Put Your Health First in 2022

When to Get Screened for Breast Cancer

Before you fast...

Physical Therapy for Arthritis

How to Avoid Heart Disease

Should You Drink Apple Cider Vinegar?

Para leer esta revista en español, visite HMHforU.org/Spanish2.
"We are grateful for our valued partnership with the Count Basie Center for the Arts," says Robert C. Garrett, CEO of Hackensack Meridian Health. "Research suggests that experiencing music and the arts can reduce stress, relieve pain, create energy and boost moods."
BetterU  Quick tips to help you live your healthiest life

What’s Your Resolution?

This time of year, many of us make promises to ourselves to live healthier lifestyles in the coming months, whether through exercise or diet. There is no denying the tremendous impact of a healthy diet and regular exercise on our overall health. If you need a little inspiration for setting some unique goals for the new year, turn to the back of this magazine for our ideas. Or, check out tips for a great workout for your heart on page 5 and what you should know about intermittent fasting on page 7.

Aside from diet and exercise, an equally important aspect of a healthy lifestyle is getting the right health screenings at the right time. Screenings are medical tests that check for diseases that may be right for you: HMHforU.org/Screening. If you delayed or skipped necessary medical care because of fear of COVID-19 exposure and limited access during the pandemic, this is the perfect time to put your health first by getting caught up. If you have a chronic condition and put off care, make an appointment with your doctor as soon as possible. Always consult your physician for individual care.

A little effort today can go far to ensure many healthy tomorrows. By making time for our health now, we can help prevent being forced to make time for later as a result of illness.

Robert C. Garrett, FACHE, CEO
Hackensack Meridian Health

INSIDE THIS SECTION
- How gut health is linked to mental health
- What to know about intermittent fasting
- Recipes for stormy weather comfort

5 Tips for a Great Workout

Personal advice from our cardiologist

“It’s incredibly important to be active, but it doesn’t have to be in the gym,” says Daniel Kiss, M.D., cardiologist at Jersey Shore University Medical Center. “Find what makes you happy, and get out there and do it.”

Dr. Kiss shares five tips about incorporating heart-healthy exercise into your daily routine:

1. Warm up before engaging in strenuous exercise. This allows your heart rate to rise slowly and manageably, and prepares your muscles for the workout ahead, preventing injuries.

2. Stretching is essential. Your whole body will benefit from regular exercise, but be sure to incorporate stretching as well, so you don’t tear or injure any muscles or joints. The good news is that stretching has benefits beyond the gym. It enhances your whole body’s flexibility and range of movement, which can benefit you all day long.

3. Two sessions of strength training a week are recommended. This could include lifting weights, using resistance machines or any form of body-weight exercises. Outside of the gym, stronger muscles help you with your daily activities and prevent injuries as you continue to exercise.

4. Strenuous exercise. This allows you to strengthen your heart and muscles for the workout ahead, as well as prepare your body for the workout ahead. For example, if you want to lose weight, it may be helpful to increase your exercise routine to fit your schedule, such as two 15-minute activities per day.

5. Exercises that help you relax and unwind are also powerful ways to prevent heart disease. Yoga is a great option, training both the body and the mind. It’s easy to get into—with no special equipment required—and classes and routines are available for all ages and levels of mobility.

Daniel Kiss, M.D.
Cardiologist
808-822-8965
Neptune
Mental Health Is Linked to Better Support Your Emotional and Mental Health

Mental health can be affected by various factors, including diet and lifestyle choices. Supporting your emotional and mental health is essential for overall well-being.

EMOTIONAL HARMONY

How Gut Health Is Linked to Mental Health

It’s important to keep your GI tract in tip-top shape. Here are tips for cleaning up your gut and, in turn, supporting your mental health.

How to Keep Your GI Tract in Top Shape

1. **Improve Your Diet**: If you’re experiencing a great deal of inflammation and irritation of the gut, consider eliminating dairy and gluten from your diet, as well as eating more organic and colorful fruits and vegetables. These steps may help heal your GI tract. Adding high-fiber and fermented foods to your diet will be useful, too. If you want additional guidance on how you can clean up your diet, consider nutritional counseling.

2. **Take Time for Self-Care**: Stress, depression, and anxiety have a huge impact on your gut health. Putting time aside to meditate and journal at some point during your day may help alleviate some of these feelings. Of course, there are times when our mental health may be too much to handle on our own. When additional support is needed, consider making an appointment with a mental health professional.

