Find relief
Don’t let back pain rule your life

Annual report
SEE HOW WE’RE CONTRIBUTING TO THE COMMUNITY
p. 2

Pembroke partnership
HEALTH CARE CLOSE TO HOME MAKES A HUGE DIFFERENCE
p. 6
Contributions to the community

Number of jobs provided
2,328

Economic impact of employee payroll
$123,410,456

Economic impact of 13 new physicians recruited to the community
$6,500,000

United Way of Robeson County contributions by employees
$29,629

SeHealth Foundation contributions by employees
$59,333

Support groups (sponsored or hosted by SeHealth)
12

Community Health Services participants and contacts at screens and educational events
58,036

Visitors to Community Health Education Center (CHEC) at Biggs Park Mall
13,068

Units of blood collected at SeHealth–American Red Cross blood drives
104

SeHealth 2014 annual report statistical highlights

ACUTE CARE BEDS
292

PATIENTS DISCHARGED
14,905

AVERAGE LENGTH OF STAY (DAYS) 4.42

TOTAL PATIENT DAYS
65,906

AVERAGE DAILY CENSUS
181

DELIVERIES
1,463

EMERGENCY DEPARTMENT VISITS
63,500

EMPLOYEES (FTEs) 2,142

TOTAL OPERATING EXPENSES
$273,805,703

TOTAL NET REVENUE
$305,850,050

TOTAL EXPENSES
$305,850,050

Healthwise

Summer 2015, Issue 2

HEALTHWISE is published quarterly as a community service for the friends of SOUTHEASTERN HEALTH.

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Learn how and why they can happen

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What genetics can tell you about your heart health

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This healthy recipe won’t ruin your diet

Go online for more.
Visit our Facebook page at www.facebook.com/sehealth for event information, SeHealth news and updates, and more.

WALK ON!
Fitness trackers are fairly accurate when it comes to counting how many steps you take. But because every person moves differently, trackers may not be as good at counting how many calories you burn.
American Council on Exercise

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Fitness can be all of these things
IN LIFE, few things are certain. One exception—unfortunately—is back pain. The fact is, doctors can say with almost 100 percent certainty that every person will, at some time or another, have at least one episode of back pain.

Most of the time, back pain goes away on its own. But when it doesn’t—when it persists and becomes chronic—it can make life miserable. Thankfully a wide range of pain management techniques and surgical procedures are available. At Southeastern Spine and Pain, an expert team is helping people get back to a life that isn’t ruled by pain.

What can cause it?
“There are many potential pathways leading to the discomfort we call pain,” says Kailash Chandwani, MD, an interventional pain physician at Southeastern Spine and Pain. “The cause may be mechanical, inflammatory, neuropathic, muscular or emotional.” By the time pain is chronic, it often has numerous causes. “So it’s imperative for us to address all of them,” Dr. Chandwani says. And using several therapies—medication, physical therapy and counseling, for example—works better than using just one.

Multiple options for relief
For most patients, treatment starts with conservative pain management. It may include:

- Medication.
- Physical therapy and outpatient rehabilitation.
- Minimally invasive pain intervention, such as epidural steroid injections.

Sometimes opioid medications, also known as narcotics, are prescribed for back pain. When that’s the case, Thomas Florian, MD, a pain management specialist at Southeastern Spine and Pain, consults with patients to make sure they understand the benefits and risks—along with how they can manage their medication most effectively.

If pain management techniques don’t restore mobility and function, patients see an orthopedic specialist or spine surgeon.

“We offer each patient all the options, not only what the doctor talking to them is able to provide,” Dr. Matheus says. “This is to ensure the patient can make a well-informed decision.”

And when a diagnosis isn’t clear, Monica Carrion-Jones, MD, a physiatrist and specialist in electrodiagnostic medicine, can help. She uses electromyography (EMG) to measure nerve function. The information she gathers can help the team confirm or refute a diagnosis.

Advanced techniques
For patients who need surgery, Southeastern Spine and Pain offers a wide range of traditional and minimally invasive procedures. (See “Get back to your life” at right.)

“With minimally invasive surgeries, we’re doing the same work but through much smaller openings,” Dr. Matheus says. So patients have less blood loss, much less pain the first three days after surgery and less need for narcotic pain medicines. They also spend less time in the hospital and return to work sooner.

