

# Healthy Lifestyles

## Music to the Ears

### Audio engineer to stars likes sound of 'cancer-free'

When country rocker Travis Tritt heard that his audio engineer was free of cancer, his response was true Tritt. "I think his exact words were, 'Way to go, Dog!'" said Dean Norman with a laugh. "He calls everybody 'Dog' or 'Hoss.'"

The only credit Norman takes in the victory, however, is having the "wisdom to marry a smart nurse" who recognized that the lump just below his jaw line wasn't due to a recent sinus infection but something far more serious.

The rest of the credit he gives to Tritt and crew for their unflagging support, to his family doctor who steered him to Oak Ridge otolaryngologist Dr. Frederick Bunge, to Thompson Oncology Group's medical oncologist Dr. John Foust, radiation oncologist Dr. William Strike and the team of caring and supportive radiation therapists at Thompson Cancer Survival Center at Methodist who enabled him not to miss a single show on Tritt's current tour.

"Everybody was great! Everyone was just wonderful!" said Norman, who has worked with Tritt for five years but has also worked with such artists as Emmylou Harris, Sam Bush, Linda Ronstadt, Marty Stuart, Don Williams and Nanci Griffith. "They had a great attitude, were very supportive. I really don't have a bad or negative thing to say about anyone I dealt with. Everyone was on top of their game and seemed to care."

It all started last winter when Norman noticed the lump that didn't go away. Prodded by his wife Marci, a former Air Force medic and registered nurse who volunteers with Remote Area Medical, Norman visited his family doctor who promptly sent him to Dr. Bunge, an ear, nose and throat doctor on the medical staff of Methodist Medical Center of Oak Ridge.

Dr. Bunge's biopsy of a lymph node and removal of Norman's left tonsil confirmed Stage IV squamous cell carcinoma of the throat. Before Norman knew it, the 52-year-old Harriman man was in the all-too-familiar oncology offices of Dr. Strike and Dr. Foust, who have cared for his family for several years. "There really was no question who I would go to," said Norman. "They are our cancer crew and they've done us well."

A PET scan to determine



When Dean Norman, right, a sound engineer for country rocker Travis Tritt, left, was diagnosed with cancer, he turned to the cancer services of Thompson Cancer Survival Center and Thompson Oncology for life-saving treatment that helped keep him on the road.

the extent of Norman's cancer followed with the results coming on Marci's birthday. "It was an excellent birthday present because we already knew he had cancer but on that day, we knew it was all right here and wasn't anywhere else," said Marci. "It was the best birthday present I ever got."

Although the cancer was confined to the throat and had not spread to other organs, Dr. Strike laid out Norman's options in plain language: Chemotherapy and radiation would result in a high likelihood of success, but without treatment would almost certainly lead to death.

"He just laid it out straight. I have all the respect in the world for that because I understand you don't want to scare anyone – it's rough on people and you want to make it easy," Norman said. "But I also want the facts."

Yet when he learned the treatments would span seven weeks with chemo once a week and radiation five days a week, Norman realized at least two treatments would overlap the start of Tritt's busy tour schedule and balked.

"I said 'Doc, I've got to work,'" said Norman. "But he said, 'You've got to live before you can work.' At that point, I knew it was just a matter of getting through it, getting through the treatments, that I was going to beat it, that I was going to have a rough couple or three months but it was ultimately going to be OK."



Dean Norman with his wife Marci, who prodded Norman to visit the doctor about a suspicious lump that turned out to be cancer.

Tritt likewise reassured him. "It was very reassuring for him to say, 'Don't worry about it. We'll do what we have to do. You do what you have to do to get better. We'll be fine,'" said Norman.

But when Norman learned the chemotherapy drug cisplatin could potentially cause hearing loss, he grew concerned about what that could do to his career.

"I have individual control over every microphone, every input, the overall tone of each instrument, the blend of the instruments together, how that reacts to the venue that you're playing in," he said. "Every room has its own acoustics, its own completely differ-

ent sound to it. You have to tailor the sound system to fit what the room is reinforcing, what the room is missing, lots of variables. It's like flying a plane through a thunderstorm. My goal is to get the people through it as smoothly as possible – to give everybody a smooth ride or an ultimate listening experience."

