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Transforming medical research into treatments

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**Learn how “sleep divorce” can impact your relationships and health:** [HMHforU.org/SleepDivorce](https://HMHforU.org/SleepDivorce).
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Visit HMHforU.org for these stories and other great health care content.
Celebrate Your Health Journeys

Every issue of HealthU magazine—and every month on HealthU Online—our patients courageously share their personal stories of trials and triumphs to inspire others who may face similar challenges. This issue, we’re spotlighting one of those brave individuals, Adriana T., and her incredible journey to sobriety.

As a busy wife, mother and professional, Adriana slowly progressed from the occasional drink to frequent use of alcohol. After years of hiding her addiction from her loved ones, she decided she wanted to reclaim her life. With help from Blake Recovery Center at Carrier Clinic, Adriana has found a joy in recovery that she didn’t think was possible. Read her story on page 15.

It can certainly be heartbreaking to witness someone you love struggle with addiction, but there are ways to support them through it. On page 14, we include tips for helping a spouse or partner who is in recovery or taking steps toward sobriety.

If you are ready to take the first steps toward taking control of your addiction, we offer addiction services across the state. We may have celebrated National Recovery Month in September, but we all know that substance use disorder and addiction don’t begin and end in a calendar month.

Speaking of months to raise awareness of critical health issues, this October, we commemorate Breast Cancer Awareness Month—celebrating survivors, remembering those we have lost and envisioning a future free from breast cancer. Learn about the latest advances in breast cancer screening on page 22.

If you are due for breast cancer screening, don’t wait. Early detection provides the greatest hope for successful treatment. You can quickly and easily schedule an appointment online by scanning the QR code on this page.

We hope this fall finds you spending plenty of time with your loved ones, sharing your own brave health journeys and celebrating stories of triumph.

Robert C. Garrett, FACHE, CEO
Hackensack Meridian Health
Five Benefits of Strength Training

Strength training isn’t just for serious athletes or those looking to build bigger biceps. It can be a beneficial part of anyone’s exercise regimen. “While any person can benefit from strength training, it is even more important if you have had a hand or wrist injury or are trying to manage a chronic condition like joint pain or osteoarthritis,” says Katrina A. Dy, physical therapist at JFK Johnson Rehabilitation Institute. “Strength training is also an important part of rehabilitation if you’ve had a hip or knee replacement surgery.”

Katrina offers five benefits of complementing aerobic exercises with strength training.

1. **Increased muscle mass.** Strength training builds muscle and makes you stronger. “You’ll be able to more easily accomplish daily tasks, whether that means playing with your kids or grandkids or carrying a heavy load of groceries into the house,” Katrina says.

2. **Improved metabolism.** Strength training improves your body’s ability to use fat for fuel. “Muscle mass is an important factor in helping you burn more calories even when your body is at rest,” Katrina says.

3. **Improved bone health.** Strength training has been linked to an increased rate of bone formation and greater bone density. This can help prevent fractures and reduce the risk of osteoporosis.

4. **Decreased injury risk.** Strength training helps improve your sense of balance, range of motion and mobility—all of which can reduce the risk of injury or falls.

5. **Reduced symptoms.** By strengthening muscles, you can help reduce some symptoms of certain chronic illnesses, such as arthritis, diabetes and heart disease.
Curb Your Stress Eating

Stress eating happens when we experience an emotional reaction to stress and use food to cope. Here’s what you should know.

Stress eating happens to many of us. “Stress or emotional eating can take several different forms, from avoiding meals altogether to overeating in response to feelings of anxiety or sadness,” says Vedavani Tiruveedhula, M.D., psychiatrist at Old Bridge Medical Center and Raritan Bay Medical Center. “It’s not unusual for us to turn to food when we’re feeling overwhelmed, but the physical and emotional consequences of chronic stress eating can be serious.”

Dr. Tiruveedhula provides 10 signs that you might be involving food in stress management:

1. Eating a large amount of food in a short period of time
2. Skipping meals due to stress or anxiety
3. Snacking in the evening or when you are having trouble sleeping
4. Having intense cravings for certain types of food, particularly during high-stress times
5. Grazing on unhealthy snacks throughout the day
6. Eating even when you realize you are not hungry
7. Feeling guilty after eating
8. Turning to comfort foods when feeling overwhelmed
9. Gaining weight unexpectedly and without decreased activity
10. Feeling out of control around certain kinds of foods

How to Relieve Stress Without Food

- Meditation or relaxation techniques: Practicing deep breathing or conscious awareness of your thoughts and body can help reduce tension and regulate your emotions.
- Mindful food shopping: A simple “hack” for reducing stress eating is to make good decisions in the supermarket aisle. If it’s an unhealthy food you are likely to turn to during times of stress, consider not buying it.
- Exercise: Exercise releases endorphins, hormones that reduce stress and boost feelings of happiness. Regular exercise can help us manage our emotions in healthier ways rather than turning to stress eating.
- Social support: Social support from family members or friends can provide us with an outlet to share our feelings and experiences with people we trust.
- Journaling: Keeping a personal journal can be a helpful way to identify our emotions, process our thoughts and recognize triggers.
- Talking to a professional: A behavioral health specialist can work with you to develop healthy stress management strategies, identify triggers and provide guidance on making positive lifestyle changes.

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If you need professional support for your mental health, find a doctor near you at HMHforU.org/MentalHealthDoc.
Turkey Chili Verde

Serves 4

Ingredients
- 1 tablespoon olive oil
- 1 medium onion, chopped
- 3 garlic cloves, minced
- 1 green bell pepper, chopped
- ½ 4-ounce can whole green chiles, seeded and chopped
- 8 ounces ground turkey breast
- 1 12-ounce can tomatillos, seeded and chopped, with juice
- 1 tablespoon chili powder
- 1 tablespoon ground cumin
- 1 teaspoon dried oregano
- 4 tablespoons fat-free sour cream
- 2 green onions, chopped fine with green portion
- ¼ cup low-sodium, low-fat cheddar cheese, shredded

Steps
- Heat olive oil in large saucepan over medium heat.
- Add onions, garlic, bell pepper, chiles and ground turkey. Sauté until turkey is lightly browned and vegetables are soft, about 8–10 minutes.
- Add white beans, tomatillos, chili powder, cumin and oregano. Bring to a boil, then turn heat down and simmer for 30 minutes.
- Serve and add sour cream. Garnish with cheddar cheese and green onions.

