

health~e~mail

news & views on wellness & health



“An ounce of prevention...”

Thomas H. Roberts, M.D.

President—Western Montana Clinic

Ben Franklin first said “An ounce of prevention is worth a pound of cure”. This idea has helped to shape our thinking for centuries. There’s probably nowhere that it makes more sense than when we consider our own health. What can we do to help ourselves and our family and friends live long and healthy lives? How can we prevent illness, or at least catch it at a time when treatment is still easy and even curative?

The first steps may be the hardest and we all know them, but don’t always do what we know is best. **Get regular exercise.** 30 to 40 minutes 5 or 6 times a week is best, but any exercise is good. Working it into a busy life schedule is sometimes hard but you can be creative. Walking instead of driving the car is a good first step. **Eat well.** I like Michael Pollan’s simple rules from his book “Food Rules: An Eater’s Manual”. Eat food (something your grandmother would recognize). Not too much. Mostly plants. **Don’t smoke.** Tobacco is one of the biggest sources of early disease and death. **Wear seat belts.** Don’t drink or text and drive.

Get Preventive Services. You can delay or lessen the effects of diseases by getting preventive services. These are screening tests to find disease early, and shots to keep you from getting dangerous infections. The new federal health care law makes changes in Medicare and Medicaid, and in regular insurance policies, so that they strongly encourage “an ounce of prevention” in our health care. For standard Medicare policies this means that starting in January, 2011, Medicare will now pay fully for preventive “wellness” exam every year. This is in addition to the old program which covered a one time initial “Welcome to Medicare” exam. Medicare also continues to pay for many preventive services like flu and pneumonia shots, cancer screening, tobacco counseling, and blood testing for sugar and cholesterol.

For those with regular insurance policies, including high deductible policies, the new law encourages most plans to pay all the costs associated with preventive exams and tests. Although some existing plans may elect to remain as they have been, many people with insurance will find that starting in 2011, they do not have to pay any deductible to get coverage for preventive services. This means that getting a physical exam and screening tests like mammograms, pap tests, colon cancer screening, blood screening and immunizations will be paid in full by the insurance. Check with your own insurance company or human resource department to be sure, but get in and get checked.

Your primary care physician can be your greatest resource. Use them. Talk to her or him about your health. He or she can direct you to the right care at the right time, and can help with advice about how to stay well.



Myths about Hearing Loss

Submitted by:
Lynn Harris, AuD, CCC, SP/A
500 W. Broadway—5th Floor
Missoula MT 59802

As quantified in MarkeTrak there are a number of obstacles preventing people with hearing loss from seeking a solution for their hearing loss earlier in their life. In the latest syndicated piece (ARAcontent) addressed some of these obstacles.

Having trouble hearing? Listen to the truth behind hearing loss myths

Sure, you sometimes have to ask people to repeat themselves, and the volume knob on the car stereo is set much farther to the right than it used to be. But you can't be experiencing hearing loss – you're not a senior citizen. Hearing loss only affects the old, right?

Not necessarily. "Only 40 percent of people with hearing loss are older than 64," says Dr. Sergei Kochkin, executive director of the Better Hearing Institute in Washington, D.C. "The largest age group with hearing loss is people between 18 and 64 – about 19 million people compared to 14 million at retirement age. More than 1 million school-age children have hearing problems, as well."

The idea that hearing loss only happens to the aged – and is an unavoidable circumstance of aging – is just one of many commonly believed myths about the issue. The truth is that hearing loss affects all age groups. If you want to avoid hearing loss, it pays to know the truth behind the myths and the basics of hearing loss prevention.

Here are some common myths about hearing loss, and the truth behind the myths:

Myth: If I had hearing loss, my family doctor would have told me.

Truth: Only 15 percent of doctors routinely screen for hearing loss during a physical exam. Even when a doctor does screen for hearing problems, the results may be suspect since most people with hearing problems hear pretty well in quiet environments – like a doctor's office. Without special training on hearing loss, it may be difficult for your family doctor to even realize you have a hearing problem.

Myth: Nothing can be done about my hearing loss.

Truth: People with hearing loss in one ear, with a high-frequency hearing loss, or with nerve damage may have been told by their family doctor that nothing can be done to help. Modern technology has changed that. Now, nearly 95 percent of people with hearing loss can be helped, most with hearing aids.