Marci understood her husband's concerns. "We definitely talked about it," she said. "I know his job depends on really good hearing, but his life depended on chemo and radiation. So I was good with it."

As it turned out, however, the fears were unfounded. Norman suffered no hearing loss, and said most of his treat-

ments were a "breeze." "I went through with flying colors. Never threw up, never nauseated except maybe twice, the chemo did not affect me that much and the radiation didn't seem to until the end," he said. "For me, it almost got worse after the treatments were over."

Having declined a feeding tube, eating became his toughest hurdle. "People said things would become tasteless – I would have gladly paid for 'tasteless,'" he said. "Everything became vile. Every bite was vile. I would gag trying to eat because the smell and taste of food was absolutely horrible. I used to ask Dr. Strike, 'When is this radiation going to give me my mutant pow-

ers?' But then I discovered that an enhanced sense of 'stink' was the mutant power I had gained and it wouldn't go away."

He lost 40 pounds over the next six weeks as he practically lived on the only thing he could stomach – chocolate milk. If he had it to do over, he said, he'd have taken the feeding tube.

When Tritt's tour opened in Kansas City on March 11, Dean Norman was there at the sound board, thanks to Thompson Cancer Survival Center at Methodist's willingness to move his last two radiation treatments to the next week.

"Dr. Strike's office was really good about that," Norman said. "I literally missed two days of radiation to go to work. I left the night after my last treatment, got on the bus and went on the road. Now, I was not firing on all cylinders. I was weak, but the guys at work took up the slack and wouldn't let me lift anything too heavy. They were very accommodating. But still allowed me to go do my job which was fantastic."

He wrapped up his treatments March 24. On May 16, he returned to Thompson Cancer Survival Center Downtown for a follow-up PET scan. "I left the PET scan and drove immediately to Dr. Strike's office because he can access the record on the computer within minutes," Norman said. "So he pulled it up on the computer and said, 'I don't see one pixel out of place. Congratulations!'"

The celebration continued on the road where Norman was met by Tritt and crew members. "When word got to Travis, he came out to me and said, 'Congratulations! Let me know what you need.' He was very supportive. From all the guys I tour with, everyone was great. They were constantly inquiring if I needed anything, how I was feeling, if I needed help with anything, and I'm very grateful, very grateful."

He was thankful, too, for the staff at Thompson Cancer Survival Center at Methodist. "Everyone was just so wonderful," he said. "Having 34 radiation treatments and seven chemo treatments, I was around the radiation people a lot more. So, I got to know them a lot better, but all the ladies in the chemo ward were great, too. Everybody was just great. I had tons of support from my family, my father, my wife and good doctors."

## Beyond Treatment: Lectures and programs offer look at other aspects of cancer care

### Health Night Lecture Focuses on Cancer Support Services

When a person is diagnosed with cancer they are not alone. At Methodist Medical Center, there is a range of support services to ensure patients

receive excellent care through every aspect of their treatment and



recovery. Learn about Methodist's Cancer Support Services including Patient Navigation, the Thompson Cancer Resource Center and the Hospitality Houses with Kim Maes, manager of

Cancer Support Services, at Health Night on the Town, Tuesday, August 30 at 7 p.m. in the Ridge Conference Room of Methodist

Medical Center, 990 Oak Ridge Turnpike.

The program is free and open to the public. For more information about Health Night on the Town, please call (865) 835-4662.

### Relaxation Program Offered at Thompson Cancer Resource Center

Join Thompson Cancer Resource Center and the Cancer Support Community for a special program called "Calmer Body; Calmer Mind:

Relaxation Strategies" on Thursday, September 8 from 6 – 7:30 p.m. The class will be held at the Thompson Cancer Resource Center, which is located on the second level of Thompson

Cancer Survival Center at Methodist, 102 Vermont Ave., Oak Ridge. Cancer Support Community program associate, Denise Stillman, Ph.D, will lead the class, which will address our bodies' stress response. The

program will include a brief discussion followed by a 30-minute demonstration of the relaxation procedure known as Progressive Muscle Relaxation Training.

The program is free but registration is required. Please call the Cancer Support Community at (865) 546-4661 or visit [cancersupportet.org](http://cancersupportet.org) to register online.

