test showed she had unusually high levels of calcium in her blood, her doctor advised her to make an appointment at Bone Health Services.

After a bone density scan and careful review of her risk factors, McKay found that Coffey’s “fracture score” (measures probability of breaking a bone) was five times higher than it should be. More tests revealed that her rapid bone deterioration was due to a rare parathyroid disorder that causes calcium to be leached out of bones. The problem was corrected, and Coffey is now reducing her risk for fractures through exercise and medication.

“I’m very aware of osteoporosis because my mother had it and broke her hip, but I didn’t have any idea that I had it,” says Coffey. “Anne [McKay] really delved into my problem and even contacted my family practitioner to discuss my health. It’s a great relief to know I can do something about it.”

To make an appointment

Talk to your doctor about a referral to Bone Health Services. To make an appointment, call (616) 748-5764. Bone Health Services is conveniently located at Holland Hospital’s Medical Building in Zeeland.

Sources:

An estimated 10 million Americans currently have osteoporosis, putting them at higher risk for broken bones, and another 34 million have low bone mass (osteoopenia) that could lead to osteoporosis if left untreated.

Women are four times more likely than men to develop osteoporosis, but advancing age is a risk factor for both genders. Other risk factors include:

• A family history or personal history of fractures as an adult
• Being small-boned and thin (under 127 pounds)
• Current smoking, any amount
• More than three alcoholic drinks per day
• Lack of adequate calcium and vitamin D
• Inactive lifestyle
• Certain medications, including oral steroids and some drugs used to treat rheumatoid arthritis, diabetes, seizure disorders, ulcers and acid reflux disease.

If you think you may have risk factors for osteoporosis, discuss your concerns with your primary care physician. He or she may refer you to Holland Hospital Bone Health Services for a complete evaluation and bone density scan.

COMING SOON!

YOUR PASSPORT TO WOMEN’S HEALTH

Spend an evening with the experts and explore the women’s health services available to you in one easy-to-access location. Topics will be presented in a casual, small-group format that welcomes your questions.

Tuesday, Oct. 25 OR Thursday, Oct. 27, 2011
7-8:30 p.m.
Holland Hospital Medical Building
8300 Westpark Way, Zeeland
(off 84th Avenue next to I-196)

Topics and medical experts

• Bladder and Pelvic Health – Robert Bates, MD, Western Michigan Urological Associates
• Your Midlife and Sexual Health – Barb DePree, MD, Holland Hospital Women’s Midlife Services
• Osteoporosis Risk and Prevention – Anne McKay, NP, Holland Hospital Bone Health Services
• Cardiovascular Health for Women – Shanon Walko, DO, Lakeshore Health Partners–Internal Medicine

Watch for more details this fall.
FALLING Is No Laughing Matter
TAKE PRECAUTIONS TO PREVENT FALLS

Tune in to “America's Funniest Home Videos” and you’ll think that people taking an unexpected tumble is hilarious. But the truth is that for older adults, falling is no laughing matter.

Each year, one in three adults over the age of 65 suffers a fall, making it the leading cause of hip fractures, hospital trauma admissions, and injury deaths for seniors.* Even after recovering from a fall injury, limited mobility can sometimes create other complications requiring a higher level of care.

“As we age, falls can potentially have a serious impact on our long-term quality of life,” says Kim Costello, RN, clinical manager of private duty for Holland Hospital Home Health Services. “It’s much better to take precautions to try to prevent them in the first place.”

Home Health providers regularly evaluate homes for safety, including fall hazards, as part of their comprehensive assessment for all home health patients. Hospital patients may also be referred for a home safety check if their physician determines they are at risk due to balance or mobility problems, medications or other conditions. When appropriate, a physical therapist can provide solutions to further minimize risk.

“Our goal is to prevent re-hospitalizations and to help keep people safe in their homes so they can live independently,” Costello says. Following are steps you can take to reduce the risk of you or a loved one falling.

**Take your time.** When you wake up, sit on the edge of the bed before standing to be sure you’re not dizzy. When the phone rings, don’t rush to answer it; sudden moves can throw you off balance.

**Eat breakfast.** Skipping meals can make you dizzy.

Do muscle-strengthening and balance exercises. Exercise programs like Tai Chi are especially effective. For an exercise class, see the Center for Good Health class schedule beginning on the next page.

Be mindful of medications. Some medicines or combinations of medicines can have side effects like dizziness, drowsiness or slowed reflexes, making falls more likely. Have your doctor or pharmacist review all your medications – prescription and over-the-counter – to identify risky side effects and interactions.

Keep your vision sharp. Have your vision checked once a year and update eyeglasses.

Wear properly fitting, sturdy shoes. Avoid walking around in socks, stockings or slippers with slick soles.

