

MARYLAND'S

H E A L T H



M A T T E R S™

UM ST. JOSEPH MEDICAL CENTER

M E D I C I N E O N A M I S S I O N™



Getting Ahead of Concussions

Education, diagnosis and treatment available at Towson Sports Medicine

WHAT'S YOUR RISK FOR A CHRONIC CONDITION?

Primary care can help you find out, stay well and prevent illnesses.

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Maryland's Health Matters is published by the Marketing and Communications office at UM St. Joseph Medical Center. This publication is not intended to provide professional medical advice. It is to provide general health and wellness information.

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MARYLAND'S HEALTH MATTERS

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WE WOULD LIKE TO HEAR FROM YOU

Please send us your comments, information requests, change of address or opt-out request to umsjmatters@umm.edu or 7601 Osler Drive, Jordan Center, Suite 163, Towson, MD 21204. Or call **410-337-1700**.



◀ The da Vinci surgical team at UM SJMC.

A *Delicate* Matter

Robotic surgery spares patient's kidney, removes tumor, with quick recovery

Kidney cancer is one of the top 10 most common cancers in the United States. Partial-nephrectomy is a kidney-sparing surgery to remove a kidney tumor, while leaving the healthy tissue in place and preserving as much kidney function as possible.

DECADE OF EXPERIENCE

When Roland Pechulis was diagnosed with a kidney tumor, he consulted his urologist, Marc Siegelbaum, MD, right away. Little did Pechulis realize, he was already in the hands of one of the area's few experts in robotic surgery for kidney-sparing surgery. Dr. Siegelbaum reviewed Pechulis' CT scan and explained that he was an excellent candidate for robotic surgery, especially since the tumor was at the bottom of the kidney. However, they wouldn't know whether the tumor was cancerous until it was removed and biopsied.

Robotic surgery has been performed at University of Maryland St. Joseph Medical Center for the last decade for prostatectomy (treatment for prostate cancer). Dr. Siegelbaum, chief of urology at UM St. Joseph, is now applying his expertise from performing hundreds of da Vinci prostatectomies to surgery for partial and complete nephrectomies.

RESEARCHING OPTIONS

Pechulis had confidence in Dr. Siegelbaum but wanted to research other options just to be sure. He consulted a surgeon at another hospital who recommended cryotherapy to freeze and biopsy the tumor. That sounded good until Pechulis learned that cryotherapy may not kill the whole tumor and could possibly kill nearby healthy tissue. For peace of mind, Pechulis got a third opinion from Daniel

Dietrick, MD, chief of surgery at UM St. Joseph, and a clinical associate professor of surgery at UM School of Medicine. Dr. Dietrick explained that if cryotherapy didn't destroy the entire tumor, Pechulis would also no longer be a candidate for robotic surgery and might eventually need his entire kidney removed. For Pechulis, that sealed the decision. "I was able to gather a lot of information. I got very high recommendations for Dr. Siegelbaum."

"Robotic surgery is very high-tech and advanced," says Dr. Siegelbaum, who is board-certified in urology. "We're saving a lot of kidneys that would have otherwise been removed completely. We're also saving patients from having an open surgery, more blood loss and a longer recovery.

"Because of the magnification and precise instrumentation, the surgery is faster and is done in a more delicate manner, which is very important with partial nephrectomy," he says. "The blood vessels feeding the kidney need to be isolated and temporarily clamped. We have 30 minutes to excise the tumor, reconstruct the kidney, and unclamp the vessels to prevent injury to the healthy kidney tissue."

ALMOST PAINLESS OPERATION

Pechulis received good news: his tumor was benign. In addition, he says, "I didn't feel any pain after the operation. I was totally shocked by that. Two weeks later, I was able to return to my regular activities." ♦



IS ROBOTIC SURGERY RIGHT FOR YOU?

For more information, visit stjosephtowson.com/davinci.

A Stroke of Good Luck

A father recovers thanks to fast, expert emergency treatment and a miracle clot-busting drug

It was supposed to be a relaxing evening on the back porch for two friends after dinner at a local restaurant. Jack Machen of Towson and his brother-in-law Alex Montague drove in separate cars back to Machen's house. Machen arrived first but, he recalls, "I lost control of the car in my driveway and banged into my son's car."