Beat back pain

Ready for relief? Call Southeastern Spine and Pain at 910-671-9298 or Dr. Carrion-Jones at Southeastern Neuromuscular Rehabilitation Center at 910-735-2831.
Among the minimally invasive procedures Dr. Matheus performs are two that are not widely available elsewhere in North Carolina: spinal cord stimulators and direct lateral interbody fusion (DLIF).

- **Spinal cord stimulators** are small implantable devices that deliver electrical impulses to the spine, replacing pain with a more pleasant sensation. According to Dr. Chandwani, “It’s been effective for people who haven’t responded to previous treatment.”

- **DLIF** is a surgery that involves removing damaged parts of the spine, inserting an implant and stabilizing the back. Dr. Matheus uses advanced technology when performing this procedure: stereotactic navigation. “This GPS-like system enables us to place screws and rods in the perfect position using a minimally invasive approach that doesn’t expose the spine,” he says.

**Don’t wait to be seen**

For anyone with chronic back pain, Dr. Chandwani and Dr. Matheus recommend taking action—because there’s always hope. “The longer someone is in pain, the more challenging it becomes,” Dr. Chandwani says.

Dr. Matheus agrees: “Talk to your family doctor and try to see a spine specialist—sooner rather than later. There are so many options, and new technologies are being developed all the time. Some problems that we weren’t able to treat in the past can be treated now.”

If you have back pain that needs attention, get an evaluation at Southeastern Spine and Pain. For more information, call 910-671-9298.

**Back pain: By the numbers**

<table>
<thead>
<tr>
<th>No. 1</th>
<th>Back pain is the top reason for job-related disability.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>30</strong></td>
<td>The age range during which low back pain typically starts occurring.</td>
</tr>
<tr>
<td><strong>50%</strong></td>
<td>The percentage of adults whose first episode of back pain will be followed by a second episode within a year.</td>
</tr>
</tbody>
</table>

Sources: American Association of Neurological Surgeons; American Association of Orthopaedic Surgeons; National Institute of Neurological Disorders and Stroke
While the health care journey is often complex, having these services available locally has helped make the demands of health care a little more convenient for some.

Pembroke resident Crystal Barton’s 6-year-old daughter, Nova, a triple liver transplant recipient who has battled liver disease and liver cancer since 2010, has been able to attend school because her weekly blood draws can be done at Southeastern Express Lab Pembroke, only a few minutes from her home.

Since having three liver transplants within a two-month time frame in early 2013, Nova, who was first diagnosed with cirrhosis of the liver, then with liver cancer, has to have her blood drawn on a regular basis to check a variety of values to monitor her health.

“During a weekly visit to Duke just for a blood
draw, I asked if there was somewhere closer to our home where this could be done,” says Barton. “They sent us to the lab in Lumberton. After we had been going there for a while, I noticed a paper on the counter that mentioned a new lab opening in Pembroke. I asked about having Nova’s blood work being drawn there and we were able to start taking her to Pembroke.”

Nova, a kindergarten student at Pembroke Elementary, is now able to have her blood drawn as often as necessary first thing in the morning without missing an entire day of school. "As long as she gets there by 11, she is good," says Barton.

Once the blood is drawn in Pembroke, it is transported to and processed at SeHealth’s main laboratory in Lumberton. The results are sent to Duke where they are evaluated by Nova’s physicians, who then advise Barton on her health status.

Nova still has to go to Duke for monthly checkups, but her weekly trips around the corner from her home to the Pembroke lab have enabled her to build a bond with the phlebotomist there, Sharkell Swett, a Pembroke resident who has worked at Southeastern Express Lab since it opened in the SeHealth Pembroke complex last May.

“We go in there and we are close—like family,” says Barton. “Sharkell takes her time with Nova and doesn’t rush her. Every time we visit, Nova asks to draw a picture.”

Barton, a mother of three, is Nova’s only support system. Any small way of easing their miraculous journey through a rare form of liver disease, which resulted in cancer for Nova, has relieved some of the demands for their family. Having access to health care close to home has enabled them to have more time at home together and in school, where Nova can maintain some aspect of normal life for a child she has already been through so much.