# Methodist & Med Minder Can Help You Manage Your Medications



Managing medication can be complicated, particularly if you are taking several, and treating different conditions. Methodist Medical Center can help you keep track of your medications with Med Minder, a form where you can record all of your current medications. This should include prescriptions, over-the-counter medications such as aspirin, vitamins and herbal supplements such as Ginseng or St. John's Wort.

Med Minder saves you time since all of your medications are listed in one place and ready every time you need them. It also reduces confusion, improves communication and improves medication safety by monitoring for drug/food interactions.

You should take your Med Minder form to all doctor visits, health care procedures like an MRI or x-ray, to all pre-assessment visits for surgery and to all hospital visits including trips to the Emergency Room or outpatient visits. It's best to fold the form and keep it with you at all times.

Do you need a Med Minder form? Call (865) 835-4662 to request your FREE form today!

Here are some more helpful tips for safely taking and managing your medications:

### Know your Medicine

- What is the name of each medicine?
- Why am I taking it?
- What time should I take it?
- How much of it should I take each time?
- How should I take it?

- Should I take it with food?
- How long should I take it?
- What should I do if I miss a dose?
- Are there any side effects? What should I do if I have any side effects?
- Is it safe to take with other medicine that I am taking, including over-the-counter medicine, vitamins, or herbals?
- What food, drink, or activities should I avoid while taking it?
- Does this medicine replace anything else I was taking?

### At the Doctor's Office

- Always take your updated Med Minder Form. This will tell your doctor everything you are taking, including prescription medi-

cines, over-the-counter medicines, and herbals.

- Ask your doctor to explain what is written on prescriptions.
- Tell your doctor you want to know the purpose for new medications.
- Tell your doctor about any allergies or reactions that you have had to medicine in the past.

### At Home

- Take only medicine you receive from your doctor or pharmacist. Do not share other people's medicine.
- Each time you take your medicine, read the label to make sure you are taking it correctly. If you have questions, call your doctor or pharmacist. Do not

hesitate to ask about your medicines.

- Keep your Med Minder Form updated. Anytime your medication changes, change your list, too.
- Do not stop taking the medicine when you feel better unless your doctor tells you to stop taking it.
- If you take medicine every day, using a compartmental medication box may be helpful.
- Never take medicine in the dark.
- Never reuse old medicine bottles.
- Put all of your medicine in a place where children and pets cannot reach it.
- Do not leave medicine in the car, by the stove, or in the bathroom. Heat and dampness can affect how

it works.

- Don't chew, crush or break any medications unless your doctor instructs you to do so.
- Use measuring devices for liquid medicines – household teaspoons and tablespoons are not very accurate.
- If you feel that your medicine is making you sick or causing you pain, call your doctor.

### In the Hospital

- When you are admitted to the hospital, take your updated Med Minder Form, or bring all of your medicines in the original bottles. Include over-the-counter medicines, vitamins, and herbal supplements.

- Tell your doctor or nurse about any medication/food allergies or reactions that you have had to medicine in the past. Also, write these on your Med Minder Form.
- Do not let anyone give you medications until they check your hospital ID bracelet.
- If you feel that any medicine is making you sick or causing you pain, tell the doctor or nurse as soon as possible.
- Before you leave the hospital, ask your doctor or nurse to clearly tell you what medicines you should take, and how to take them.

### At the Drugstore

- Use the same drugstore for all new prescriptions and refills. The pharmacist then has a list of your medicines and can make sure that your medicines work together and will not make you sick.
- If you use more than one drugstore, make sure each one has a list of all of your medications.
- Ask the pharmacist the name of each medicine and how you should take it. Make sure that this information matches what your doctor told you.
- Make sure that refilled medicine is the same color, size, and shape as previously prescribed. If there is any difference, ask why.
- If you have any questions about your medicine, ask your pharmacist.

## Take a Walk to Cut Diabetes Risk

You can't take a pill to prevent type 2 diabetes. But you have the next best thing: exercise. And you don't need to spend a lot of time at the gym. In fact, a study suggests just a 15-minute walk after every meal may help protect you against the disease.

### More-effective exercise

In the journal *Diabetes Care*, researchers compared short and long bouts of exercise to find out which worked best in preventing type 2 diabetes. For the study, they recruited a small group of healthy older adults ages 60 and older. Because of their age, these adults were already at risk for diabetes.