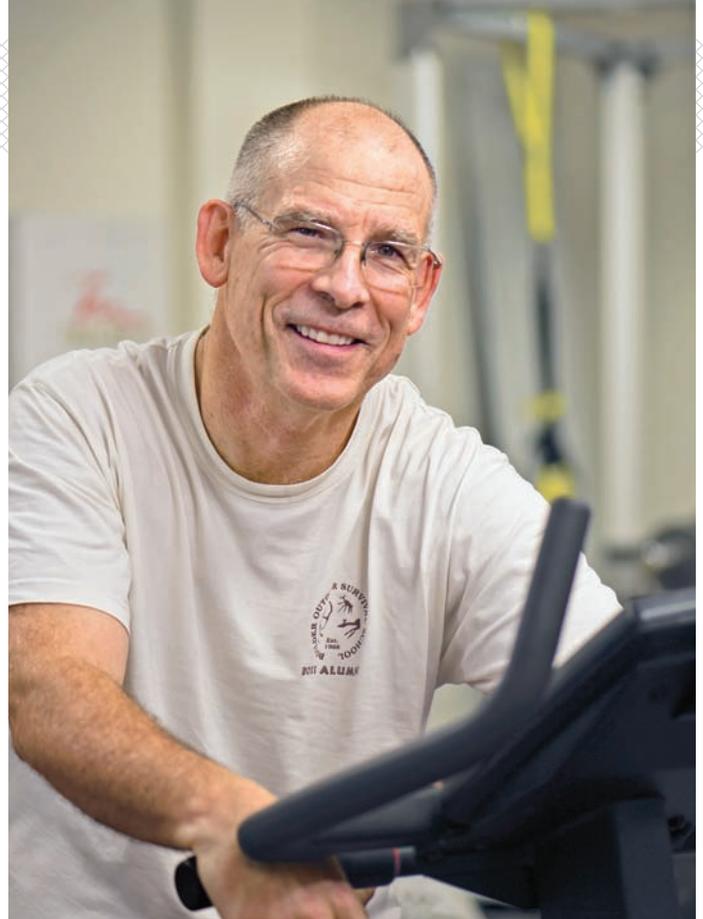
Montague soon pulled into the driveway and rushed to Machen's side.

"His car was still running, the headlights were on, and I took one look at him and thought, 'He's having a stroke.' He couldn't talk to me, and one side of his face was drooping," recalls Montague, who called 911. "Jack is the last person anyone would think could have a stroke. He climbs mountains and jogs 4 miles a day."

Montague's fast recognition of the stroke and his emergency call were critical to his brother-in-law's well-being. An ambulance arrived and rushed Machen to University of Maryland St. Joseph Medical Center, which is a Primary Stroke Center with a Certificate of Distinction award from The Joint Commission.

DIFFERENT STROKES

There are two types of stroke: a hemorrhagic stroke, caused by a bleeding blood vessel, and an ischemic stroke, caused by a blockage in the artery to the brain. Speed is important in treating both types, but patients with an ischemic stroke may be candidates for a clot-busting drug known as tPA—if they get to a stroke center in time. Eighty-five percent of all strokes are ischemic, which was the case for Machen.



"There is a three-hour window from the time stroke symptoms start to when treatment with tPA should begin," explains Stroke Center Coordinator Kirsten Krummel-McCracken, RN, of UM St. Joseph. "tPA is a short-acting drug given intravenously that breaks apart a clot, restoring blood flow to the brain, allowing functions to start coming back. tPA cannot be used for hemorrhagic strokes, so it's important to diagnose accurately and quickly using a CT scan."

The EMS team transporting Machen to UM St. Joseph alerted the Emergency Department, and the stroke team was standing by upon his arrival.

GOLDEN OPPORTUNITY

Board-certified emergency physician Mark Olaf, DO, who treated Machen, explains: "We follow the National Institute of Health's recommended guidelines to quickly identify and treat stroke. Available, cutting-edge studies tell us that reducing time to evaluate and treat stroke leads to improved patient outcomes. Part of our initiative is to work with EMS to take patients directly from the ambulance to our CT scanner without stopping. Additionally, our pharmacy is on standby to deliver the drug as soon as needed. If a patient is a candidate, our ultimate goal is to start tPA within 60 minutes of the patient's arrival."

"This golden hour for starting tPA for optimal treatment was modeled after the same concept created by the University of



Jack Machen is back to his vigorous exercise routine after a full recovery from a stroke.

Maryland Shock Trauma Center for treating major trauma,” Krummel-McCracken says.

Once Machen’s ischemic stroke was confirmed and his family consulted, he received tPA, which began its miraculous work quickly.

“Jack received his tPA within 42 minutes of arrival,” Krummel-McCracken explains. “That is well below the national standard of 60 minutes. According to national standards, patients should see a doctor within 10 minutes of arrival and have the CT scan within 25 minutes. Our patients see the doctor immediately upon arrival at the emergency door, and in Machen’s case, his CT scan happened within six minutes. Right there, we’ve blown the goal out of the water.”

MAKING THE RIGHT CALL

“That is why it’s important to call 911 when someone has stroke symptoms. It speeds up the process of arriving at a stroke center. People should never drive themselves to the hospital. Unfortunately, we’ve had that happen. It endangers the patient and others,” Krummel-McCracken says.