Nutritional Information
Per serving: 408 calories, 31g protein, 56g carbohydrate (12g fiber), 6g fat (1g sat, 5g mono/poly), 136mg sodium

Find more recipes and tips for healthy eating at HMHforU.org/HealthyEating.
When should I start getting a mammogram?

Simone Mays, M.D., weighs in:

Most women should start mammogram screening for breast cancer at age 40. If you’re at high risk for breast cancer, your doctor may recommend you begin screening even earlier. Frequent screening enables early detection, which can save lives.

The U.S. Preventive Services Task Force has revised its recommendations on mammogram screenings, suggesting that women undergo screenings every other year, starting at age 40, rather than waiting until age 50 as previously advised. This update aligns with expert groups like the National Comprehensive Cancer Network, American Society of Breast Surgeons, American College of Obstetricians and Gynecologists, Society of Breast Imaging and American College of Radiology. However, these groups recommend annual screening as opposed to biannual.

The recommendation to begin mammogram screenings at age 40 is not intended to cause fear but to provide protection. Statistics show that 20 percent of breast cancer cases occur in women in their 40s, and early detection means more options for treatment.

Are gel manicures safe?

Michelle Lomotan, M.D., weighs in:

Gel nail polish must be exposed to ultraviolet (UV) light in order to harden. UV lamps used at nail salons emit UV radiation, which increases skin cancer risk. While there isn’t a strong connection between getting gel manicures and developing skin cancer, any exposure to UV radiation has the potential to raise skin cancer risk.

People who get frequent gel manicures expose their hands to more UV radiation. Getting weekly gel manicures is riskier than going once or twice a year.

Try these ideas to protect your hands:

- Apply sunscreen to your hands before you use the UV nail dryer.
- Wear fingerless UV protection gloves.
- Save gel manicures for special occasions or once or twice a year.
- Get a dip manicure instead that offers chip-resistant nails without UV exposure.

Scan the QR code to schedule a screening near you.
How do I know if I need to quit drinking?

Michele Scasserra, LCSW, LCADC, CCS, weighs in:

For someone who can have one glass of wine and be satisfied, perhaps alcohol isn’t an issue. But for those who “chase the buzz,” it can certainly snowball. It’s important to look at the way you consume alcohol and how it makes you feel not just in the moment but afterward, and how it affects your life overall. That can help you decide if you need to make changes.

Warnings signs include:

- You are drinking more than you used to.
- Your periodic social drinking has become drinking at home alone.
- You aren’t able to stop drinking once you start.
- You black out while drinking.
- You are drinking in secret from your family and friends, and you are hiding liquor around your home.
- You engage in risky behavior like driving under the influence.
- Your daily life, including your job, relationships or school, has been affected by drinking.
- You feel sick all the time and are not taking care of yourself physically or emotionally.
- You’ve gained or lost weight.
- You feel more agitated or irritable.
- You are sad, depressed or feel anxious.
- You have a family history of addiction.

Everyone is different: One person may be able to have one drink and move on. Another can have a sip that leads to drinking to the point of blacking out. If you are genetically predisposed to alcoholism, it’s important to know that. But in general, every person is different, and there is no universal rule.

Is it too late to get a flu shot this year?

Ofer Avi Werthaim, M.D., weighs in:

The Centers for Disease Control and Prevention recommends that all adults and children older than 6 months should get flu shots annually. The timing is important. Experts recommend getting vaccinated around late October because it should offer you protection for the entire flu season.

But even if you miss the late October window, it’s not too late to get the flu shot. Cases of the flu typically peak between December and February, but the influenza virus spreads differently every year—usually beginning in November, sometimes going as late as April or May.

Getting a flu shot now will offer you protection for the remainder of the flu season. You can get one in:

- Your doctor’s office
- A walk-in clinic
- A local flu shot clinic
- Your workplace if your employer offers them

Learn more at HMHforU.org/QuitDrinking.

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Learn more at HMHforU.org/FluShot.
Doctor Spotlight

SUMAIYA IQBAL, M.D.
Internal medicine doctor
Hackensack Meridian Medical Group Primary Care—Piscataway

Because both her parents are physicians, Sumaiya Iqbal, M.D., listened to many fascinating discussions about medicine around the dinner table when she was young. Back then, she couldn’t contribute nearly as much to the conversation as she can now, as an internal medicine doctor at Hackensack Meridian Medical Group Primary Care—Piscataway.

Dr. Iqbal treasures time with her family—her husband and two young children, whom she considers her greatest gift—and she makes them a priority, as she does her patients. Originally from Rochester, New York, Dr. Iqbal attended medical school at the State University of New York at Stony Brook, then spent time in Manhattan for her residency. Now, she’s right at home in the Garden State, surrounded by family and friends.

Happy to converse with patients in English, Spanish or Urdu, Dr. Iqbal is eager to foster long-standing relationships with them and document their journeys as they use her advice to improve their overall health.

What specific advice do you find yourself offering frequently?
I will talk about the basics, including what they eat and doing enough movement. I focus on similar principles to MyPlate, from the U.S. Department of Agriculture, emphasizing portion control. Half a plate should be produce—fruits and vegetables—with one-quarter grains or starch and one-quarter protein. I want my patients to be more mindful about what they eat, and journaling helps with that. Everyone’s diet needs and preferences are different.

What is your best advice for your patients about movement?
If you break down the national physical activity recommendations, 75 minutes of vigorous or hard-to-talk activity comes out to 11 minutes a day, and 150 minutes of moderate activity (meaning you can talk or sing) would be 22 minutes a day. You could split that into two 11-minute sessions or five to six minutes done four times in the day. That seems a lot more doable than hearing that you must do 75 or 150 minutes a week.

To make an appointment with Dr. Iqbal or a doctor near you, call 800-822-8905 or visit our website: HMHforU.org/FindADoc.
Spotlight on health topics that matter the most to you

Power up Your Defenses
Four ways to boost your immune system as the weather changes this fall.

Decrease inflammation.
Incorporate more anti-inflammatory foods into your diet, including olive oil, tomatoes, green leafy vegetables, fatty fish and berries.

Fight stress.
Work in short meditation breaks throughout the day where you can focus on deep breathing exercises.

Get outdoors.
Add an extra layer and hat, and spend time outdoors to soak up some fresh air.

Get vaccinated.
Stay up to date on your flu vaccine and COVID-19 vaccine and boosters.

For more inspiration on healthy living, visit HMHforU.org.
Are Cancerous Breast Lumps Painful?

Our diagnostic radiologist details what a cancerous lump may feel like and other symptoms to watch.