In a controlled setting, the participants engaged in three different walking regimens. Each bout of exercise was separated by four weeks. While on a treadmill, the older adults either walked for 15 minutes a half hour after each meal, 45 minutes in the morning, or 45 minutes in the late afternoon.

During the study, researchers monitored participants' blood sugar levels.



They noted that the 15-minute after-meal walks and the 45-minute morning strolls were equally effective in lowering blood sugar. But the shorter stints of exercise kept it low up to three hours after dinner. These findings suggest the timing—in addition to the amount—of exercise may help prevent type 2 diabetes.

### Why timing may matter

Through digestion, your body converts food into glucose—the body's natural sugar. Glucose powers the body's cells. To help break down glucose, your body produces a hormone called insulin. Insulin production is impaired in people who have diabetes. As a result, their body doesn't adequately absorb glucose

and ends up losing valuable fuel.

As you might suspect, glucose levels spike after you eat a meal. Exercising after eating may counteract this rise. In turn, your body may better use insulin. For people who have prediabetes—when blood sugar levels are above normal but not yet too high—this process may be especially helpful—as the above study suggests.

People who already have diabetes may benefit from this process, too. Exercise is already a key component in managing the disease. People with diabetes use exercise to help keep their blood sugar under control. But they may have to check glucose levels before and after physical activity. Too much exercise

can cause levels to plummet, a potentially life-threatening situation.

### Five tips to motivate movement

Health experts have long touted the value of exercise against many chronic diseases, including type 2 diabetes. A daily walk is a good starting point. But the more activity you do, the more benefit for your body. Here are some tips to help you stay motivated:

- Choose an activity you like. You'll be more likely to stick with it.
- Mix it up. Besides aerobic activity, add some strength training and flexibility exercises to your routine.
- Recruit some company. Walk with a neighbor or play basketball with your children.
- Track your progress. Record how much and which activities you perform daily.
- Reward yourself. When you reach a personal goal, celebrate with a healthy treat, such as a new book.

## Coping with Empty Nest Syndrome



Your last child is leaving for college, and you are already feeling the mixed emotions associated with "empty nest syndrome."

You may share the excitement your child feels, but also realize that you will no longer be part of his or her daily life. You may take pride in your child's growing independence, but worry about their ability to take care of themselves when they leave home.

In the past, researchers found that parents dealing with empty nest syndrome often felt a tremendous sense of loss and were vulnerable to bouts of depression. Today, studies suggest that parents reap a number of benefits when their last child leaves the nest.

You can spend more time focusing on yourself, rekindling

your marriage, or renewing your interest in activities that took a back seat to parenting. You can stay busy by enrolling in a class that you've been meaning to take, beginning a regular exercise routine, spending more time with friends, planning weekly "date nights" with your husband or wife, or making travel plans, for example.

If you experience empty nest syndrome when your last child heads to college, try to maintain a positive attitude. Most parents overcome the problem within a short period.

If feelings of sadness persist, you may need to contact a mental health professional. Learn more at Peninsula Behavioral Health, [www.peninsulabehavioralhealth.org](http://www.peninsulabehavioralhealth.org).



## Every Drop Makes a Difference

## Donate a Pint of Life at the MEDIC Blood Drive

Monday, September 12

11 - 6 p.m.

West Ridge Conference Room

Methodist Medical Center, 990 Oak Ridge Turnpike

ALL blood types are needed including O positive and A positive.



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# SPECIAL DELIVERIES: July Births at Methodist's Family Birthing Center



**Audrea Hawkins**, Clinton, a boy, **Trey Jean**. Born July 3, 8 lbs. 2 oz. Grandparents: Brenda Norman.

**Briana Stephens**, Oak Ridge, a boy, **Dominic Zayne Riley**. Born July 5, 6 lbs. 12 oz. Siblings: MaKaylee Rae.

**Jazmine Lace Ford and Brian Jason Currier**, Clinton, a girl, **Gwen Avery**. Born July 6, 5 lbs. 13 oz. Siblings: Melanie, Tyler, Kaylee, Lindzey, Laci and Brooke. Grandparents: Janese Longee, Bob Ford and Marie Ford; Edward Currier, Lillian Currier and Susane Currier.