“The most miraculous thing about the drug is that within 15 minutes of receiving it, Jack began to come around,” Montague says. “When I visited him the next day in the intensive care unit, he was tired, but there was no evidence that he’d had a stroke. When I discovered him in the driveway, I was 100 percent sure this was going to be a serious, life-altering event.”

“I was so lucky to be close to UM St. Joseph, where they know exactly what they are doing,” Machen says. “The doctors, the nursing staff, everyone was so understanding and compassionate. All of the care was oriented toward my well-being. I had my motor functions back the next day, and I was driving within a week. I’m now back to running and working with a personal trainer.”

Machen’s cardiologist has diagnosed an atrial fibrillation, which caused the blood clot that led to his stroke. Machen is now being treated for this condition and is doing well.

The Stroke Center at UM St. Joseph is certified by the Maryland Institute for Emergency Medical Services Systems. “Our dedicated stroke care team has regular performance-improvement meetings and is constantly looking for better and more efficient ways to care for patients with stroke-like symptoms so that we stay state-of-the-art,” says Chief of Emergency Medicine at UM St. Joseph Neal Frankel, DO. ♦



DON'T WAIT TO GET HELP

As part of our commitment to great care, UM St. Joseph is part of the University of Maryland Rehabilitation Network that helps patients and their families along their journey to recovery. To find our full continuum of services, visit umms.org/services/rehab.

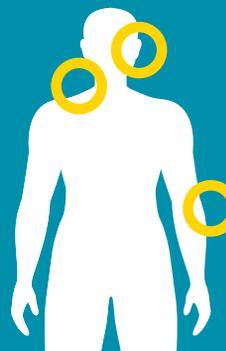


ACT FAST

Know the symptoms and what to do for stroke:

- Facial droop
- Arm weakness
- Speech difficulties
- Time—call 911

Other symptoms include trouble walking, dizziness, confusion and severe headache with no known cause.



Be aware of these stroke risks:

- High blood pressure
- Heart disease
- Diabetes
- Smoking
- Overweight
- Atrial fibrillation



Getting Ahead of Concussion

Protecting the brain through awareness, diagnosis and treatment at Towson Sports Medicine

Awareness about the dangers of concussion is at an all-time high, in part because of the highly publicized concussion lawsuit brought by professional football players against the National Football League.

On a local level, to protect young student-athletes, Towson Sports Medicine (TSM) is leading the way in the prevention, recognition and treatment of concussions through outreach

and access to care for schools, athletic programs, athletic trainers, coaches, parents—and, of course, players.

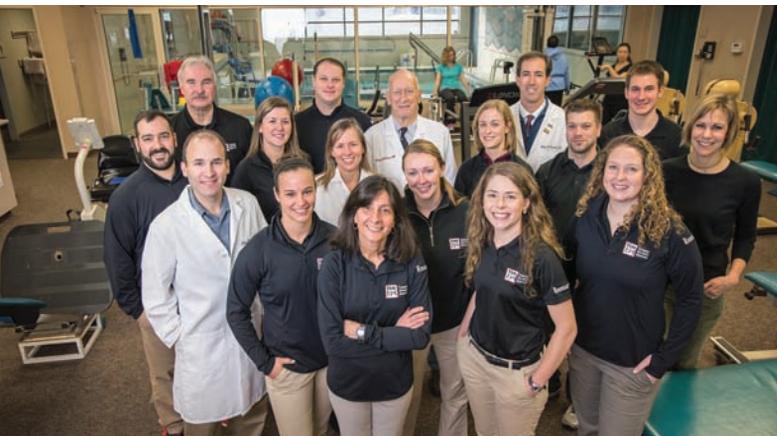
Concussions are serious injuries, even if they seem mild. A concussion is a type of traumatic brain injury (TBI) caused by a blow to the head or by a violent, sudden movement of the head. About 3.8 million sports-related concussions occur annually in the United States. Sports are the second leading cause of TBI in youths ages 15 to 24 (car crashes are first). Traumatic brain injury can lead to lifelong problems with learning, memory, behavior and emotions.

So what is TSM doing about concussions, and how can it help your sports-oriented child or teenager?

TSM not only specializes in diagnosing and treating concussions but also offers preconcussive testing to assess neurocognitive function (areas of the brain responsible for memory, perception and reasoning).

EXCELLENT BRAIN TEST

Certified athletic trainer John Bielawski, director of outreach at TSM, explains: “We offer two types of neurocognitive testing, called the IMPACT test and the XLNTbrain Sport test, that provide baselines of certain brain functions. This



 **The Towson Sports Medicine team at UM SJMC.**



NEED A SPORTS PHYSICAL?