Philip Lakritz, M.D.
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If a woman feels a painful lump in her breast, does that mean it’s cancer? The vast majority of the time, the answer is no. But there’s a caveat, says Philip Lakritz, M.D., diagnostic radiologist at Old Bridge Medical Center and Raritan Bay Medical Center.

“Historically, it’s been said that if a lump is painful, it’s probably not cancerous,” Dr. Lakritz says. “While painful lesions often aren’t cancerous, rarely they can be. Any lump should be brought to the attention of a health care provider, whether painful or not.”

What Does a Cancerous Tumor Feel Like?

Dr. Lakritz describes how a cancerous breast tumor may feel:
- Painless
- Hard mass with angular edges
- Similar to what the edge of a knuckle feels like
- A lump that remains fixed in place when you try to move it with your fingers

Additional signs of suspicious breast lumps can include:
- Swelling around the breast, collarbone or armpit, which can occur even before you feel a lump
- Redness, thickening or dimpling of the skin, which can resemble an orange peel
- A newly retracted or inverted nipple (where the nipple points inward toward the breast instead of outward)
- Discharge from the nipple, especially if it’s bloody

When to Get Screened for Breast Cancer

Nearly 300,000 new cases of invasive breast cancer will be diagnosed in the United States in 2023, according to the American Cancer Society. Since most cases are detected by mammograms—a low-dose X-ray that detects changes in breast tissue—it’s wise to undergo screening when you’re eligible.

Annual mammogram screenings should begin at age 40, but women who are at higher risk should begin screening sooner.

What to Do if You Find a Breast Lump

Most breast lumps are benign, meaning they’re not cancerous. Other types of lumps can include cysts or tough, fibrous masses called fibroadenomas.

“In younger patients, most of these lumps are benign,” Dr. Lakritz says. “But if a woman is post-menopausal and develops a mass—painful or not—that would be more likely to be cancerous than for someone in her 20s or 30s.”

Regardless of age, women should see a doctor to investigate any breast lump. Some information to prepare in advance can include:
- Additional context about the lump’s size and location
- Whether the lump is growing and, if so, how fast
- Any skin or nipple changes
- If you’ve suffered recent trauma to the breast, such as an accident or fall
- Birth control use or fertility treatment
- Details about the lump’s appearance in relation to the timing of your last menstrual period or recent pregnancy

“Don’t wait to see your primary care doctor or gynecologist. Go to whomever you feel most comfortable with,” Dr. Lakritz says. “The most important thing is to bring it to someone’s attention. There’s no mass on the breast that should be ignored.”

Scan the QR code to schedule a breast cancer screening near you.
The 411 on Mammograms

Knowing what to expect during a mammogram can help alleviate anxiety and make the process go smoothly.

A mammogram is an X-ray of each of your breasts, which is used to detect early breast cancer. Here’s what you should know about the screening.

What Can I Expect During a Mammogram?

- You will be asked to undress from the waist up and given a gown for covering.
- Your technician will guide you to stand in front of the X-ray machine.
- Each of your breasts will be placed between two plastic plates, one at a time.
- The technician will lower the plastic plate that will flatten your breast so the breast tissue can be examined best.
- The technician will guide you through the process and positioning.
- Multiple images will be taken from different positions for accurate results, and the whole process should take about 15 minutes to complete.

“While the screening itself may be uncomfortable for a few minutes, it’s well worth it. A regular mammogram screening is the best test to detect early breast cancer,” says Norman Sorkin, M.D., diagnostic radiologist at Old Bridge Medical Center and Raritan Bay Medical Center.

What Happens After a Mammogram?

After your mammogram, the technician will look at your pictures to make sure they don’t need to take any additional X-rays. After that, a radiologist will read your mammogram results.

At some facilities, a radiologist will review your results while you are there; at others, you’ll receive the results at a later time. If you don’t hear about your results within a week, call your doctor.

Don’t be alarmed if you’re required to schedule additional imaging. It might be because you have dense breast tissue or images weren’t clear and need to be retaken.

“As with doing anything for the first time, you may be nervous for your mammogram, but remember the team is there to support you and help you feel comfortable,” says Dr. Sorkin. “Don’t hesitate to ask questions or ask for information to be repeated. If you have concerns, feel free to voice them.”

Tips to Prepare for Your Mammogram

- Avoid scheduling during your period: Schedule your mammogram one or two weeks after your period, as your breasts can be tender during your period.
- Set ample time for your appointment: Schedule your mammogram appointment on a day and time when you are free to avoid being rushed.
- Skip deodorant that day: Do not wear deodorant, powder, lotion or perfume on the day of your exam, as they can interfere with results.
- Leave the jewels at home: Avoid wearing any jewelry, as you will be asked to take it off before your screening.
- Don’t wear a dress or one-piece: It is recommended that you wear a two-piece outfit so you can keep your lower clothing on during the screening.
- Bring previous mammogram results: If you’ve had mammograms at other facilities, bring your records so your doctor can compare your results.
- Remember your important documents: Bring your medical insurance card, ID and any prescription information with you to the facility where you are scheduled for mammogram.
Support System

Our addiction specialist offers seven ways you can support your spouse or partner who is newly sober or taking steps toward sobriety.

It can be heartbreaking to witness someone you love struggle with alcohol addiction. “Alcohol has become an increasingly common part of so much of society and social gatherings, which makes it even more difficult to support a loved one facing an alcohol addiction,” says Joseph Verret, M.D., MPH, chief of Addiction Services at Carrier Clinic.

It’s important to understand that while your loved one’s alcohol addiction is a serious issue, there are ways you can help and support them through it.

Dr. Verret offers seven tips to help a spouse or partner who is newly sober or is taking steps to get sober.

1. **Create an alcohol-free shared space.** “For someone who is newly sober or seeking treatment for alcohol addiction, it can be incredibly helpful to live in an alcohol-free home, and spouses and partners can facilitate creating a temptation-free and less stressful home environment,” says Dr. Verret.

2. **Anticipate your loved one’s triggers.** “Triggers, or situations and feelings that lead to an urge to drink, can be a common occurrence for someone in recovery,” says Dr. Verret. Common triggers may include:
   - Stressful situations
   - Watching others drink alcohol
   - Feeling alone or isolated from others
   - Being around certain people or in certain places

3. **Know that medications can help.** “There are medications, like naltrexone, Campral and Vivitrol, that can help curb alcohol use,” Dr. Verret says. “These can be most effective when they are combined with therapy and support groups.”