**Diabetes help**

Having been diagnosed with diabetes four years ago, Jeannine Garcia Locklear, 44, is determined to find success in her quest to manage her diabetes. Having diabetes educators located within the same complex where she is a fitness center member in Pembroke and close to her home and work is helping her achieve better health.

“I have three goals,” says Locklear, who struggled with prediabetes for 10 years before her diabetes diagnosis. “Lowering my A1C by taking my medicines as I should, meal planning and weight—that all ties together.”

Locklear attended a series of diabetes education classes at SeHealth’s former location in Pembroke on Candy Park Lane a few years ago. But when she recently told her doctor, Joseph Roberts, MD, that she felt she needed a refresher, she was pleased to find out that the classes were now offered in a familiar setting.

“It is such a convenience of time, gas, being right here at the fitness center and near where I work,” adds Locklear, who is an elementary school counselor of both Lumbee and Mexican descent.

“I have diabetes on both sides of my family, so it was extremely important for me to stay on top of my health,” says Locklear. “When I was first diagnosed, I had a lot of anxiety and embarrassment when I began seeking help because of the stigma associated with diabetes.”

Locklear is no longer embarrassed by her diagnosis and is working with Diabetes Educator Crystal Hunt to change her lifestyle and become healthier. The two met monthly initially and now meet as Locklear needs guidance to manage her disease.

Diabetes educators teach patients about medication management and the importance of physical fitness, proper nutrition and prevention of complications during 30-minute to one-hour sessions offered at SeHealth Pembroke on Wednesdays. A referral from a physician is required. Most insurance policies, including Medicare and Medicaid, cover a series of classes over a one-year period.

“I will be honest—I am not where I want to be, but I am working to get there,” Locklear says.
**IS YOUR HIP** just not hopping like it used to? Is your knee now needing a lot of attention? Or is your shoulder shouldering more than its fair share of pain?

If so, then it may be time to think about replacing that joint—especially if you’ve tried other things, like taking medications and exercising, and you still hurt.

Here’s what you need to know about this potentially life-changing surgery.

**OUT WITH THE OLD**

Like many things, joints can eventually wear out. Age, injury and diseases, such as arthritis, may take a toll. Your favorite activities—even everyday life—can become difficult and uncomfortable.

Joint replacement involves surgically removing a damaged joint and inserting one made of plastic, metal or ceramic. In some cases, surgeons cement the pieces of the new joint to existing bone. In other cases, they use parts with pores that allow your bone to grow into the new pieces and hold them in place.

Hips and knees are the most commonly replaced joints. But ankles, shoulders, elbows and wrists can also be replaced.

**THE ROAD TO RECOVERY**

Typically, you spend at least a few days in the hospital following joint replacement surgery. You’ll begin using your new joint right away. Physical therapy will help you strengthen your muscles and improve your range of motion.

Once you’re home, it will be important to exercise with your doctor’s guidance. Eating well and taking medications as directed are also key to recovery.

Sometimes there are restrictions on what you can do with your new joint. Running and singles tennis may be discouraged if you’ve had hip or knee replacement, for example. But most people return to active lifestyles. Depending on the type of surgery you have, full recovery may take three to six months.

To learn if joint replacement surgery is right for you, speak with your doctor.

Sources: American Academy of Orthopaedic Surgeons; National Institutes of Health
Options for new joints

Damaged or arthritic joints can make everyday movements, like walking or reaching, very painful. When treatments such as medications or physical therapy don’t help, joint replacement surgery may be the best bet. Here is a look at which joints—and their parts—can be replaced with an artificial one, called a prosthesis.

**SHOULDER**

Depending on the condition of the shoulder, either just the head (ball) of the upper arm bone (humerus) is replaced or both the ball and socket (glenoid).

**ELBOW**

Doctors replace the damaged parts of the upper arm bone (humerus) and the forearm bone (ulna) on the pinky finger side.

**KNEE**

The damaged surfaces at the ends of the thighbone (femur) and shinbone (tibia) are replaced. The underside of the kneecap (patella) may also be replaced.

**HIP**

The damaged head of the thighbone (femur) and the surface of the socket (acetabulum) in the pelvis where the femur sits are replaced.