Physicals are either by appointment or conveniently offered for fall, winter and spring sports seasons. For information about the next screening or to schedule an appointment, call **410-337-7900**.

way, if an athlete suffers a concussion, we can retest his or her neurocognitive functions, compare the difference to the baseline test, and determine whether there are changes.”

Students are assessed by double board-certified sports medicine specialist and pediatrician Teri McCambridge, MD, of UM St. Joseph Towson Orthopaedic Associates, along with an athletic trainer. “Each student-athlete will receive a complete physical examination, balance testing and neurocognitive testing if we decide it’s necessary,” Dr. McCambridge says. “Depending on their results, we create an individualized program to support their return to school and sports.” TSM is also a member of the University of Maryland Rehabilitation Network, offering a full range of rehabilitation services at locations throughout the state for student-athletes who may need services.

TSM offers neurocognitive testing at numerous Baltimore County public and private schools. Testing is available at TSM for students ages 12 and older who are not offered them through their schools. Many TSM services are also available through the Baltimore County Recreation and Parks’ community athletic programs.

DOCTOR-MONITORED PATH TO RECOVERY

Once a concussion is diagnosed, several different treatment paths are followed, according to Dr. McCambridge. “First, the student-athlete is removed from activity and prescribed a rest period to see if symptoms such as nausea, headache, photosensitivity, concentration and memory problems resolve. If symptoms resolve, the patient is ready for a progressive return-to-play program according to doctor’s orders. This five-step program begins with light aerobic exercise on a treadmill or exercise bike. In the absence of symptoms, the student-athlete will increase the intensity and duration of

SPORTS PHYSICALS: FIT FOR THE STUDENT-ATHLETE



Teri McCambridge, MD

Towson Sports Medicine offers sports physicals for student-athletes year-round. Physicals are performed by Teri McCambridge, MD, a clinical assistant professor of pediatrics at University of Maryland School of Medicine, and TSM athletic trainers in Towson and offered periodically at various schools.

“Preparticipation physical exams are required for all athletes. The exam includes monitoring of vital signs, a vision test, and a musculoskeletal and medical evaluation. The purpose of the exam is to identify any issues that may disqualify an athlete from participation, such as a heart condition or asthma,” says certified athletic trainer Brian Perez.

exercise under the supervision of the athletic trainer or parent.” If all goes well and the student-athlete is symptom-free, Dr. McCambridge will clear him or her to return to sports.

AVOIDING TRAGIC CONSEQUENCES

“Athletes are generally held out of contact or collision sports until their symptoms resolve to prevent tragic consequences of more permanent brain injury or worse,” she says.

Patients with continuing symptoms may be referred to the Concussion Management Program at University of Maryland Rehabilitation & Orthopaedic Institute, where neuropsychologist and clinical assistant professor of neurology at the University of Maryland School of Medicine Brenda Swartz, PsyD, provides a more comprehensive evaluation with a multidisciplinary team, including athletic trainers, therapists, educators and visual specialists, who create a customized treatment plan. ♦

TSM NOW AT PERFORMFIT IN COCKEYSVILLE!

Towson Sports Medicine’s new location at PerformFit of Cockeysville offers the community a complete range of expert physical therapy services, using hands-on techniques and aiding patients in recovery

from injury and surgery, including total joint replacement and spinal surgery.

“We have an incredibly experienced staff, many of whom have advanced certifications,” says physical therapist Christina Lewis, director of TSM. “We work closely with the orthopaedic doctors at Towson Orthopaedic Associates, an affiliate of UM St. Joseph Medical Center.”

In addition, the new TSM location at PerformFit offers competitive athletes who train there a seamless continuum of care for injury recovery. “We provide finely orchestrated rehabilitation for all levels of athletic ability, including very ambitious athletes who want to return to a high-caliber level,” Lewis says.

For more information, call **410-337-8847**.

Cynthia Class-McGrew, NP, with her family, who have been working together to improve their health.



Primary care emphasizes prevention and wellness

Reshaping Your Health Care

Most one of every two adults in the U.S. has a chronic illness, many of which are preventable, according to the Centers for Disease Control and Prevention. These conditions run the gamut from diabetes to high blood pressure, high cholesterol, heart disease and chronic obstructive pulmonary disease (COPD).

WHAT IS YOUR LIFESTYLE?

“The causes of most of these diseases are mainly lifestyle issues, though family history and genetics play a role. Sometimes, we see young, healthy people who are doing everything right, but diseases like high blood pressure and diabetes run in their families,” says board-certified internist Timothy Walters, MD, of the UM St. Joseph Medical Group.