4. **Celebrate your spouse’s progress.** Help your spouse or partner celebrate milestones toward sobriety. For example, celebrate with a special meal, a trip or a sweet treat to mark the occasion.

5. **Have patience.** “Remember that recovery takes time and patience, and it doesn’t always happen in a linear fashion,” says Dr. Verret. “Be prepared to be generously patient and supportive throughout a process that may include two steps forward and one step back.”

6. **Prioritize your self-care.** When supporting a loved one with any medical condition, it’s easy to put aside your own needs. “Remember that self-care is essential for everyone,” says Dr. Verret. Take time each day to focus on yourself and do something that brings you joy or makes you feel relaxed and refreshed.

7. **Avoid accusation if you think your partner is relapsing.** Approach your spouse with honesty and without judgment. “There may be moments of concern and doubt when you see behaviors that seem familiar from prior to recovery. Calmly express your concern in a loving way,” says Dr. Verret.

**When Your Spouse Is Reluctant to Get Sober**

If your spouse or partner is reluctant or unwilling to take steps to get sober—or even unaware of their addiction—an intervention led by a professional might be an option. “Interventions can be effective, usually as a last resort, with loved ones sharing how the addiction is affecting the individual and family. But interventions typically come with specific consequences, so they should be carefully considered and planned as a family,” says Dr. Verret.

He continues: “Most people with an addiction want to change but do not know where to begin and find endless reasons to delay or avoid the topic. Rather than give ultimatums, patiently ask if they are truly happy. If not, calmly ask what is preventing them from going into rehab. The reasons they give for not ‘being ready’ are often distractions but show they know they need treatment. That can be a reason for hope.” ☞

Go Online
For information about Blake Recovery Center at Carrier Clinic inpatient detox and rehab services, call 800-933-3579.
Adriana T. says she’s gotten “her wings back” and has been given a second chance after alcohol addiction treatment.

At the height of her alcohol addiction, Adriana T. felt like two women. One insisted she didn’t need to drink, while the other whispered, “Yes, but I want more.”

The Somerset, New Jersey, wife and mother was painfully aware of her alcohol dependence. The problem crept up gradually: Adriana had been a social drinker for years, sipping wine at parties before realizing in her late 40s it was no longer “doing the job.” She then switched to vodka, hiding bottles around her home so they would be readily accessible yet out of sight for her husband and family.

Adriana maintained a full-time job, never missed family commitments and believed she was successfully hiding her increasing alcohol use from her family and friends. But by late 2021, she saw dramatic changes in the mirror that she could no longer deny. Her hair had thinned significantly, she saw a gray paleness on her face, and she used heavy concealer to cover bruises from bumping into things while intoxicated.

The toll on her body was more than external. Routine health tests such as blood pressure and cholesterol revealed her body was going haywire. “I wanted to change my life because I had no life,” recalls Adriana, now 57.

Seeking the Help She Needed
On Christmas Day 2021, Adriana told her husband, John, that she was packing a bag and would check in the next morning at nearby Blake Recovery Center, an addiction treatment center at Carrier Clinic.

Adriana’s first phase of her 28-day inpatient treatment protocol involved a medically monitored detox process. After her physical dependence began to ebb, Adriana participated in structured daily group and individual counseling sessions. In the evenings, people in recovery attend Alcoholics Anonymous, Narcotics Anonymous or Smart Recovery meetings—the latter an alternative to higher power-based group paradigms.

“We tailor everyone’s plan to the individual because everyone is different,” explains Michele Scasserra, LCSW, LCADC, CCS, director of substance abuse counseling services at Blake Recovery Center.

The caring, supportive staff made a lasting impression on Adriana, which Michele says is the norm. “I’ve had patients tell me this is the safest they’ve felt,” she says. “After feeling so alone and isolated in their addiction for so long, when people arrive here, they are instantly welcomed into a caring community that knows what they are feeling and going through.”

Reveling in Everyday Moments
After she went home, Adriana continued to attend 12-step recovery program meetings, along with one-on-one counseling sessions. “I sacrificed years of my life and health for a drink,” she says. “Now, I’ve put that chapter behind me to get back my life. I got my wings back, and I am able to fly again.”

Adriana now “pays it forward” in any way she can. As a frequent speaker at Blake Recovery Center, welcoming people newly entering treatment, she helps others find their wings. She revels in ordinary moments that she previously missed out on, spending time with her husband and grown daughter and enjoying hobbies that include needlepoint and photography.

“I now feel fulfilled with the everyday moments of joy, peace and beauty that I was missing when I was consumed by thoughts of the next drink, and I got a second chance to enjoy them,” she says.

Watch Adriana share her story of overcoming alcohol addiction: HMHforU.org/Adriana
Playing Through a Concussion

If an athlete gets back into the game after a concussion and sustains a second hit, they can experience second impact syndrome. Here’s what that means.

Not long ago, a student-athlete who took a hit to the head was told to “shake it off” and get back in the game. Today, coaches and athletic trainers recognize the inherent danger of that philosophy. But even everyday activities like falling off a bike without wearing a helmet, skateboarding or any activity that can result in a fall where the head and neck take a hit can cause brain injury.

What Happens During a Concussion?

Christine Greiss, D.O., director of the Concussion Program at JFK Johnson Rehabilitation Institute, describes a concussion as similar to having your brain shake inside your skull like a baby rattle. “That abrasive movement can cause a disruption in brain activity, as well as blood flow. While the brain is in recovery, it can cause overall brain activity to be very slow,” she says.
This slow-down in brain activity can include:
- Sensitivity to noise
- Fatigue
- Difficulty thinking clearly and learning new material, making school participation difficult

**Why Returning to Play Can Be Fatal**
If an athlete gets back into the game after even a very mild concussion and sustains a second hit, they can experience second impact syndrome, which exponentially increases the likelihood of serious brain injury.

Second impact syndrome occurs when a second injury occurs before the brain has time to recover and heal from the first injury. This second injury can cause symptoms such as disorientation, fatigue and even sudden death from the immediate brain swelling caused by the re-injury.

According to the Sports Medicine Resource Manual, this syndrome carries a mortality rate of approximately 50 percent.

In the United States, most reports of second impact syndrome have been in football players, but it has also been noted in hockey players and boxers.

It most commonly occurs among adolescent males 14–16 years old.

In addition, younger brains are more susceptible to malignant cerebral edema. In this condition, the brain swells so fast right after the blow that the flow of blood and electrical impulses in the brain are disrupted. This results in headaches, dizziness, blurred vision, nausea or vomiting, confusion, lack of awareness, unconsciousness and even death.