You can meet our orthopedic surgeons who perform joint replacement surgery at [www.seorthopedics.org](http://www.seorthopedics.org).

Source: American Academy of Orthopaedic Surgeons and the American College of Foot and Ankle Surgeons
YOU’RE DRIVING HARD
down the court, getting ready
to shoot the perfect basket,
when you hear a pop, and a
searing pain shoots up your leg.
You’ve ruptured your Achilles
tendon.

In sports, the thrill of playing
can quickly turn into the agony of
injury. Achilles tendon injuries are
one of several common ailments
that can land an athlete—amateur
or pro—on the bench. Other com-
mon sports injuries include sprains,
strains, stress fractures and knee
problems.

PART OF THE GAME
You can get hurt playing any type
of sport. Injuries can be caused
by a variety of things, including
accidents, poor conditioning or
training practices, not wearing the
proper equipment, or inadequate
stretching or warm-up before
playing.

According to the National
Institutes of Health, some of the
most frequent sports injuries
include:

- **Achilles tendon injuries.** You
can injure your Achilles tendon by
stretching, tearing or irritating this
thick cord (tendon), which attaches
the back of your heel to your calf
muscle.

  **What it feels like:** You know
you’ve got an Achilles tendon
problem if you have pain that
gradually gets worse with exercise.
An injured Achilles tendon will also
often feel painful and stiff in the
morning.

  **How it happens:** Tendinitis is the
most common cause of Achilles
tendon injuries. These types of in-
juries often occur in middle-aged,
part-time athletes who do not
warm up or stretch properly before
games or practices.

- **Sprains and strains.** A sprain
happens when you pull or tear a
ligament. A strain occurs when you
 twist, stretch, or tear a muscle or
tendon.

  **What it feels like:** If you have
bruising, swelling, tenderness and
pain or are unable to move your
limb or joint, you’ve probably
got a sprain. With a strain, you
may feel pain or have a muscle
spasm or loss of strength.

  **How it happens:** Some type of
trauma, such as a fall or blow that
knocks a joint out of place, is usually
the cause of a sprain. You’re most
likely to sprain your ankles, knees or
wrists. Strains usually are the result of
excessive contraction or overstretch-
ing of a muscle or tendon. Your feet
or legs are the parts of your body
you’re most likely to strain.

- **Stress fractures.** A stress
fracture is an overuse injury. If you
consistently put pressure on a bone
over a long period of time, a tiny
crack may occur in that bone.

  **What it feels like:** If you have
pain at the site that worsens when
you’re active, you may have a stress
fracture. Tenderness and swelling
often accompany the pain.

  **How it happens:** You’re most
likely to get a stress fracture in your
feet or legs. Sports that involve
your foot repeatedly striking the
ground—such as tennis, track and
field, and basketball—are often
causes of stress fractures.

- **Knee injuries.** Because your
knee is so complex with many
different components, it’s vulner-
able to a variety of injuries—often
involving ligaments and cartilage.

  **What it feels like:** If you hurt
your knee, you may feel pain or
tenderness under your kneecap at
the front or side of your knee. You
may also hear a popping noise,
have severe pain and be unable to
move your knee.

  **How it happens:** Landing wrong
after a jump, getting hit on the
front or outside of the knee during
a contact sport, or simply changing
directions rapidly while running—
there are all sorts of ways you can
hurt your knee when participating
in sports such as football, soccer,
skiing or basketball.

Have a sports injury that needs
treatment? Our staff of orthopedic
specialists can help. For an
appointment, call 910-738-1065.
Exercise: Your new best friend

No doubt you’re at least acquainted with exercise. But if you want to improve your health, consider taking that relationship to a new level. Make exercise your BFF and you’ll find it much easier to manage your weight, sleep more soundly and avoid many types of ailments. Among other things, exercise can help you:

Stay strong. And that’s not just your muscles. Active people tend to have sturdier bones too.

Ward off illness. Regular activity is a great way to control blood pressure and cholesterol and reduce the risk of heart disease and stroke.

Calm your mind. Exercise is a proven stress buster and depression dampener.

Boost your energy. Activity leads to a more vibrant, optimistic attitude. It also makes it easier to stick with other healthy habits.