“Major, preventable health problems in today’s society stem from poor eating habits that include very large portions, processed foods and fast foods, as well as being overweight and not exercising. Smoking remains a main factor in developing high blood pressure and COPD,” he adds.

Hyperlipidemia, a combination of high cholesterol and high triglycerides, is another common condition. “Triglycerides, which are fat in the bloodstream, are created by eating a fatty, sugary diet of sweets and carbohydrates,” explains Dr. Walters.

YOUR PARTNER IN SICKNESS AND HEALTH

The UM St. Joseph Medical Group’s approach is part of a dynamic transformation going on in U.S. health care toward wellness and prevention.

“Primary care providers (PCPs) are your best partners on the journey to better health. Long-term relationships with your PCP are very important,” Dr. Walters says. At the UM St. Joseph Medical Group, doctors and nurse practitioners are allies with their patients in this goal.

“Nurse practitioners are focused on promoting a healthy lifestyle and wellness,” says Cynthia Class-McGrew, NP, who is in practice with board-certified internists George LaRocco, MD, and Ruth Brocato, MD, at the UM St. Joseph Hereford Health Park. “We provide a lot of education surrounding diet, exercise and, for smokers, quitting tobacco. I use my husband as an example. I tell my patients that if my husband can do it, you can! He had high cholesterol and high triglycerides. With lifestyle modification including portion control, revising his dietary intake and moderate exercise, he was able to cut his triglycerides from 400 to 82 without the use of any prescribed medication.”

GET THE FAMILY INVOLVED

The whole Class-McGrew family, including the 7-year-old twin boys, embraced clean eating, along with regular exercise. “We grocery shop weekly for fresh fruits, vegetables and lean meats and fish,” she says. Her husband, who was formerly in the U.S. Navy and has a family history of diabetes and heart disease, lost 20 pounds.

Elevated liver enzymes, which can lead to permanent liver damage, can also be caused by poor dietary choices,



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Timothy Walters, MD

obesity and alcohol, says Class-McGrew, who advocates “everything in moderation.”

Almost one out of 10 adults in the U.S. suffers from diabetes. UM St. Joseph’s Nancy Rackson, NP, who is in practice with board-certified internist Timothy Herlihy, MD, in Towson, sees many patients who have become diabetic, prediabetic or medication-dependent for high blood pressure due to controllable factors.



Nancy Rackson, NP

PERSISTENCE IN PREVENTION

“I view each patient as an individual, including their medical history, family history, social and lifestyle choices, and medications. I work with each of them to change the things they can. If they don’t yet have a disease but are on the path to it, I say, ‘Let’s fix this. Let’s focus on prevention and work together.’”

Rackson likes to encourage her patients and doesn’t give up on them, even if it takes time to embrace change. April Mentzer, 55, who is diabetic, had been under Rackson’s care for years. Finally, Rackson found the key to motivate Mentzer, who recalls, “One day, I brought my granddaughter, Lorelai, to one of my appointments, and Nancy said to me, ‘Don’t you want to be around to watch her grow up?’”

Since then, Mentzer has made a complete turnaround. “I lost 35 pounds, joined a health club, and exercise two to three times a week for four hours each visit. I have more energy and feel much better. My goal is to lose another 35 pounds.” Mentzer also needs less medication to manage her diabetes and high blood pressure. “Nancy truly cares about her patients and keeps after you to do the right things for your health.” ♦



April Mentzer, with granddaughter Lorelai, is grateful for the support she received from UM St. Joseph to finally get healthy.



GOING THE DISTANCE

UM Children's Hospital pediatric specialists bring care to kids in their own communities

5:00 a.m. The alarm clock goes off inside Runa Watkins' Baltimore home.



Pediatric gastroenterologist Runa Watkins, MD

5:15 a.m. Her feet hit the floor after the snooze button offers the MD a few more moments of shut-eye. Dr. Watkins, a pediatric gastroenterologist at the University of Maryland Children's Hospital and a mother of two, has a busy day ahead—and many miles to go before she sees her first patient and family. But first, she has to get her children ready for school.

5:30 a.m. In Howard County, a similar scene unfolds in the Ellicott City home of Carissa Baker-Smith, MD, a pediatric cardiologist at the

UM Children's Hospital. Dr. Baker-Smith starts her morning with a 5-mile run, but the real race will begin after she returns home, to ensure she and her family are prepared for the day ahead.



7:30 a.m. After dropping off their children at school and day care, both doctors take a moment to consider which direction they need to head today.

They're adept at juggling their schedules because their clinical locations change almost every day. Today, Dr. Baker-Smith is headed for the UM Cardiology Practice in Westminster.

The UM Children's Hospital has multiple specialty practices in different parts of the state. On any given day, close to 20 doctors with expertise in everything from asthma, allergy and genetics to hematology, orthopaedics and surgery are seeing patients everywhere from Harford County to Queen Anne's County.