**What to Do for a Concussion**
Treatment for a mild concussion involves rest and a slow return to normal physical and academic activities as symptoms recede. Patience is key, as this can take time—up to a few weeks.

Don’t hesitate to consult with a medical professional who is experienced in treating head injury to assess the injury and develop an appropriate recovery plan.

Go Online
Make an appointment with a concussion specialist near you: HMHforU.org/ConcussionDoc.

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**How to Test for Concussion**

**What tests can you do at home to tell if you or someone in your home has a concussion?**

Unlike in team sports, there’s no doctor or trainer on the sidelines at your home to assess you after you trip over the vacuum cleaner cord and face-plant into the floor. So what tests can you do at home to tell if you or someone in your home has a concussion?

Christine Greiss, D.O., director of the Concussion Program at JFK Johnson Rehabilitation Institute, weighs in.

**Signs of Concussion**

<table>
<thead>
<tr>
<th>Changes in daily functioning</th>
<th>Eye pain and/or eye fatigue</th>
<th>Headache</th>
<th>Changes in sleep patterns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neck pain or stiffness</td>
<td>Imbalance, dropping things, bumping into things</td>
<td>Impaired depth perception (having difficulty seeing the distance between two items)</td>
<td>Difficulty remembering things</td>
</tr>
</tbody>
</table>

Any of these symptoms may be a cause for concern. Above all, if you don’t feel “right,” get checked out. “The earlier you seek treatment, the better,” Dr. Greiss says.

**What Will Your Doctor Do?**

If you seek medical care, your doctor will do a concussion assessment that consists of:

- **Balance test:** Standing with feet together and eyes closed; standing with one foot in front of the other and eyes closed; and standing on one leg with eyes closed.
- **Cognitive evaluation:** Checking to see if you know where you are and why you’re there, your ability to name things, verbal fluency, recall and working memory.
- **Visual test:** Testing the eyes for the ability to track objects moving back and forth and to move inward.
- **Brain imaging:** Additional testing, including brain imaging, such as a CT scan.

A mild concussion isn’t likely to have long-term effects unless there are underlying neurodegenerative issues, such as a history of strokes or repeated brain injury. But you should still see your doctor sooner rather than later because the concussion assessment will allow your doctor to develop a treatment plan tailored to your injury. And that will put your brain on the road to recovery.
Give It a Shot?

Cortisone shots can provide pain relief for a variety of conditions. Our expert shares when you should consider getting one—and when you shouldn’t.

Chronic pain can be extremely disruptive and limiting to everyday life. Thankfully, modern medicine has achieved various pain remedies and solutions, including cortisone shots, which can provide relief for a variety of conditions. But when should you consider getting one?

Michael J. Cunningham, M.D., orthopedic surgeon at Old Bridge Medical Center and Raritan Bay Medical Center, explains what a cortisone shot is and when a doctor may recommend one.

What Is a Cortisone Shot?
“A cortisone or steroid shot is a potent anti-inflammatory medication,” says Dr. Cunningham. It delivers a high dose of a human-made drug that resembles the hormone cortisol directly to a problem area of the body.

The injection reduces inflammation in a given area, and in the case of systemic inflammation, it can dampen the body’s immune response and provide significant pain relief within 48 hours after the injection.

Who Should Get a Cortisone Shot?
Dr. Cunningham says there are many conditions that might need a cortisone shot, including:
- Joint pain in shoulders, knees, hips, etc.
- Osteoarthritis
- Rheumatoid arthritis
- Inflammatory conditions
- Tennis elbow (irritation of the tissue connecting the forearm muscle to the elbow)
- Bursitis (inflammation of the bursae, fluid-filled pads that cushion spaces around bones)
- Trigger finger (condition that makes the fingers difficult to move)

“Generally, cortisone shots are only considered after other therapies have failed. Sometimes, they can be given as an initial treatment if the pain is severe and we want to pinpoint an area,” Dr. Cunningham says.

Downsides to Cortisone Shots
Cortisone shots are not the first line of defense for a few reasons:
- The effects of a shot don’t last forever. Everyone responds differently, but relief typically lasts for a few weeks to a few months. For some people, the shot provides enough relief to break the inflammation cycle, allowing the body to heal. But for those with chronic pain conditions, a series of shots might be needed.
- Shots must be limited in use. As Dr. Cunningham explains: “Most orthopedic surgeons don’t like to give cortisone shots repetitively because, while it’s good to relieve inflammation and pain, it can also lead to degenerative changes of the cartilage lining the joint.” Doctors usually won’t give a patient more than three to four shots per year.

Due to the risk of joint degeneration and the potential need for repetitive shots, in many cases, other treatments may be considered first. These include:
- Massages
- Hot and cold compresses
- Other less aggressive anti-inflammatories
- Physical therapy

Who Shouldn’t Have a Cortisone Shot?
Dr. Cunningham notes that cortisone shots are generally safe for most people, with a few exceptions:
- People with diabetes because steroid shots can elevate the blood sugar for a short period of time after the injection
- People who may be allergic to one of the preservatives in the shots

“While cortisone shots may not be the best option for first-line treatment, they can be a safe and effective option for people who are experiencing significant pain or who cannot find relief through other treatments,” says Dr. Cunningham. 🌟

How healthy are your hips or knees? Take our health risk assessment.
Minimally invasive treatment after a serious back injury restored Olympic dreams for Tarrin Gilliland.

Tarrin Gilliland has always been afraid of heights. But that hasn’t stopped her from competing in platform diving—where she spins, twists and somersaults into pools from a three-story perch—and becoming a standout in her sport. “This has challenged me to face many fears in my life,” says the 20-year-old student at Indiana University, a two-time NCAA collegiate champion. “I’m not really a risk-taker, but through diving, I can express myself in a totally different way. I love the thrill of it.”

Tarrin’s fortitude was put to the test when she suffered a serious back injury that threatened to derail her diving career, including plans to compete in the Olympic Trials to represent Team USA in the 2024 Olympics in Paris. A day after weight-lifting in spring 2022, Tarrin woke up in extreme pain. A large herniated disc compressing a nerve in her lower spine proved so debilitating that she couldn’t dive or even sit or stand for very long.

Told she would need potentially career-ending back surgery to repair the problem, Tarrin came to the Hackensack Meridian Neuroscience Institute at JFK University Medical Center for minimally invasive treatment—performed, coincidentally, by a former Olympic swimmer—that successfully flipped the script.