Myth: Only people with serious hearing loss need hearing aids.

Truth: Your lifestyle, your need for refined hearing and the degree of your hearing loss will determine whether you need a hearing aid. If you're in a profession that relies on your ability to discern the nuances of human conversation – such as a lawyer, teacher or group psychotherapist – even mild hearing loss can interfere with your life.

Myth: Hearing aids are big and ugly. Wearing one will make me look old or disabled.

Truth: Untreated hearing loss is far more noticeable than today's hearing aids. If you miss the punch line of a joke, or respond inappropriately to a comment or question, people may wonder about your mental capacity. Hearing aid makers realize people are concerned about how they will look wearing a hearing aid. Today, you can find miniature hearing aids that fit totally within the ear canal or behind your ear, making them virtually invisible.

Myth: Hearing loss is an inevitable part of growing older and there's nothing I can do to prevent it from happening to me.

Truth: You can take steps to prevent hearing loss. Noise is one of the most common causes of hearing loss; 10 million Americans have already suffered irreversible damage to their hearing from noise. Yet a third of all hearing loss could be prevented with proper ear protection.

Myth: I cannot afford hearing aids

Truth: There is a wide price range in hearing aids on the market just like there is for other consumer products. In addition the BHI has identified close to a 100 sources for financial help in their eGuide "Your Guide to Financial Assistance with Hearing Aids".

If you work in a high-risk profession, make sure your hearing is protected according to OSHA regulations, and wear hearing protection such as foam or silicone plugs or earmuffs. At home, lower the volume on the TV, radio, stereo and any device that uses earbuds or headphones. Wear ear protection while mowing the lawn or blowing leaves or snow. Buy quieter products (compare decibel ratings) and reduce the number of noisy appliances running at the same time in your home. Before taking a new medicine, be sure to ask the doctor about any possible side effects on your hearing.



To learn more about hearing loss, treatment for hearing loss and hearing loss prevention, visit the Better Hearing Institute online at www.BetterHearing.org. Or take the BHI's online hearing test at www.hearingcheck.org.



SAFETY TIPS FOR WINTER WALKING

By: Jeff Brooks, PT

The presence of ice and snow on the roads and sidewalks can make winter a hazardous time for walking. There are some easy measures to try to make walking safer but the risk still exists with these uncertain surfaces. Some simple measures that can help are removing snow and ice, using sand or salt on slick surfaces and wearing the right footwear

when out and about. A recent review of an article by the Canada Safety Council on safe winter walking revealed some of the following tips:

- √ Choose a good pair of winter boots that are both warm and stable. Look for insulated and waterproof boots that are light in weight and have non-slip treads. Wide, low heels are also preferable for stability.
- √ Ice grippers can be helpful when you walk on hard packed snow and ice, but be careful as these grippers can become dangerously slippery and should be removed before walking on smooth surfaces.
- √ If you are utilizing a cane, try to get an ice pick end to improve grip and traction of the cane on ice and snow. Make sure to flip it up when you get back on to smooth surfaces.



Some tips for walking on ice are also found in this article.

These include: Slow down and plan your next move; Spread your feet so that you create a wider base of support; Let your knees bend slightly. This will lower your center of gravity and will help stabilize your body. Try to keep your body loose and try not to lock your knees straight; Take short small steps. Some people prefer to shuffle their feet, which is fine to do. Try to place your whole foot on the ice at once and remember to keep a wide base of support.



It's always best to try to avoid potentially hazardous walking conditions but there are times when that is not possible. Try to be prepared when you are out in the winter going for a walk or simply walking to get to an appointment. There are other tips and information found in this article that I would encourage you to read. Best of luck during the winter season and BE SAFE out on those slippery surfaces.

Disclaimer / Terms of Use

This information is provided to you with the understanding that it is not to be interpreted as medical or professional advice. The information should not replace the advice of your physician. All medical information presented should be discussed with your healthcare professional.

If you signed up to receive this document via email, be assured that Western Montana Clinic does not sell, rent, or lease our customer lists to third parties.



Phone: 406.721.5600

Fax: 406.721.3907

www.westernmontanaclinic.com

email: wmcinfo@wmclinic.com