**Kelsey Brandon and Christopher Williams, Jr.**, Caryville, a girl, **Aubrey Grace**. Born July 6, 7 lbs. 9 oz. Grandparents: Tony Braden and Bernadette Dagher; Christopher Williams, Sr., and Dawn Williams.

**Beth and Cameron Vertner**, Deer Lodge, a girl, **Kenadee Adalyn Noelle**. Born July 6, 7 lbs. 10 oz. Siblings: Kaiden, Xander and Kwintyn. Grandparents: Ann Kennedy, Debbie Vertner and Mitch Vertner.

**Anndina and Timmy Effler**, Clinton, a girl, **Isabella Rose**. Born July 7, 8 lbs. 9 oz. Sibling: Mackenzie. Grandparents: Sharon Kebert and Lindsey Holder; Rosemary Justice and Tim Effler.

**Whitney Nunley**, Oliver Springs, a girl, **MaHayla Grace**. Born July 7, 6 lbs. 10 oz. Sibling: Baylee. Grandparents: Penny Nunley and Shane Nunley.

**Cori and Jared Williams**, Oak Ridge, a boy, **Jonah Kent**. Born July 8. Grandparents: Mike and Mechelle Ramsey; Kent and Joyce Williams.

**Monica Villagrana and Francisco Garnica**, Oak Ridge, a boy, **Erick Uriel**. Born July 12. Sibling: Ariel Idali. Grandparents: Maria de Lourdes Marquez; Raul Quintero; Sonia Aracheli Gutierrez, Francisco Javier Moreno.

**Samantha Gail Cooper**, Rockwood, a boy, **Timothy James**. Born July 12. Sibling: Chance Michael. Grandparents: Billie Jo and Steven Adcock.

**Michell Moses and Jack Young**, Jellico, a girl, **Avery Nevaeh**. Born July 13, 6 lbs. 13 oz. Siblings: Ashlynn Sophia and Caiden Brody. Grandparents: Lara Redmond and Barry Moses; Vicky and Larry Wilson; Jack L. and Norman Young.

**Natasha Alcorn and Tyler Wilson**, Clinton, a boy, **Zane Carter**. Born July 13, 7 lbs. 20 oz. Grandparents: Cindy Cashen and Fredrick Alcorn; Pam Wilson and Robert Wilson.

**Jessie and Luis Rosales**, Oak Ridge, a boy, **Santiago Maddox**. Born July 14, 7 lbs. 15 oz. Siblings: Kaden and Lio.

**Tequila and William Ellis**, Robbins, a girl, **Emma Faith**. Born July 17, 8 lbs. 9 oz. Siblings: Makenzie and Farrah. Grandparents: Diane and Mark Simpson; Bill and Gracie Ellis.

**Reshanda and Chris Human**, Lancing, a girl, **Madeline Grace**. Born July 17. Siblings: Elijah and Jayden. Grandparents: Glen and Angie Potter; Margaret Marcum and the late Alan Human.

**Desiree and James Cody**, LaFollette, a girl, **Reilly Jett**. Born July 18, 7 lbs. 1 oz. Sibling: Madison. Grandparents: Darlene Stagnolia; Heather Boshears and Alan Cody.

**Samar Noaman**, Oak Ridge, a boy, **Ali Addison**. Born July 20, 8 lbs. 8 oz. Grandparents: Nuhad and Abdul Hafed Noaman.

**Shelby and Steven Babb**, Pioneer, a girl, **Hadley**. Born July 21, 9 lbs. 10 oz. Siblings: Remi, Jersey and Lukas. Grandparents: Judy Smith and Robert Smith; Kim Babb and Harold Babb.

**Mahalia and Chad Reep**, Oak Ridge, a girl, **Emerson Elise**. Born July 21, 7 lbs. 0 oz. Sibling: Alyssa Callie. Grandparents: Ernest and Jane Fritts; Gary and Deborah Jones and Carroll Reep, Jr.

**Alexis Dowdell and Dominique Brown**, Oak Ridge, a boy, **Xavier T.** Born July 21, 8 lbs. 0 oz. Sibling: Tatiana. Grandparents: Larry and Diana Dowdell, Fred Brown and Sondria Brown.