Precision Treatment for Back Injury

After Tarrin’s injury, she underwent treatment in Indiana that involved corticosteroid injections in the area around her spine. But they didn’t work. Doctors there told her surgery was her only other option, but her diving coach hatched another plan.

One of her coaches had long ago competed against Ronald Karnaugh, M.D., who specializes in pain medicine, physical medicine and rehabilitation, spine intervention and sports medicine at JFK and represented Team USA as a swimmer in the 1992 Summer Olympics in Barcelona. Might Dr. Karnaugh be able to salvage Tarrin’s Olympic dreams?

The answer was yes. After evaluating Tarrin’s situation, Dr. Karnaugh proposed injecting corticosteroids into specific areas near her spine. The treatment, though similar to what Tarrin underwent in Indiana, differed in crucial ways and avoided surgery.

“I knew the injections had to be done in an area that was more precise and consistent with where the nerve was irritated and inflamed from the large disc herniation,” Dr. Karnaugh explains. “The last thing you want is major surgery on a diver, who relies on the flexibility and mobility of her spine. In all likelihood, her career as a world-class diver would have ended.”

Delivering a Personal Touch

The night after the complication-free procedure in January 2023, Dr. Karnaugh hosted Tarrin and her boyfriend at his home. There, he was able to impart some unique perspective about overcoming adversity.

Dr. Karnaugh’s father suffered a fatal heart attack at the 1992 Olympics opening ceremony. “I shared with her that personal tragedy had also set me back as an athlete on a world stage at the biggest moment of my life,” he recalls. “I shared how I was able to cope and get through it, and how it made me the stronger person I am today.”

Tarrin drew inspiration from her doctor’s show of compassion and trust. “Other people didn’t understand the goals I wanted to achieve,” she says. “But knowing that Dr. Karnaugh had that mindset made me trust him even more.”

Today, Tarrin is virtually pain-free, back in the pool and laser-focused on her Olympic ambitions. She may need follow-up corticosteroid injections, but not if her recovery continues as expected. “My whole diving career was on the line, and it’s liberating being back in the water doing something I didn’t think I’d be able to do again,” she says.
CPR 101

Knowing CPR can save lives. Here are five simple steps to remember if you find yourself in an emergency situation.

CPR—or cardiopulmonary resuscitation—is a fundamental part of basic first-aid training. Luckily, the average person doesn’t need to use it in their everyday routine, but knowing CPR can save a life.

What Is CPR?
CPR is a lifesaving technique that can be used when someone’s breathing or heartbeat has stopped. “CPR helps keep oxygen-rich blood flowing to vital organs until medical treatment can restore the heart pumping,” says Aaron Feingold, M.D., cardiologist at JFK University Medical Center, Old Bridge Medical Center and Raritan Bay Medical Center. “A lack of oxygen to the brain can cause damage in a matter of minutes.”

To learn CPR correctly, you should take an accredited course. However, even untrained individuals can help in emergency situations.

Hands-only CPR
There are two versions of CPR. The first version is for health care providers and those who are professionally trained. This method uses chest compressions and mouth-to-mouth breathing. This is generally performed at a ratio of 30 compressions to two breaths.

The second version is for the general public or bystanders: hands-only CPR.

According to the American Heart Association, approximately 90 percent of people who suffer a cardiac arrest outside a hospital setting die. But CPR, especially if administered immediately, can significantly improve a victim’s chance of survival. And hands-only CPR has been shown to be as effective within the first few minutes as full CPR.

5 Steps to Remember CPR

1. **Check for safety:** Before starting CPR, you need to check the environment to see if it’s safe for the person and yourself.

2. **Check for responsiveness:** If the person is not responsive, check their breathing. Attempt to wake the person by tapping their shoulder and asking loudly if they are OK.

3. **Call 911:** If the person doesn’t respond and is having difficulty breathing or is not breathing, call 911 immediately.

4. **Get the person in position:** Place the person on their back on a firm, flat surface.

5. **Apply chest compressions:** Put the heel of one hand in the center of the person’s chest and the other hand on top. Push hard and fast at 100–120 beats per minute. “Try doing compressions to the beat of a song, such as ‘Stayin’ Alive,’ ‘Walk the Line’ or ‘Hips Don’t Lie,’” Dr. Feingold says.

“If you’re ready to become CPR certified, there are many classes available. Find one near you at HMHforU.org/Events.”

Aaron Feingold, M.D.
Cardiologist
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Edison, Old Bridge and Monroe Township
Silent Attack

Is it possible to have a heart attack and not know it? Learn about silent heart attacks and how they differ from typical ones.

A silent heart attack—also known as a silent myocardial infarction—is a type of heart attack that often goes unrecognized. That’s because its symptoms are mild enough to be nearly undetectable by a person.

“More typical heart attacks come with a host of well-known and sometimes dramatic symptoms,” says Saleem Husain, M.D., interventional cardiologist at JFK University Medical Center. “Silent heart attack symptoms lack this intensity and can be mistaken for minor chest discomfort, indigestion or other less serious problems.”

Silent Heart Attacks vs. Typical Heart Attacks

“Silent heart attacks involve blockage of blood flow to the heart and damage to the muscle,” Dr. Husain says. “In this sense, they are no different from any other heart attack. Their differences lie in how they manifest through noticeable symptoms.”

Typical heart attack symptoms include:
- Pain in the back or belly
- Stabbing sensation in the left arm, neck, jaw or teeth
- Sudden shortness of breath
- Sweating
- Dizziness or lightheadedness
- Nausea or vomiting

Symptoms of silent heart attacks are much more subtle—if they exist at all:
- Feeling as if you have a sore or strained muscle in your chest or upper back
- Fatigue or stress
- Indigestion
- Flu-like symptoms
- Discomfort that doesn’t go away when you move

Risk Factors of a Silent Heart Attack

Silent heart attacks account for about 20 percent of all heart attacks, according to 2022 data from the American Heart Association. Risk factors for any heart attack include:
- Being overweight or obese
- Lack of exercise
- Diet high in cholesterol, salt and unhealthy fats
- High blood pressure
- High cholesterol
- Tobacco use
- High stress

“Identifying and treating risk factors is crucial to reducing the chance of having a heart attack,” says Dr. Husain. Additionally, certain genetic factors increase your risk of having a heart attack. “Cardiovascular risk, in general, can be inherited from one generation to the next,” Dr. Husain says. “If your parent or sibling is affected by a heart attack, your risk is increased.”