"My patients don't realize I've been in the car for more than 40 minutes," says Dr. Watkins, who's also an assistant professor of pediatrics at the UM School of Medicine. "They just assume where I am that day is my primary location."

Pediatric cardiologist
Carissa Baker-Smith, MD 

8:30 a.m. As a gastroenterologist, Dr. Watkins treats issues like inflammatory bowel disease, celiac disease, reflux, and milk or soy allergies. Her first patient is a 6-year-old girl with celiac disease, a digestive disorder triggered by the protein gluten, which is found in grains like wheat, rye and barley. An upper endoscopy completed a couple of weeks ago used a small camera to look at the upper digestive system and confirmed the diagnosis. The child must now avoid all foods and products with gluten, but dietary restrictions are just part of the solution. “The treatment involves caring for the whole patient and the family, too—including the diet, emotional issues and the overall picture,” says Dr. Watkins.

9:00 a.m. Dr. Baker-Smith sees her second family of the morning. Her pediatric patients can have a range of issues, including chest pain, heart murmurs, complex congenital heart disease, hypertension, lipid disorders, syncope (fainting) and even heart failure so severe that the child needs a heart transplant. This morning’s teenage patient is physically fit but has high blood pressure, which concerned his pediatrician so much that the doctor recommended the family see a specialist, like Dr. Baker-Smith, to address the problem.

Most pediatric patients can be cared for effectively as outpatients, which means they may never have to set foot in the UM Children’s Hospital location in Baltimore. There are times when a diagnostic test, a surgical procedure or sophisticated round-the-clock care may be necessary, requiring a visit downtown or a hospital stay, but it’s the goal of the UM Children’s Hospital clinical teams to treat children as outpatients whenever possible to make it easier on the patient and family.

3:30 p.m. Dr. Watkins finishes with her final patient—but her workday is far from over. She must complete paperwork and charts. As



she thinks back on the day, she’s pleased by the positive impact she’s making in the lives of her patients.

4:00 p.m. Dr. Baker-Smith, who’s also an assistant professor of pediatrics, leaves Carroll County and heads to UM Children’s Hospital in Baltimore to check on a patient who needed to be admitted to the hospital.

While a significant part of the day revolves around caring for patients and families, there’s much more to being a pediatric specialist at the University of Maryland.

“I also work on quality-of-care projects for the





▲ Many UM Children's Hospital pediatric specialists, like Dr. Baker-Smith, are also involved in research, looking to better understand different diseases and how best to treat them.

American Academy of Pediatrics, the American College of Cardiology and the American Heart Association," says Dr. Baker-Smith. Many physicians are actively involved in research, looking to better understand different diseases and how best to treat them.

11:00 p.m. After a day of caring for the children of Maryland, both doctors have spent the evening taking care of their own children, in their own homes. In several hours, the routine begins again—and chances are good that each doctor will be in a different location tomorrow, which helps ensure that the families of Maryland can be seen by a pediatric specialist close to home. ♦

CARE JUST FOR KIDS

What functions like an emergency room for kids, looks like a pediatrician's office, and is open until midnight, seven days a week? Plus, it's staffed by pediatricians and pediatric nurses and has the full backup of the medical center?



Nardine Assaad, MD

It's the Pediatrics After Hours (PAH) Emergency Care service at the University of Maryland St. Joseph Medical Center. Parents can turn with confidence to PAH when their doctor's office is closed or too busy.

Staff provide compassionate care for minor, acute emergencies, ranging from fever, flu, asthma, pneumonia and respiratory illnesses to sprains, strains, skin infections and other minor injuries. PAH is conveniently situated next to UM St. Joseph's Pediatrics Unit, so if a very sick child needs to be admitted, the process is seamless.

Pediatricians often refer patients to PAH after their offices close. "We get children who are seen by their pediatrician during the day, and then later, they need a higher acuity of care," says board-certified pediatrician Nardine Assaad, MD, of PAH. "For example, for gastritis, we can give a child intravenous fluids and medicine to stop vomiting and treat dehydration, which cannot be done in an office or urgent care center."



IN AN EMERGENCY ...

To learn more about Pediatrics After Hours Emergency Care, visit stjosephtowson.com/PAH.

AT A GLANCE

KIDS ARE FULL OF SURPRISES

They say the darndest things and can somehow manage to coat the entire house in ketchup in 5 seconds flat. But you knew that already, right? Here are five things you may *not* have known.



NEWBORNS ARE LEGALLY BLIND.

At birth, their eyesight is between 20/200 and 20/400, meaning they are incredibly nearsighted and can only see blurry shapes. The best chance you (or that rattle) have at being seen is 8–12 inches from your little one's face.