**Lastacia Sellers**, Heiskell, a girl, **Nevaeh Marie**. Born July 22, 6 lbs. 1 oz.

**Ciara and Branden Strong**, Heiskell, a girl, **Aubree Dakota**. Born July 22, 8 lbs. 0 oz. Sibling: Brooklyn. Grandparents: Elaine Thomas; Brian and Sherry Strong.

**Kelsie Massengill and Justin Turpin**, Oliver Springs, a girl, **Shelby Lynn**. Born July 23, 7 lbs. 3 oz. Sibling: Gabriel. Grandparents: Stephanie Hawn; Tammy Turpin and Jimmy Turpin.

**Jessica Grace and Joseph Ryan Floyd**, Lancing, a boy, **Easton Merritt**. Born July 23, 7 lbs. 15 oz. Grandparents: Rick Host and Lisa Host; Emilee Langston.

**Ashley and Dustin Thompson**, Helenwood, a boy, **Dustin Lecrae Asher**. Born July 25, 7 lbs. 14 oz. Siblings: Austin, Ashton, Drayden and Dash. Grandparents: Rhonda Thompson and Denzil Thompson.

**Wendy Whithead**, Maryville, a girl, **Olivia Blayne**. Born July 26. Siblings: Autumn, Dalton and Bryson. Grandparents: Wayne and Chris Jones.

**Chelsey Roy and Tristan Farr**, Wartburg, a boy, **Tyler Reece**. Born July 26, 6 lbs. 5 oz. Grandparents: Jenny Tinker; Billy and Missy Farr; Sylvia and Sean May.

**Stacey and Bradley Faulkner**, Oak Ridge, a boy, **Ford Abram**. Born July 26, 8 lbs. 10 oz. Siblings: Lily Reese and Lindsay Paige. Grandparents: Eva Perkins and Allen Perkins; Margaret Faulkner and the late Roger Faulkner.

**Lisa Dawn Caldwell and Cory Phillips**, Oak Ridge, a girl, **Cheyenne Lynette**. Born July 27, 5 lbs. 13 oz. Siblings: Matthew, Kayleigh and Bentley. Grandparents: Tracie Berkley and John Caldwell; Chester and Tammy Phillips.

**Chelsea Cloney and Dustin Parks**, Rockwood, a girl, **Addison Nicole**. Born July 27, 4 lbs. 1 oz. Siblings: Averiona Lynn. Grandparents: Judy Anderson and Ed Cloney; Glen Parks and B.J. Ooten.

**Cassandra and Alex Watson**, Wartburg, a girl, **Cordelia Nina Louise**. Born July 28, 6 lbs. 0 oz. Siblings: Abby, A.J., Kyleigh and Jaycee. Grandparents: Robin Foster, Daune Foster and Bobby Herst; Kenny Watson and Priscilla Fann and Steve Fann.

**Janet Powell and Matthew Thornton**, Oak Ridge, a girl, **Amelia Rose**. Born July 29, 5 lbs. 11 oz. Grandparents: Agota McFarland and Robert McFarland; Morgan Rausche and Tim Thornton.

**Cynthia Bunch and Dennis Barger**, Harriman, a girl, **Cassidy Marie**. Born July 30, 6 lbs. 15 oz. Sibling: Heavenly Faith.

**Destiny and Raymond Britton**, Clinton, a girl, **Maebree Kay**. Born July 31, 4 lbs. 11 oz. Siblings: Camden and Raelyn. Grandparents: Archie and Sandy Brummitt; Rebecca Garcia Eshbaugh.

## Cardiac Rehab Helps Patients Gain Strength, Reduce Risk of Future Heart Problems

Cardiac rehab is an individualized plan of exercise and education for patients with certain heart conditions who have been referred by their doctor. It may benefit patients who have had procedures such as a heart attack, coronary artery bypass surgery, coronary angioplasty, coronary stenting, heart valve repair/replacement or a heart transplant.

The goals of cardiac rehab are to help patients regain strength, prevent their condition from becoming worse, and reduce the risk for other heart problems in the future. The main components of the program are medical evaluation, prescribed exercise, cardiac risk factor modification, education and psychosocial support.

There are three phases of rehab: hospitalization, early recovery, and long-term recovery. Hospitalized patients may begin cardiac rehab with non-strenuous activities such as sitting up in bed, doing range-of-motion exercises, and walking. During early recovery, which may last from two to 12 weeks, patients gradually increase their activity level under the close supervision of cardiac rehab specialists. They also may do moderate exercises at home. Long-term cardiac rehab may continue for the rest of a patient's life. It may include exercise at home and at a cardiac rehab center, along with continuing education on diet, weight loss, and lifestyle choices.