3. **Learn more about behavioral health services at Hackensack Meridian Health at HackensackMeridianHealth.org/MentalHealth**

5 Things to Know About Intermittent Fasting

Is intermittent fasting a healthy, effective and natural way to shed some pounds?

“Intermittent fasting is a pattern of eating where you withhold food for a certain amount of time, so you allow your body to use energy more efficiently,” says Nitin Patel, M.D., internal medicine specialist at Jersey Shore University Medical Center. “Research is still being conducted on how effective fasting is for weight loss, but the idea is that instead of using energy from intake, such as carbs, you can potentially break down fats.”

Here are five things you should know about intermittent fasting:

1. **You can drink during periods of fasting**: as long as it is a zero-calorie beverage and nothing is added, such as creamers or sweeteners. “A lot of people forget to drink water throughout the day and can become dehydrated,” Dr. Patel says.

2. **Before fasting, eat foods high in fiber**, such as nuts, beans, fruits, and vegetables, as well as foods high in protein, such as meats, fish, and tofu.

3. **Certain people should avoid fasting**, including those who are over the age of 65, those under the age of 18, people with diabetes, women who are pregnant or lactating, anyone with a body mass index below 13, cancer patients, anyone with an immunodeficiency and anyone with a history of an eating disorder.

4. **There are potential side effects of fasting**. “Some studies have shown that people tend to overeat and binge,” Dr. Patel says. “You can’t fast for two days and then eat 3,000 calories a day for the other five days. You have to eat healthy foods and meals within your caloric limit.”

5. **Intermittent fasting may not be sustainable in the long run**. “There is a higher drop out rate among intermittent fasters versus those on a calorie-restrictive diet, which suggests that fasting may not be a sustainable approach,” says Dr. Patel. “It’s a quick way to lose weight, but you can’t really do this for more than a few weeks.”

If hunger is a concern, don’t be afraid to break the fast. “Listen to your body,” says Dr. Patel. “If you find yourself getting light-headed, shaky or low-energy from not eating enough, grab some healthy food.”

Nutritional Information

Per serving: 245 calories, 12g protein, 42g carbohydrate, 5g fiber, 5g fat (1g sat, 4g mon/poly), 252mg sodium

Find more recipes and tips for healthy eating at HackensackMeridianHealth.org/HealthyEating
BetterU
WHAT’S TRENDING?  health topics we’re all talking about

Kunal Gupta, M.D., weighs in:

Normal bowel movement frequency depends on the patient. For some people, being “regular” means having a bowel movement once a week; for others, it’s twice a day. Color and consistency are also unique to the individual.

What people need to be concerned about isn’t so much their regularity, but a dramatic change in what has been normal for them, and whether the change is related to a chronic health condition such as diabetes, heart disease, or irritable bowel syndrome, or results from an acute situation, such as a viral infection, liver intolerance, or inflammatory bowel syndrome.

While most people are trying to avoid constipation, some want to avoid diarrhea or loose bowel movements. Loose bowel issues usually result from an acute situation, such as a viral or bacterial infection, and they typically resolve on their own in two to three days.

If exercise, probiotics and soluble fiber don’t help, consider discussing your symptoms with your doctor.

Why is staying regular important, and how can I do it?

Kunal Gupta, M.D., weighs in:

BetterU

To avoid constipation:

- Consume soluble fiber, found in oats, peas, beans, apples, citrus fruits, carrots, and barley. If exercise, probiotics and soluble fiber don’t relieve constipation, stool softeners, fiber supplements and osmotic laxatives might be recommended.
- While most people are trying to avoid constipation, some want to avoid diarrhea or loose bowel movements. Loosening issues usually result from an acute situation, such as a viral or bacterial infection.
- Just like with constipation, if there is no good reason to explain your loose bowel movements, you should talk to your doctor.

Getting IV fluids to make your headache, fatigue and nausea disappear may sound more appealing than lying in bed until the unpleasant symptoms pass, but there’s no validity to this type of treatment.