Around the house

- Keep floors free from clutter and cords. Remove throw rugs, and secure area rugs with non-skid treads or double-sided tape.
- Mark the edges of stairs (or just the top and bottom steps) with fluorescent tape.
- Use a night light. Replace dim or burned-out bulbs. Keep a flashlight handy.
- Keep the phone within easy reach.
- In the bathroom (where the majority of falls occur), use a raised toilet seat and safety frame for ease in getting up and down from the toilet.
- Consider a hand-held shower head, shower chair and handrails. Place non-skid adhesive strips on the tub.
- Set water temperature at 120 degrees or less (to prevent burns and falls trying to avoid burns).*

* Source: www.cdc.gov/HomeandRecreationalSafety/Falls/adultfalls.html.

HOSPITAL TEAM STRIVES TO CATCH FALLS

Falls account for more than one-third of adverse incidents in hospitals nationwide. Holland Hospital’s staff has responded by finding new ways to safeguard our patients from falling.

The Clinical Fall Prevention Team was formed over a year ago, and since then two dozen nurses and other staff members have systematically assessed fall risks and explored evidence-based ways to boost fall-prevention efforts. Following extensive research, the team submitted a proposal containing 29 recommendations for new or enhanced fall-prevention practices.

Earlier this year, Holland Hospital began implementing the practices for fall-risk patients. Following are just a few:

- Assessment using the Morse Fall Scale, a widely accepted method for evaluating a patient’s risk of falling.

- Yellow “Fall Risk” wristbands to easily identify high-risk patients.
- Gait belts to assist patients while walking.
- A pre-shift safety huddle by nurses to increase awareness of fall-risk patients.
- Staying “within arm’s reach” when a high-risk patient uses the bathroom (where the majority of falls in hospitals occur).
- Bed and chair exit alarms to notify caregivers when a patient gets up without assistance.
Imagine that a trip to your doctor’s office felt more like a meeting with your own personal health care team. Your medical team members would be familiar with your needs, respectful of your preferences, and would take an active role in keeping you healthy – even after you leave the office.

This kind of personalized, connected health care is here. It’s known as a Patient-Centered Medical Home (PCMH), a model of care that emphasizes care coordination and communication to transform primary care into “what patients want it to be,” according to the National Committee on Quality Assurance (NCQA), which recognizes high-quality primary care practices that meet PCMH standards.

Research shows that medical homes lead to higher quality and lower costs, and improve patients’ and providers’ experiences of care, according to the NCQA.

Many Holland-area physician offices have been recognized as Patient-Centered Medical Homes, including all Lakeshore Health Partners primary care practices. (See list below.)

What sets Medical Homes apart?
A medical home puts you, the patient, at the center of a well-coordinated team approach to your health care. It emphasizes:

- **Convenience** – improving access to the doctor’s office, including same-day appointments and extended hours.
- **Collaboration** – a partnership with you, your doctor and office team to establish your plan of care, and ongoing communication and education to help you keep on track with your goals.
- **Coordination** – to get you on the right path for preventive services and specialty care, if needed, and prevent delays in treatment.
- **Technology** – to maintain your up-to-date medical record and share it with specialists, as needed, while protecting your privacy.

**Patient-Centered Medical Homes in the Lakeshore Area**

- Holland Pediatric Associates
- Holland South Internal Medicine
- Lakeshore Health Partners – Internal Medicine
- Lakeshore Health Partners – Pediatrics & Internal Medicine
- Lakeshore Health Partners – South Washington Family Medicine
- Lakeshore Health Partners – Zeeland Family Medicine
- Lakeshore Internal Medicine & Pediatrics
- Lakewood Family Medicine

**FREE COMMUNITY TALKS FEATURING LOCAL PHYSICIANS**

Get your questions answered.
Open to all. Thursdays, 6-7 p.m., Holland Hospital Conference Center

**SEPT. 8**
Celiac Disease
David Zink, MD, SHMG-Gastroenterology

**OCT. 13**
Breast Health and Diagnostics
Susan Ervine, MD, Holland Hospital Breast Health Services

**NOV. 17**
Depression
James Dumerauf, MD, Holland Hospital Behavioral Health Services

**DEC. 8**
Causes and Treatments for Thumb Pain
Richard Howell, MD, Shoreline Orthopaedics

**FOR UPDATES on topics or to register, go to hollandhospital.org or call (616) 394-3344. If you missed a past physician lecture, view it online! Just click on the current lecture on our home page.**
ATHLETIC TRAINERS IN SCHOOLS

Help Students Play Smart

Area high schools have partnered with Holland Hospital to offer customized athletic training programs for students. Now, you’ll find Holland Hospital athletic trainers working with students at Holland, West Ottawa, Hudsonville, Zeeland East and Zeeland West high schools.

Our athletic trainers are certified and licensed health care professionals who specialize in injury prevention and treatment, and help athletes condition effectively. They are present daily during most practices and at home sporting events.