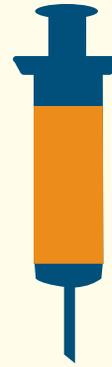
SOMETIMES PRESCHOOLERS SCREAM IN THE MIDDLE OF THE NIGHT.

These episodes of yelling and violent thrashing are known as night terrors, and they are most common between ages 3 and 7. The good news: Children usually don't remember anything, and they grow out of them.



SCHOOL-AGERS CAN GET GROWING PAINS, TOO.

They typically strike kids 8–12 (as well as those 3–5). But growing pains aren't in the joints. They're in the muscles—usually in the front of the thighs, the calves and behind the knees. Experts chalk them up to physical activity—and not to growing.



PRETEENS ARE THE PRIME AGE FOR THE HPV VACCINE.

The ideal window for the human papillomavirus immunization is between 11 and 12, when preteens' immune systems will respond best. And it's not just for girls; boys need it, too.



TEENAGERS ARE ON A DIFFERENT SLEEP SCHEDULE THAN YOU.

Researchers say the internal clock is temporarily reset during the teen years, triggering the typical “late to bed, late to rise” sleep schedule of most teens. To make things more difficult, they need 8½ to 9 hours a night (sometimes even more).

CPR = CAB

If you ever need to perform CPR on an infant or a child, remember this other abbreviation

COMPRESSIONS

Start with 30—fast and hard, with no pausing. For infants, place two fingers on the breastbone. For kids ages 1 to 8, use the heel of your hand on the breastbone.

AIRWAY

Next, open the airway and make sure it isn't blocked. Younger kids prone to putting things into their mouths may have a foreign object in the way.

BREATHING

Give two rescue breaths. These should last about 1 second each and make the chest rise. Then go back to compressions.

HELP KEEP KIDS SAFE

Parents worry. We can't help it. Get tips for keeping your kids safe while keeping your head. Go to stjosephtowson.com/mhm and search “Rules of Play” under “Healthy Insights.”



A Safer Summer

Quick hints to keep your family healthy

SKIN CARE: DON'T GET BURNED

One severe sunburn in childhood doubles your chances of getting melanoma as an adult. Five or more sunburns at any age doubles your risk for skin cancer in general.

Your annual primary care checkup should include a skin check, says Nancy Rackson, NP, of the UM St. Joseph Medical Group. "We look for moles that are changing color and shape. If you notice this on your own, see your primary care provider."

You should always wear sunscreen outdoors—even when the sun isn't out.

- Use an SPF sunscreen of 30 or higher that is broad-spectrum (protects against UVA and UVB rays).
- Apply a liberal amount, 1 ounce, to all exposed skin.
- Reapply every two hours.
- Use an SPF 30 lip balm.
- Use water-resistant sunscreen. Reapply every two hours, and more if you're in the water or sweating.
- With sprays, apply two coats every hour.

BEWARE OF POISONOUS PLANTS

Contact with poison ivy or poison oak causes blisters, red swollen skin—usually in a line—and severe itching. Calamine lotion, hydrocortisone cream and antihistamines can help relieve discomfort, says Cynthia Class-McGrew, NP, with UM St. Joseph Hereford Health Park. If you have a severe reaction or if your eyes, face or genital area is involved, seek medical attention immediately!

KEEP YOUR COOL

Heat-related illnesses are caused by heat exposure. But common sense and advance preparation can help you avoid them.

"Drink more water and other hydrating fluids, particularly if you are exercising in the heat," says board-certified internist Timothy Walters, MD, of the UM St. Joseph Medical Group. Dress in loose-fitting clothing or clothing that wicks away sweat, so your body cools faster. Wear a hat and sunscreen. Stay in the shade and take breaks.

Treat these conditions by moving to a cooler environment, applying ice packs, drinking fluids and resting.

WATCH FOR THESE SYMPTOMS:

- **HEAT RASH:** a cluster of blisters or pimples that appears when sweat ducts get blocked. Wear loose clothing. Keep the affected area dry.
- **HEAT CRAMPS:** painful muscle spasms or cramps in the legs or arms, which can be a sign of heat exhaustion.
- **HEAT EXHAUSTION:** the body loses too much salt and water through excessive sweating. Symptoms include feeling weak, thirsty or lightheaded. Heat exhaustion can turn into heatstroke if you do not stop and rest!
- **HEATSTROKE:** Occurs when the body fails to self-regulate its temperature through sweating. Symptoms include a 104 F temperature or above, a rapid heartbeat, nausea, vomiting, dizziness, confusion, fainting, seizures, and skin that is red, hot and dry. Heatstroke can result in death or permanent disability. **Call 911 immediately!**



All events are *free* unless designated otherwise.