If you drink too much and wake up with a headache, there are ways to feel a bit better while your body recovers such as:

- Drinking water, chicken broth or other fluids to rehydrate
- Skipping hair-of-the-dog hangover remedies containing more alcohol
- Taking non-steroidal anti-inflammatory drugs like ibuprofen for a headache
- Avoiding acetaminophen, because it’s broken down by your liver, which is focused on clearing the alcohol from your system
- Using over-the-counter anti-nausea medication as needed
- If you are experiencing long-lasting symptoms of dehydration such as vomiting, diarrhea, lethargy, muscle cramps and increased thirst, seek treatment from a medical professional rather than an "IV lounge" or "drip bar."

Vape juices can contain the following ingredients:

- Nicotine
- Flavors that can be inhaled deep into the lungs
- Additives such as diacetyl, a chemical linked to serious lung disease
- Heavy metals, such as nickel, tin and lead
- Formaldehyde (embalming fluid)
- Benzene (found in car exhausts)

Should I drink apple cider vinegar?

Apple cider vinegar hasn’t been shown to aid with weight loss, despite what you may have read on social media, and it may be harmful if people ingest it the wrong way or at the wrong time of day. You may know someone who swears that apple cider vinegar has helped them curb their appetite or lose weight, but that information is anecdotal, not research-proven. Because apple cider vinegar is highly acidic, some people experience acid reflux after consuming it. People who are prone to heartburn, acid reflux or gastroesophageal reflux disease (GERD) should avoid consuming anything acidic at least 30–60 minutes before bedtime to minimize the chances of experiencing burning and discomfort.

Should I be concerned about secondhand vaping?

Nader Nakhleh, D.O., weighs in:

Vaping and secondhand vaping are just as dangerous as smoking and secondhand smoke. Secondhand smoking is the process whereby a bystander inhales both the smoke that comes from burning either a cigarette or a pipe and the smoke that is inhaled by the smoker into the air. Vaping is a little different given that it doesn’t burn and there is no smoke, but the process of inhaling secondhand fumes is essentially the same. Allowing vapor to enter your body—even as a bystander—puts you at risk for health concerns similar to those associated with secondhand smoking.

Does IV hydration cure hangovers?

Mihir Patel, M.D., weighs in:

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**Who Should Get Screened?**

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. “Breast cancer is the second leading cause of cancer death in women in America,” says Harriet Borofsky, M.D., breast imaging specialist and medical director of the women’s centers at Bayshore Medical Center and Riverview Medical Center. “An early breast cancer diagnosis is your best hope for a cure. Plus, treatment options can be less aggressive and better tolerated when cancer is detected early, so having regular mammograms is crucial.”

While there is no concrete way to prevent breast cancer, annual mammograms have reduced the mortality rate by 40 percent. Routine breast cancer screening is important for all women because most women who get breast cancer have no family history of breast cancer or significant risk factors.

“In addition to these general guidelines, women of color have the highest breast cancer mortality rate and are more likely to receive an advanced-stage diagnosis,” Dr. Borofsky says. “All women should have a risk assessment before age 30, so those at higher risk can be identified—especially women of color and Ashkenazi Jewish descent.”

### When to Get Screened

<table>
<thead>
<tr>
<th>Who</th>
<th>When to Start</th>
<th>How Often to Repeat</th>
</tr>
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<tbody>
<tr>
<td>Women at average risk of breast cancer</td>
<td>Age 40</td>
<td>Annual mammogram as long as you are in good health</td>
</tr>
<tr>
<td>Women at higher risk of breast cancer because of a BRCA1 or BRCA2 gene mutation</td>
<td>Age 25</td>
<td>Annual mammogram alternating with MRI at six-month intervals, age 25 and above</td>
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<tr>
<td>Women with history of chest radiation therapy</td>
<td>8 years after the radiation, but not before age 25</td>
<td>Annual mammogram, age 25–30; annual mammogram alternating with MRI at six-month intervals, age 25 and above</td>
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<tr>
<td>Women at higher risk of breast cancer because of a strong family history</td>
<td>10 years prior to the first-degree relative’s diagnosis (mom or sister), but no sooner than 30 and no later than 40</td>
<td>Annual mammogram (suspected screening with ultrasound or MRI might be indicated; risk assessment should be performed)</td>
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### Is Genetic Testing Right for You?