Initially, patients undergo a thorough medical assessment to assess their medical limitations, overall health, and physical capabilities. Assessments include an evaluation

of a patient's cardiac risk factors such as high blood pressure, diabetes and other conditions that lead to cardiovascular disease.

Cardiac rehab improves a patient's cardiovascular fitness through physical activities such as walking, cycling and other aerobic exercise. It also may consist of exercises to increase muscular strength.

Lifestyle education includes information on diet and nutrition. The goal is to help patients choose healthier foods and reduce their fat, cholesterol, and salt intake. Patients also receive guidance on stress management, medication, smoking cessation and making other healthy choices that affect their cardiovascular system.

People often experience anxiety and depression after having a heart attack or receiving a diagnosis of heart disease. A cardiac rehab program helps them find ways to cope and rebuild their lives, and it gives them opportunities to meet and share their concerns and triumphs with people in similar circumstances.

To achieve the best possible outcome, patients may work with cardiologists, nurse educators, dietitians, pharmacists, exercise rehab specialists, occupational therapists, physical therapists, and mental health professionals, as needed.

While some risk factors for heart disease can't be changed, like heredity, there are many risk factors that are controllable. Smoking cessation is extremely important for patients who smoke. When someone decides to quit, it's a good idea for them to change routines

that trigger their urge to smoke, stay away from other people who smoke, substitute low calorie snacks or gum for cigarettes, join a smoking cessation class or support group, and take it one day at a time.

Dietary changes vary depending on each individual patient's needs, but in general, they include eating less red meat and dairy products; baking, broiling, steaming or grilling foods rather than frying; and reading labels for fat content.

Patients should check with their doctor before starting an exercise program at home. When starting an exercise program, begin slowly and gradually increase time and intensity. Aerobic exercises such as walking or cycling are good choices. The person should stop exercising if he or she experiences chest pain; pain that radiates into the neck, shoulder or arm; increased shortness of breath; irregular heartbeat; or excessive sweating. If any of these symptoms continue, call the doctor.

Controlling stress is also important. Patients should identify things that cause stress, learn stress management and relaxation techniques, get plenty of rest, and pace themselves.

Methodist's Cardiac Rehab Program offers an individualized plan of monitored exercise and education in a medically supervised environment. A physician's referral is required, so if your doctor hasn't talked with you about a cardiac rehabilitation program, you should ask about it. To learn more about cardiac rehab at Methodist Medical Center, call (865) 835-5234.

## Covenant HEALTH Welcomes



**Daniel S. Graves, MD**

General and Vascular Surgery

### Clinical Interests:

Gallbladder disease  
Gastrointestinal malignancies  
Hernias  
Aneurysms  
Carotid artery disease

Carotid artery disease  
Advanced laparoscopic surgery  
Open and endovascular treatment of peripheral arterial disease

### Oak Ridge Surgeons

988 Oak Ridge Turnpike, Suite 350, Oak Ridge, TN 37830

For an appointment or more information, call:

**(865) 835-4662**

Methodist Medical Center of Oak Ridge and Oak Ridge Surgeons are proud members of Covenant Health.



Covenant HEALTH

www.covenanthealth.com



# Patient and Family Partnership Councils: Where the conversation and the care connect

Covenant Health and Methodist Medical Center are excited to announce the creation of a new patient and family-centered advocacy council aimed at enhancing the delivery of care for all involved. When the voices of patients, loved ones and clinicians can all be heard, the conversation - and the care - become connected.

This council is now forming and applications for external (patient/family members) and internal (hospital) members are currently being accepted. Every application will go through a review process and, if selected, an interview session will be scheduled to determine the right fit for the overall group dynamic.

Council members will meet regularly to discuss local healthcare issues - and work collaboratively on projects of significant impact to the hospital and community care needs.

If you would like to learn more about the process and/or to receive an application, please call 835-4405 or visit [www.mmcoakridge.com/application](http://www.mmcoakridge.com/application) to download an application. Participation is completely voluntary and external council members will not receive monetary compensation for their time.



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