Cool moves
5 TIPS FOR EXERCISING IN THE HEAT

WHETHER YOU’RE OUT for your daily run or a power walk, be smart in the heat. As the mercury rises, so does your risk of getting painful muscle cramps or feeling light-headed when you exercise—or even becoming so overheated that your life is at risk.

And while hot weather can make anyone sick, it’s particularly risky for people who work out in it. A key reason: Both exercise and high temperatures increase your core body temperature.

Despite this double threat, you don’t need to skip warm-weather workouts. But the five precautions that follow are a must to protect you from a heat-triggered illness, including heatstroke, a potentially deadly medical emergency. These safeguards are especially important when it’s humid. Humidity keeps sweat from evaporating, which is how your body cools down in the heat.

Now, here are the specifics:

1 HYDRATE, HYDRATE, HYDRATE. Don’t wait to drink until you’re thirsty. By the time you’re actually thirsty, your body is well on the way to becoming dehydrated, which makes it hard to sweat and cool down.

How much should you drink? Generally, it’s a good idea to drink 7 to 10 ounces of fluid every 15 to 20 minutes during exercise, according to the American Council on Exercise. Water is fine. But if you exercise continuously for more than an hour or two, you need a sports drink to replace lost electrolytes.

Check with your doctor about how much fluid to drink if you take water pills or you’ve been advised to limit fluids.

2 USE COMMON SENSE. Work out in the cooler parts of the day, either early in the morning or early in the evening. When it’s hot out, also dial back the intensity and length of your workouts. And strongly consider moving your workouts inside—to a gym, for example.

3 DRESS FOR THE WEATHER. Wear loose, lightweight, light-colored clothing.

4 EASE INTO THE HEAT. Not used to exercising in high temperatures? Then give your body time to adjust by gradually increasing how active you are over 7 to 10 days.

5 PAY ATTENTION TO YOUR BODY. Stop all activity and get to a cool place if you feel faint or weak.

Additional sources: American College of Sports Medicine; American Heart Association; Centers for Disease Control and Prevention

If you like to exercise outdoors, consider the walking trail on the campus of Southeastern Health Park, located at 4901 Dawn Drive in Lumberton between exits 20 and 22 on Interstate 95. The Health Park sits on a 26-acre campus and is circled by a walking trail, which all area residents—not just patients—are welcome to enjoy.

Southeastern Health operates fitness centers in Lumberton, Red Springs and Pembroke. For membership information, call 910-738-5433.
MEDICINES often play a role in keeping us well. But when misused, they can also be dangerous.

Taking too much or too little of a medicine can harm your health. And mixing some medicines with other medicines is unsafe.

Such problems are a big risk for older adults, who tend to use more medicines than younger people. In fact, experts say people 65 and older are twice as likely as younger people to end up in hospital emergency rooms because of problems with medicine.

Take with care
You can do a lot to help protect yourself from problems with medications. Follow these tips:
• Know the names of all your medicines and why you use them.
• Write a list of all the medicines you use, and take this list to doctor appointments. This will help your doctor check if any of the items are dangerous in combination or inappropriate for you. Include prescription drugs and all your over-the-counter medicines, such as cold and pain medicines.

Also include any vitamins or herbal products you take. Having all your prescriptions filled at one pharmacy can also help, the pharmacist can keep an eye out for possible problems.

• Follow the directions. Don’t take more or less of a medicine than advised.
• Call your doctor if a medicine doesn’t seem to help. You may need a different medicine or dose.
• Don’t stop using a medicine without consulting your doctor.
• Call your doctor if you develop any problems after using a medicine. This may include rashes, stomach problems or any other side effects. Your doctor can adjust the dose or give you another medicine that works better for you.
• Don’t break up tablets or capsules unless directed. This can affect how well medicines work.
• Never use anyone else’s prescription medicine.
• Turn on the light when it’s dark so you can make sure you’re taking the correct medicine.
• Throw away outdated medicine. Your pharmacist can tell you how to do so safely.
• Always store medications where children can’t get to them.
• Use a calendar or a pillbox to help you remember to take your medicines daily. Sticky notes on the refrigerator can help too.