Genetic testing is encouraged for anyone who is at an increased risk of having inherited a gene mutation. You are more likely to have a BRCA gene mutation and should seek out genetic counseling and testing if you:

- Have a relative with a known BRCA1 or BRCA2 mutation
- Have a personal history of breast cancer or Ashkenazi Jewish ancestry
- Have or had breast cancer that was diagnosed before age 50
- Have a personal history of two or more types of cancer
- Have three or more family members with breast cancer
- Have a male relative with breast cancer

“Genetic counseling is often recommended for those seeking genetic testing to help people better understand what their results mean in regard to their health,” explains Catherine Campos, D.O., FACOS, breast surgeon at Riverview Medical Center and Bayshore Medical Center. “A positive test result means you carry the BRCA gene mutation, while a negative result means that no mutation was found. However, an uncertain result means that a BRCA mutation was found, but doctors aren’t certain of its association with increased cancer risk. A genetic counselor is very helpful in explaining the significance of these test results and what steps should be taken next.”

### When to Consider Surgery

If you test positive for a BRCA1 or BRCA2 gene mutation, you may want to consider the ways you can reduce the risk of developing cancer in the future. According to the National Cancer Institute, a prophylactic (preventive) mastectomy in women who carry a BRCA1 or BRCA2 gene mutation can reduce the risk of developing breast cancer by 90–95 percent.

“Prophylactic mastectomy, removing both breasts before any breast cancer diagnoses to reduce the risk of breast cancer developing in the future,” says Dr. Campos. “The BRCA gene mutations are rare, affecting only 0.2 percent of the U.S. population, but it is always best to identify and reduce any potential risk of cancer as early as possible.”

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If you are at high risk of developing breast cancer, talk with your medical team about all of your options, and lean on the support and guidance of a breast surgeon, medical social worker, and even mental health professionals to help you find the right path, says Dr. Campos.

“The decision to have surgery to reduce the risk of breast cancer is a major one,” says Dr. Campos. "It's important to have a thorough discussion with your medical team to ensure you understand all of your options before making a decision."
What Happens When Your Bone Breaks

Have you ever heard someone say that when you break a bone, the healing process makes it stronger than it was in the first place? This often-repeated notion may give you the idea that after your broken bone heals, it will be stronger than ever and won’t break again. But this isn’t actually true.

“Having had a previous break won’t protect you from breaking the same bone again if you happen to experience trauma to the same body part,” says William Baione, M.D., hip and knee joint replacement orthopedic surgeon at Jersey Shore University Medical Center and Old Bridge Bridge Medical Center. “Once your broken bone heals fully, it should be just as strong as the rest of your bones, so you won’t be more or less likely to break it than another bone.”

What Happens When Your Bone Heals

New cells form at the fracture site, connecting the broken pieces together. Initially, the callus is soft and made of collagen, but over time, it becomes harder due to calcium deposits that arrive to mend the bone.

Then, within days, a special callus forms at the break, which gradually helps reconnect the broken edges of bone.

Initially, the callus is soft and made of collagen, but over time, it becomes harder due to calcium deposits that arrive to mend the bone.

New cells form at the fracture site, connecting the broken pieces together.

Once the bone reconnects, the callus breaks down, so the bone retains its original shape.

Why the Break Site Is Briefly Stronger Than Surrounding Bone

A doctor should put you in a cast to keep you immobilized while your bone is healing. Because you aren’t using the injured body part while it’s in a cast, the bone becomes weaker. If you’ve ever seen someone’s arm side by side after a cast was removed from one, you know the unused arm temporarily atrophies due to lack of use.

At the same time, the fracture site is being fortified with calcium deposits and building itself back up. For this brief period of time, the calcium-fortified region of bone may be stronger than the surrounding healthy bone, which has weakened due to lack of use.

Strengthen Your Bones

There are more reliable ways to strengthen your bones than waiting for a broken bone to heal. Try adopting these six healthy habits to help keep any bones healthy:

1. Eat calcium-rich foods. Include cheese and other dairy products, green vegetables, such as kale and broccoli; and fortified foods and beverages, such as cereal and orange juice, in your diet. The recommended dietary allowance (RDA) for calcium is 1,000 mg for women up to age 50 and men up to age 70; then, the RDA increases to 1,200 mg.

2. Eat foods rich in vitamin D. This vitamin helps your body better absorb calcium. Fish, including salmon and trout, is an excellent source of vitamin D, and some foods and beverages are fortified with the vitamin. The RDA is 15 mcg (600 IU) for adults up to age 70; then, the RDA increases to 20 mcg (800 IU).