How to Tell if You’ve Had a Silent Heart Attack

Only an imaging test, such as an electrocardiogram (ECG), echocardiogram or CT scan, can identify a silent heart attack. “An ECG can show where the heart muscle is damaged,” says Dr. Husain.

A heart attack of any kind is an emergency. Even if you aren’t confident that you’re having a heart attack, it’s important to call 911 right away.

Are you at risk of a heart attack? Schedule a heart screening near you.

Saleem Husain, M.D.
Interventional cardiologist
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Plainfield and Piscataway
We’ve long been told that mammograms save lives. And it’s true: Compared with no screening, mammograms reduce breast cancer death rates among women ages 40 and older by 40 percent, according to the National Institutes of Health. The imaging test, which uses specialized X-rays, remains the gold standard for detecting smaller, more treatable tumors.

But there’s always room for improvement, and Hackensack Meridian Health leads the field in incorporating new technologies, guidelines and personalized approaches into its already robust offerings.

“Since early detection is the key to survival, and finding cancers at early stages permits less-aggressive and better-tolerated treatments, we employ the best technologists and use the latest technology for our patients,” says Gail Starr, M.D., MSEd, chief of Breast Imaging, Diagnostic Radiology, at Hackensack University Medical Center.

Adds Harriet Borofsky, M.D., medical director of Breast Imaging at Riverview Medical Center and Bayshore Medical Center: “Breast cancer is a disease that impacts a large number of healthy, vibrant women, and early detection is our best way to halt the natural progression and save lives.”
Breast cancer screening technology is improving every day. Here are three recent advances that have the potential to save lives.

Dr. Starr and Dr. Borofsky spotlight three recent breast cancer screening innovations and advances.

**Contrast Enhanced Mammography**
Available at Hackensack and Riverview, contrast enhanced mammography (CEM) is an alternative to highly sensitive breast MRI imaging for women considered at high risk of developing breast cancer due to:
- Personal or family history of the disease
- Genetic mutation
- Abnormal mammogram result
- Suspicious symptoms

CEM combines high-resolution 3D mammography with functional imaging. After a contrast agent is administered to the patient through an IV, the imaging test delivers information about blood supply, improving breast cancer detection.

“Because breast cancers generally have more blood flow, the contrast makes the cancers much easier to see than on a regular mammogram,” Dr. Starr says. “CEM also has fewer false positives, which means fewer additional views and biopsies are needed.”

**Artificial Intelligence**
At Riverview and Hackensack Meridian Health and Wellness Center at Eatontown, radiologists can get a “second read” on mammogram images using artificial intelligence (AI). After using computer-aided detection technology for decades, these facilities added AI capability in spring 2023, taking it to the next level.

After evaluating a woman’s 3D mammogram images, radiologists need only press a button to add an extra layer of sensitivity and specificity to their interpretation using AI. The technology is able to highlight and rank areas of concern in the breast while also detecting distortions in breast tissue that might otherwise be difficult to notice.

“These findings can be very subtle to the human eye, but AI is taught to recognize patterns,” Dr. Borofsky says.

**Personalized Risk Assessments**
Hackensack Meridian Health established a unique Breast Imaging Council in 2022 that meets monthly with the goal of “making sure all women placing their trust in our care are getting that high level of care,” Dr. Borofsky says.

One of the Council’s key initiatives is developing a personalized assessment of each woman’s breast screening needs that accounts for factors such as age, breast density, pregnancy history, personal and family history of breast and gynecologic cancers, and biopsy history.

“Not all women are the same in terms of their risk for breast cancer and what type of imaging—or combination—is needed for their screening,” Dr. Borofsky says. “If we’re able to report that risk, we can use it to help a woman and her doctors know the best imaging modality for her—if she needs ultrasound in addition to mammography, needs CEM or needs to see a genetic counselor. When we do this, it will be hugely innovative and impactful for women in our community.”

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**When to Get Screened**
In May 2023, the U.S. Preventive Services Task Force updated its guidance on breast screening, recommending that women undergo mammograms every other year starting at age 40 instead of waiting until age 50, as previously advised. The advice only reinforces Hackensack Meridian Health’s approach all along. Our experts had been advising patients to start mammograms at age 40 and continue annually long before the new guidelines, Dr. Starr and Dr. Borofsky note.

But the newly revised guidelines offer a benefit: They may prompt even more women to get screened at age 40 instead of 50. “This helps ensure cancers will be detected earlier, when treatments are less aggressive and more effective,” Dr. Starr says.

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Scan the QR code to schedule a breast cancer screening near you.

Harriet Borofsky, M.D.
Breast imaging specialist
800-822-8905
Red Bank and Holmdel

Gail Starr, M.D., MSED
Diagnostic radiologist
800-822-8905
Hackensack

HackensackMeridianHealth.org
We offer a number of programs to help keep our communities healthy. Topics range from general wellness to heart health, stroke, cancer care, women’s health and more. View some featured events below.

For a full listing or to register, visit HMHforU.org/Events or call 800-560-9990.

**Schedule**

Here are just a few of the events & classes this October 2023 through January 2024

**Special Events**

**The Holidays Are Coming! How Do I Cope?** Learn how to navigate the holiday season, family dynamics, the stress of everything needing to be done and how to get through it happily and with less stress.

*Oct. 25, 7–8 p.m., virtual event*

**Healthy Eating on a Budget** Finding it hard to eat healthy while you are on a budget? Join our registered dietitian and learn how you can make healthy food choices while keeping to your budget.

*Dec. 4, 12:30–1:30 p.m., Cullen Recreation Center, 1776 Union Ave., Hazlet*

**Pink Party: Breast Health** Join us and learn all you need to know about breast health.

*Oct. 20, noon–1 p.m., Old Bridge YMCA, 1 Mannino Park Dr.*

**Behavioral Health**

**Stress Management**

Does stress get the best of you? Learn effective coping skills and relaxation techniques you can do to reduce stress.

*Nov. 8, 7–8 p.m., virtual event
Dec. 6, 6–7 p.m., virtual event*

**Cancer Care**

**All About Fibroids** Karim ElSahwi, M.D., will discuss the symptoms and signs as well as the workup and treatment options for fibroids.