“Athletic trainers work very closely with students and coaches, but their responsibilities extend well beyond their individual schools,” says Scott Southard, manager of Holland Hospital Rehabilitation Services. “They also develop close ties with physicians and emergency personnel to ensure immediate care when an injury occurs.”

The hospital’s seven full-time trainers demonstrated the importance of those ties earlier this summer by organizing and leading an Emergency Preparedness Drill. For the daylong event, athletic trainers, physicians, and emergency and urgent care medical providers practiced emergency skills on participants with simulated injuries. Training sessions included care for fractures, concussion, heat exhaustion, sudden cardiac arrest and spine injuries, as well as proper equipment removal.

“We hope that we never have to use these skills on real athletes, but if an injury does occur, we’ll be ready to provide the best care possible,” says Brindy Skinner, AT, ATC, head athletic trainer at Holland High School.

Safety basics for athletes

Get a physical screening before starting a new sport or beginning the season. Each year, area physicians volunteer their time to conduct pre-season physicals in schools using best-practice guidelines. All students must have a physician’s all-clear in writing before participating in a school sport.

Be active before beginning a sport. Get at least 30 minutes of exercise most days of the week for at least six to eight weeks before the sport begins.

Cross-train and stay in good overall physical fitness. Be sure to include exercises that promote aerobic fitness, strength and flexibility in your workout routine.

Use proper equipment, including good shoes (when applicable) and gear that is appropriate for your activity.

Give yourself a break. Don’t train hard every day – spend some days working on other techniques or muscle groups that you don’t focus on in your sport. Make sure to let your body rest.

Team up with us

For more information about Sports Performance Training offered by Holland Hospital Rehabilitation Services, visit us online at hollandhospital.org.
You’ve heard the saying, “What you don’t know can’t hurt you.” While that might apply to some of life’s circumstances, the opposite is true when it comes to your medicines, says Fred Wynne, performance improvement coordinator at Holland Hospital.

“Medication errors can occur when patients give wrong or incomplete information to health care providers,” Wynne says. “That’s why it’s critical in a health care situation that you are able to provide accurate information about the medications you’re taking.”

Wynne encourages people to keep an up-to-date list of their medications on hand, as well as one for children or elderly parents they may need to assist. This simple step can help physicians provide the safest, most effective treatments and check for harmful drug interactions. “It may even help save your life in an emergency,” Wynne adds.

Providing accurate medication information when registering at the hospital also prevents delays that can occur when nurses have to track down patients’ correct medication history.

Clearly, the more you know about your medicines can help a great deal. Following are a few easy steps for making your own medication list(s).

**List your medications**

1. **WHAT** – name of medicine and dosage (example: Lisinopril, 12.5 mg)
2. **WHEN** it should be taken (1x/day, 2x/day, after meals, etc.)
3. **WHY** it is being taken (to treat hypertension, joint pain, etc.)
4. **WHO** prescribed the medication
5. **OTC** – include over-the-counter drugs, supplements and vitamins

Now find a convenient way to keep that list handy. Here are a few options:

- **Medication card** – List your medications on a form or card and keep it with you. Also give a copy to a family member or friend. Wallet cards are usually available at pharmacies. Or find a printable form online by searching “Medication list form.”

- **Use ICE on your cell phone** – Cell phones contain an ICE entry for people who can be contacted In Case of Emergency. Give your ICE contact a copy of your medication list. Use the Personal Info selection in ICE to record your drug information. It will go with you wherever you take your phone and is simple to update.

- **Smartphone apps** – There are apps where you can list your meds, set up pill-taking notifications, and much more. Check your phone’s app store or do a Google search for “free medication management apps.”

You can also visit hollandhospital.org and click on “Find a Physician.” Physicians are searchable by name or medical specialty.
OSTEOPOROSIS QUIZ:  TRUE  OR  FALSE?

1. T or F  Osteoporosis affects men and women across all races and ethnicities equally.

2. T or F  An individual with a small, thin body frame has a higher risk for osteoporosis.

3. T or F  Taking calcium supplements is the best way to prevent osteoporosis.

4. T or F  Avoiding physical activity helps to preserve the bone strength you already have.

5. T or F  A person with osteoporosis may not have any symptoms.

Answers
1. False. Caucasian women who have gone through menopause have the highest risk for osteoporosis. Women of other ages and races, as well as men and children, can also be affected.
2. True. Thin or small-framed men and women have less bone mass – and less protection from osteoporosis as they age.
3. False. Obtaining the calcium you need is best accomplished by eating foods rich in calcium as well as vitamin D. Ask your doctor if you should also take a calcium supplement.
4. False. Incorporating weight-bearing exercise is a way to strengthen bones and help prevent osteoporosis.
5. True. You can’t feel your bones becoming thinner until one breaks. That’s why it’s important to talk to your doctor about your risk factors for osteoporosis.

Read more about preserving your bone health on page 2!