3. Exercise regularly. Weight-bearing exercise is best if you’re able, such as running, walking, stair-climbing, dancing, hiking and lifting weights.

4. Quit smoking. Smoking has been associated with weaker bones, and quitting will improve your health in immeasurable ways.

5. Exercise alcohol intake. When women have more than one drink per day or men have more than two drinks per day, it increases the risk of osteoporosis.

6. Ask your doctor if you need supplements. If your diet isn’t rich in calcium and/or vitamin D, your doctor may suggest you take daily supplements to boost your intake of these nutrients.

Go Online

Learn how our orthopedic experts are committed to helping you maintain optimal health, get moving and live life to the fullest at HMHealth.org/Ortho.

Suzanne D’Ambrose was just getting back to the ranch after a delightful autumn ride in September 2019. Suddenly, her retired Standardbred racehorse, “Indy,” experienced a freak stumbling accident and sent the experienced equestrian flying. Suzanne knew there was a problem as soon as she landed on her left shoulder. She told her companion, “I think I broke something.”

An ambulance took her to Jersey Shore University Medical Center. It was a familiar place; the 65-year-old from Neptune, New Jersey, had done her EMT training there years before.

Orthopedic surgeon Kenneth G. Swan, M.D., who specializes in sports medicine and shoulder surgery, was brought in. “The ball at the top of her humerus—the large bone in the upper arm—was pretty much shattered,” he says. While there were several possible treatment options, her age and desire to get back to her work with horses and kids made a partial hemiarthroplasty (in which an implanted metal device replaces the ball at the top of the humerus) the best option.

During Suzanne’s three-hour surgery, Dr. Swan repaired her shoulder while preserving her rotator cuff function—which was important to ensure Suzanne didn’t lose range of motion or strength in her shoulder.

Two days later, Suzanne left the hospital. She healed well, and three weeks later, she began physical therapy close to her home. That therapy continued for a year.

Dr. Swan describes the process of healing from this shoulder surgery: “The standard protocol is six weeks in a sling. Suzanne’s early physical therapy after three weeks began with gentle range-of-motion exercises. Strength training would begin in 10 weeks. Recovery takes a lot of time and can be painful.”

Suzanne remembers that, at the time of surgery, Dr. Swan was concerned that she might only regain about 60 percent of function in her shoulder. “I can get to about 100 percent of normal range of motion with my shoulder now,” she says. “Even Dr. Swan was shocked.”

It’s not a complete return to her pre-fall condition, though. “I know when I’ve done too much, and I know when it’s going to rain!” she says, laughing.

While she was itching to get back into the saddle, Suzanne had to wait six months before her healing and physical therapy results made it safe for her to ride again. Now that she’s healed, she is back to teaching kids about horses, including horse racing and horse massage, a specialty of hers. “She’s grateful for the help she received from Jersey Shore and Dr. Swan: “It’s amazing what I can do with my arm because of him.”

Learn more about care after a sports injury to get you back on your feet: HMHealth.org/SportsMedicine
If You Smoke, Stop
People who smoke have a greater risk for heart attacks compared to those who don’t. “Nicotine causes blood vessels to tighten and narrow, making it hard for blood to reach your heart muscle, and it temporarily raises blood pressure,” explains Brett Sealeove, M.D., FACC, RPVI, chief of cardiology at Jersey Shore University Medical Center. What’s more, the nicotine monoamine in cigarette smoke lessens the amount of oxygen that gets to the heart. If you smoke, talk with your health care provider about ways to quit. Medicines and nicotine replacements can help.

Make Your Diet Heart-Healthy
Eating fatty foods plays a part in the buildup of fat in your arteries, which can lead to blockages and increase your risk for a heart attack. “Limit red meats, salt, fried foods, sweets and added sugars,” suggests Dr. Sealeove. “Instead, opt for dairy products with ‘good fats,’ such as feta cheese, as well as other sheep and goat milk cheeses, like pecorino Romano; lean meats and fish; whole grains; and fruits and vegetables.” Choose cooking oils made with unsaturated fats, such as canola and olive oils.

Set Exercise Goals
Exercise gets your heart pumping, helping your body use oxygen better and strengthening your heart. It can also decrease your blood pressure and the amount of fat in your blood. “Talk with your health care provider before starting an exercise program, and begin slowly, especially if you haven’t been active for a while,” Dr. Sealeove recommends. Start with short sessions, such as 10-minute walks, and gradually increase the length of your workouts to at least 30 minutes, five days a week.