Help a Child in Need Have a Safe and Happy Summer

Every year, the Y of Central Maryland raises funds to provide financial assistance to children whose families struggle to afford safe and enriching activities like summer camp. Camp keeps kids safe and out of harm's way while school is out, but it also keeps them growing, learning, healthy and physically active. UM St. Joseph Medical Center is proud to support the Y's Give Every Child a Chance campaign. You can help too. About \$200 funds one week of camp for one child, but any amount will help. To donate, go to ymaryland.org to support a child in the central Maryland community of your choice.

HEALTH SCREENINGS

BONE DENSITY SCREENING

Suitable for adults who want to know how their lifestyle is affecting their bone density and for those with certain risk factors (family history, small body frame, inactivity, smoking, excessive caffeine or alcohol consumption, low calcium and vitamin D intake). Consists of a quick, painless ultrasound test of the heel bone (not diagnostic). For those who have not had a DEXA scan or an ultrasound bone test in the past year. Appointment required.

- **Thursday, July 23, 9:30-11:30 a.m.**
 - **Thursday, Aug. 20, 9:30-11:30 a.m.**
- Call **410-337-1337** or visit stjosephtowson.com/events.

BODY COMPOSITION ANALYSIS

To identify your unique body makeup and associated health risks. The Tanita SC-331S professional scale uses bioelectric impedance analysis (BIA) to determine weight, body fat, BMI, total body water, muscle mass, metabolic rate and more. Appointment required.

- **Tuesday, June 2, 4-6 p.m.**
 - **Tuesday, July 28, 2-4 p.m.**
 - **Tuesday, Aug. 18, 11 a.m.-1 p.m.**
- Call **410-337-1337** or visit stjosephtowson.com/events.

PERIPHERAL ARTERIAL DISEASE SCREENING

If you experience leg discomfort when you walk that goes away when you rest, you may have peripheral arterial disease (PAD). Diagnosis is made by comparing the blood pressure in your ankles to the blood pressure in your arms, a painless procedure utilizing a blood pressure cuff

and an ultrasound Doppler. This screening is for people older than 50 with a history of smoking, diabetes, high blood pressure, high cholesterol, heart attack or stroke. Appointment required. Call **410-337-1479**.

- **Wednesday, July 29, 4-7 p.m.**

FOOT SCREENING

Visual check and education for a full range of foot problems.

- **Thursday, Aug. 13, 4-7 p.m.**
- Call **410-337-1479**.

WEEKLY YOGA CLASSES

Thursdays 4-5:15 p.m.

\$5 donation per class. Registration required. Located at the Irwin Center. Call **410-337-1479**.

COMMUNITY EVENTS

WJZ-TV 'ASK THE EXPERT'

Tune in to see UM SJMC and other UMMS hospitals in an orthopaedic-based "Ask the Expert" program. Viewers can call in with questions and, at the top of each hour, learn more from our physician experts.

- **Thursday, June 4, noon to 6:30 p.m.**

'STEPPING ON' 7-WEEK WORKSHOP

A fall-prevention program aimed at teaching participants (older adults) ways to reduce the risk of falling. It focuses on how strength and balance exercises, medication management, home safety, footwear, vision and mobility are important in preventing falls.

- **Wednesdays, May 27-July 8, 1-3 p.m.**

Registration required. Call **410-337-1479**.

CARDIAC SUPPORT GROUP DISCUSSION

Daniel Dietrick, MD, FACS, chief of the Department of Surgery at UM SJMC, will speak on treating urologic issues in men with heart disease. Register at **410-337-1337**.

- **Tuesday, June 16, 6:30 p.m.**

AMERICAN RED CROSS BLOOD DRIVE

Schedule a lifesaving donation. For medical and eligibility questions, call **866-236-3276** before scheduling your appointment.

- **Friday, June 26, 7 a.m.-4:30 p.m.**

To register, call **410-337-1479**.

TAKE STEPS WALK FOR CROHN'S & COLITIS

Help the University of Maryland Inflammatory Bowel Disease Program team raise money to cure digestive diseases by registering to join it at the Take Steps Walk for Crohn's & Colitis fundraiser organized by the Crohn's & Colitis Foundation of America. Events begin at 4:30 p.m. Saturday, June 6, at Rash Field in Baltimore's Inner Harbor. To register for the team, donate to its efforts, or start your own team, go to cctakesteps.org/baltimore.



Five minutes now can make a lifetime of difference

HeartAware is an innovative heart disease detection program that can help you identify:

- Your risk factors for developing heart disease
- Next steps you should take based on those factors
- Lifestyle changes that could lower your chances for heart disease

Find out your odds of **heart disease** at stjosephtowson.com/MyHeart