Before using a new medicine
If your doctor prescribes a new medicine, ask:
• How will it help me?
• Are there any side effects?
• When should I use it, and how much should I take?
• Should I take it with food or before or after meals?
• Should I avoid certain foods when using it?
• What should I do if I forget to take it?
• Where is the best place to store it? Does it need to be kept cold?

Speak up
Be sure to talk to your doctor if you have any concerns about medicines you use.

Sources: National Institute on Aging; Centers for Disease Control and Prevention

Southeastern Pharmacy Health Park now open!
Southeastern Health has opened a new retail pharmacy on the campus of Southeastern Health Park. The Southeastern Pharmacy Health Park, located at 4901 Dawn Drive, Suite 1200, in Lumberton, is open Monday through Friday from 9 a.m. to 5 p.m. In addition to prescription medications, the pharmacy offers over-the-counter medications and general health and beauty supplies. The pharmacy is open to the general public and is a convenient option for patients of The Surgery Center at Southeastern Health Park, as well as patients of the medical offices located within the Southeastern Health Park facility.

For more information or to transfer a prescription, call 910-671-4223.

SeHealth operates two other retail pharmacies: one at Southeastern Health Mall on the campus of Biggs Park Mall, and one on the campus of Southeastern Regional Medical Center. All locations offer low prices for prescriptions as well as retail items.
Campbell University’s Jerry M. Wallace School of Osteopathic Medicine and Southeastern Health recently announced that they have received approval to create the first osteopathic emergency medicine residency program in the state of North Carolina.

The program received full accreditation status from the American Osteopathic Association and will be transitioning to accreditation by the Accreditation Council for Graduate Medical Education as the two accrediting bodies unify over the next five years.

“This is the first emergency medicine residency created in collaboration with the school and will supply caring and expert Emergency Department physicians the state so desperately needs,” says Robert Hasty, DO, FACOI, associate dean of postgraduate affairs at Campbell. “We are thrilled for this approval, and I know it is going to make a big difference for the communities who will benefit by having these well-trained physicians.”

“Southeastern will be a fantastic site for these physicians to train,” says Elizabeth Gignac, DO, founding program director for the Southeastern Health Emergency Medicine Residency Program. “By joining the five other established emergency medicine residency programs in the state, our program will help meet the current and future emergency medicine needs in North Carolina.”

The Campbell University School of Osteopathic Medicine (CUSOM) opened in August 2013 and became the first new school of medicine in North Carolina in over 35 years. Its goal is to educate and prepare community-based osteopathic physicians in a Christian environment. CUSOM is committed to developing residency programs around the state for its graduates, especially in hospitals positioned to meet the needs of rural and underserved communities. According to the National Rural Health Association, 75 percent of residency graduates from rural programs will practice in rural locations.

John Kauffman, DO, dean of Campbell’s medical school, says, “This residency program is one of many new programs CUSOM is developing to advance the mission of educating and preparing physicians to care for the rural and underserved populations in North Carolina, the southeastern United States and the nation.”
FAMILY TIES

Your history may reveal clues about your heart

WHENEVER YOU LOOK in the mirror, you see your father. You share his brown eyes and crooked smile. And because his recent heart attack is never far from your mind, you wonder if the two of you share something else as well: a vulnerability to heart disease.

Your concern is certainly understandable. Still, it may—or may not—be warranted.

“When doctors talk about family history as a major risk factor for heart disease, they’re referring to a history of early heart disease,” emphasizes Cardiologist Vincent Bufalino, MD, a national spokesman for the American Heart Association.

He adds: “Heart disease is so common that family history by itself isn’t necessarily a concern. Much more significant is when your family members developed it. It’s not a concern when they develop heart disease in their 80s. But it is when it occurs early.”

Know your history
So exactly how do doctors define a family history of early heart disease? Generally, says Dr. Bufalino, it means that you have:

• A first-degree male relative (such as a father or brother) who developed heart disease before age 55.
• A first-degree female relative (such as a mother or sister) who developed heart disease before age 65.

“This type of history does raise your risk of heart disease. And the more family members you have with heart problems and the earlier those problems started, the greater your risk,” says Dr. Bufalino.

Those heart problems that you need to be aware of include:

• Heart attack.
• The need for bypass surgery or balloon angioplasty.
• Sudden cardiac death.