*Jan. 17, 6:30–7:30 p.m., virtual event*

- Is Lung Cancer Screening Right for Me? *Nov. 8, 10–11 a.m., virtual event*
- Stop Smoking with Hypnosis *Nov. 8 & Jan. 10, 7–8 p.m., virtual event*
Heart Health

Angioscreen  Learn your risk for heart attack and stroke. Includes carotid artery ultrasound, heart rhythm, blood pressure and screening for abdominal aortic aneurysm and peripheral artery disease (PAD). Receive a color report of your findings, educational material and a consultation with a registered nurse. Special rate: $49.95. Registration required. Call for dates, times and locations.

- Living with Heart Failure Nov. 1, 11 a.m.–noon, virtual event

Diabetes

Holiday Eating with Diabetes  With the holidays coming, it can be overwhelming when you are trying to eat healthy but have a good time. Learn how you can enjoy all of the holiday treats while still staying healthy during the season!

Nov. 7, 2:30–3:30 p.m., JFK Diabetes Center, 70 James St., Edison

Pediatrics

Parent/Guardian Talks

Common Digestive Issues  Learn from our pediatric GI experts about common digestive issues in children of all ages, what tips can help and when it is time to see a specialist.

Nov. 30, noon–1 p.m., virtual event

- My Child Can’t Concentrate  Speaker: Harshasu Barot, M.D., Jan. 25, noon–1 p.m., virtual event

- Safe Sitter  Visit HMHforU.org/Events for upcoming dates, or for groups of six or more, email COeventinquiries@hmhn.org for more information. Fee: $40, virtual event

- Safe at Home by Safe Sitter  Visit HMHforU.org/Events for upcoming dates, or for groups of six or more, email COeventinquiries@hmhn.org for more information. Fee: $15, virtual event

General Wellness

Benefits of Exercising with Osteoporosis and Arthritis  Join our fitness experts as they discuss and demonstrate exercises that will benefit osteoporosis and arthritis symptoms.

Jan. 12, noon–1 p.m., JFK Diabetes Center, 70 James St., Edison

- Free Wellness Screenings  Oct. 23, 10 a.m.–1 p.m., Project Paul, 211 Carr Ave., Keansburg
- Eating Healthy Around the Holidays  Nov. 16, 7–8 p.m., virtual event
- Sepsis: What You Need to Know  Nov. 15, 7–8 p.m., virtual event
- Weight-loss Surgery  To learn more about weight-loss surgery, attend a free seminar. Find a seminar near you at HMHforU.org/WeightLoss.
- Support Groups  Hackensack Meridian Health offers regular support group meetings. Learn more at HMHforU.org/SupportGroups.
More Than a Game

Former Rutgers football player Eric LeGrand is honored by his coach, Greg Schiano, with a generous gift to establish a new spinal cord treatment room.

Since his 2010 spinal cord injury that left him paralyzed from the neck down, former Rutgers defensive tackle Eric LeGrand has had multiple treatments and stays throughout Hackensack Meridian Health. But a recent visit to JFK Johnson Rehabilitation Institute ended in a big surprise.

Eric’s former football coach, Greg Schiano, and Coach Schiano’s wife, Christy, were there to unveil a new spinal cord treatment room: the Eric LeGrand Spinal Cord Injury Patient Care Room, made possible by a generous $250,000 from the Schianos. “Coach Schiano and Eric have a special bond, and we are so grateful for this generous gift from Greg and Christy, which will help us continue delivering groundbreaking, compassionate care,” says Robert C. Garrett, FACHE, CEO of Hackensack Meridian Health.

Upon seeing the room for the first time, Eric remarked about what it will mean for patients who need rehabilitative care. “Being in a wheelchair for 12 years now, I’ve seen places that are accessible and places that are not, and this room is completely state-of-the-art,” Eric says. “I’m really excited for the people that will get to use that room because it will really help their rehabilitation process.”

The spinal cord injury program at JFK Johnson offers both inpatient and outpatient treatment, support services, technology and techniques to maximize recovery. Included at JFK Johnson are two dedicated spinal cord injury treatment rooms with a variety of tools and technologies in an accessible space, combined with the clinical expertise needed to treat spinal cord injuries.

“Since his injury, Eric has worked tirelessly to make life better for others impacted by spinal cord injuries,” Coach Schiano says. “Making this gift in his honor was our opportunity to do the same. We are so proud of Eric and know that he has come so far thanks to a dedicated spinal cord program. Our gift ensures that others have the same options afforded to them.”

Adds Sara Cucurullo, M.D., chair, vice president, medical director, JFK Johnson: “This generous gift will help us to bolster our existing spinal cord injury program. We are so grateful to Coach Schiano and Christy for their compassionate giving, which will help so many people live life to their highest potential by ensuring we have the best clinical team and most state-of-the-art treatment options.”
Screen Savvy
What to know about breast cancer screening and when to start it.

Screening Saves Lives
Breast cancer screening with a mammogram is one of the most effective ways to find breast cancer in a person before they experience any symptoms.

When to Get Screened

Who: Women at average risk of breast cancer
When: Age 40
How Often: Annual mammogram as long as you are in good health

Who: Women at higher risk of breast cancer because of a BRCA1 or BRCA2 gene mutation
When: Age 25
How Often: Annual MRI, ages 25–30; annual mammogram alternating with MRI at six-month intervals, age 30+

Who: Women with history of chest radiation therapy
When: Eight years after radiation, but not before age 25
How Often: Annual MRI, ages 25–30; annual mammogram alternating with MRI at six-month intervals, age 30+

Who: Women at higher risk of breast cancer because of strong family history
When: Ten years prior to first-degree relative (mom or sister), but not sooner than age 30 and not later than age 40
How Often: Annual mammogram (supplemental screening with ultrasound or MRI might be indicated; risk assessment should be performed)

Talk with your doctor about which screening is right for you and when you should begin annual screening. Scan this code to schedule a breast screening at a location near you.
As the state’s largest, most comprehensive health network, Hackensack Meridian Health is made up of 7,000 physicians, 18 hospitals and more than 500 locations.

Our hospitals near you:

Knowledge Is Power

Breast cancer screening saves lives. Regular screening is one of the most effective ways to catch breast cancer in its earliest stages, when more treatment options are available and chances of survival are highest.

Breast cancer screening should begin at age 40, or possibly earlier if you have a family history of breast cancer. Schedule your screening today.

What to Do When You Find a Breast Lump Our expert shares what you should do if you spot a lump on your breast. Learn more at HMHforU.org/BreastLump.

5 Things an Oncologist Would Never Do Our radiation oncologist shares how she helps reduce her own cancer risk at HMHforU.org/CancerRisk.

For a complete list of our hospitals, services and locations, visit HMHforU.org/Locations.