Protect yourself
If early heart disease does run in your family, be sure to let your doctor know.

“You need to say, ‘You know what—my dad died at 39 of a heart attack. I’m 35. What should I be doing?’” says Dr. Bufalino.

That question—what should I do?—is crucial. Safeguards such as exercising regularly, watching what you eat, and controlling your cholesterol, blood pressure and weight are important for your heart, even without a family history of heart disease.

But they’re especially important if you’ve inherited a tendency toward heart disease. In that case, any safeguards your doctor advises can help ensure that history doesn’t repeat itself.

For more information about treatment for heart disease through Southeastern Health Heart and Vascular, log on to www.southeasternheart.org.
Change up your get-fit vocabulary

**FUN. CONVENIENT. REWARDING.** These may not be the first words that leap to mind when you think of exercise. But they could be. There’s no reason exercise has to be a drag to be good for you. Here are some ideas—from the American Council on Exercise, the American Heart Association and others—to change the way you think and feel about your workouts:

**Fun.** Experiment a little—try several types of exercise to see what appeals to you. Biking, tennis, swimming, gardening and hiking are among your many options. Or try an exercise class—you might enjoy the energy and motivation that it can generate.

You can also bring some fun to an activity. Load your portable music device with some favorite tunes; then head out for a walk. Or put your treadmill or stationary bike in front of the TV, and watch while you work out.

**Convenient.** Make exercise a regular part of your daily schedule. Once it’s on the calendar, you’re much more likely to stick with it.

Consider scheduling exercise time with a friend. It’s a great way to socialize, and you’re more likely to keep your workout appointment if someone is counting on you.

**Rewarding.** Keep track of your activity—how long you exercise, how many miles you walk or the number of laps you swim—and reward yourself when you reach your goals. Be sure to set reasonable goals, and don’t let lapses get you down. Just get back at it as soon as you can.

Southeastern Health now offers CrossFit–CrossFit QFE (Quest For Excellence), which is located at 109 24th St., Lumberton (beside Roses department store). For more information and a fee schedule, call 910-738-5433.

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**Tomato-cucumber salad with parsley and mint**

Makes 4 servings.

**Ingredients**

- 4 medium ripe tomatoes, seeded and chopped
- ½ medium cucumber, peeled, seeded and chopped
- ½ cup diced red onion
- 2 tablespoons fresh parsley, chopped
- 2 tablespoons fresh mint, chopped
- 1 tablespoon red wine vinegar
- 2 teaspoons olive oil
- 1 teaspoon Dijon mustard
- Salt and freshly ground black pepper to taste

**Directions**

- In a large bowl, combine tomatoes, cucumber, red onion, parsley and mint.
- In a small bowl, whisk together vinegar, oil and mustard.
- Add to tomato mixture and toss to coat.
- Season to taste with salt and black pepper.
- Serve chilled or at room temperature.

**Nutritional information**

Serving size: ½ cup. Amount per serving: 59 calories, 3g total fat (1g saturated fat), 8g carbohydrates, 2g protein, 2g dietary fiber, 45mg sodium.

Source: American Institute for Cancer Research
Know the risks of PAD

PEOPLE with peripheral arterial disease (PAD) are at high risk for heart attack, stroke and other problems. But since PAD often develops without symptoms, it can go undiagnosed and untreated. That's why it's important to know if you're at risk for PAD—and to talk with your doctor if you think you are.

Two types of risk
With PAD, there are risk factors you can control and those you can't. The second group includes:

- Older age. About 1 in 20 Americans over 50 has PAD. That risk grows with age.
- Race. PAD is more common among African Americans than any other racial or ethnic group.
- Family history. A family history of cardiovascular problems increases the risk for PAD.

Take control
There also are several risks you can control, including:

- Smoking, the No. 1 risk factor for PAD.

A history of smoking boosts risk by up to four times. Quitting can help. Talk with your doctor if you can't quit by yourself.

- Diabetes, which damages blood vessels. Controlling blood sugar lowers PAD risk.
- High blood pressure and unhealthy cholesterol, both of which harm blood vessels. Maintaining a healthy weight, eating a healthy diet and exercising all help improve blood vessel health.

Sources: American Heart Association; National Institutes of Health