Track Your Blood Pressure
“Make sure your blood pressure is in the healthy range or under control. New guidelines suggest keeping systolic pressure [the first number] less than 130 and diastolic pressure [the second number] less than 80. Making smart choices, like eating a diet low in sodium, exercising regularly, avoiding tobacco, reducing stress and limiting alcohol, will decrease your risk of developing high blood pressure,” says Dr. Sealeove.

Watch Your Weight
Being overweight and obese are major risk factors for heart disease. If you are overweight, losing weight can decrease your risk. Reaching or maintaining an ideal weight also helps lower your blood pressure and cholesterol levels.

Stress Less
“Continued and elevated stress has been consistently linked to health problems, including an increased risk for heart disease and stroke,” says Dr. Sealeove. Try to keep your stress level low by exercising, sharing your concerns with friends and family, and making some quiet time for yourself each day. In addition to making these healthy changes, don’t forget about screenings. The American Heart Association recommends regular screening for heart disease risk beginning at age 20 and cholesterol tests every four to six years if you’re at normal risk.

Ways to Avoid Heart Disease
You know how important your heart is. Are you treating it with the care it deserves?

Upwards of 80 percent of heart disease is preventable, but many people don’t realize that their daily habits and lifestyles can overwork and damage their hearts. If you are not leading a heart-friendly lifestyle, it’s time to take better care of your heart and yourself. Start with these changes.

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Grateful Heart
Thanks to cardiac catheterization, TJ Bellissimo avoided a massive heart attack after a 90-percent blockage was found.

At 54 years old, TJ Bellissimo of Manahawkin, New Jersey, felt pretty good. Once in a while he’d get a little discomfort in his chest, but he shrugged it off as a little indigestion. But one day while at work, the discomfort became something he couldn’t ignore. “I felt a lot of discomfort in my chest and started holding my chest,” he says.

TJ visited a nearby walk in clinic, where the medical team told him he needed to get to a hospital right away. He drove himself to the emergency room at Southern Ocean Medical Center, where he was seen immediately.

Searching for Answers
Tests, including an electrocardiogram, chest X-rays and bloodwork, showed nothing out of the ordinary. With no indication that he was having a heart attack, TJ expected to be sent on his way, but interventional cardiologist Jasrai Gill, M.D., insisted he have a cardiac catheterization.

When Dr. Gill performed the cardiac catheterization, a 90-percent blockage was found in the left anterior descending artery.

“The need for a cardiac catheterization is based on clinical aspects: a history and getting a good sense of the patient’s story as well as objective evidence that helps you do a baseline risk assessment,” Dr. Gill says.

Following the catheterization, TJ was transferred to Jersey Shore University Medical Center in order for cardiologist James Orlando, M.D., to put stents in his blocked arteries. “If TJ’s blockage hadn’t been found when it was, he could have had a significant heart attack,” Dr. Orlando says.

An Excellent Prognosis
TJ’s blockage required two stents. But he didn’t have any damage to his heart, which gave him an excellent prognosis following the stenting procedure.

TJ will be on blood thinners for about a year, and he is taking part in cardiac rehab three days a week.

“I feel like a million bucks at this point. I’m so happy to be alive. And I’m so happy that I have my hospital and my doctors around me,” TJ says. “My care from all my doctors, all the nurses that touched me—it was just a great experience.”

Check your risk for heart disease with a CT calcium scoring scan: HMHforU.org/CalciumScan.

HackensackMeridianHealth.org
Guillain-Barré syndrome (GBS) is a rare neurological disorder in which a person’s immune system attacks their own peripheral nervous system. According to the National Institutes of Health’s National Institute of Neurological Disorders and Stroke, GBS is estimated to affect about one in 100,000 people each year.

The cause of GBS is not known, says Jan Wollack, M.D., adult and pediatric neurologist at Jersey Shore University Medical Center. “It is random,” he says.

How Does It Happen?
GBS is not genetic or contagious. Typically, it will start within a few days or weeks of a respiratory or gastrointestinal infection, Dr. Wollack says. What appears to happen is the immune response to a bacterial or viral infection—or very rarely, vaccination—triggers a more aggressive response that causes the immune system to attack the body.

One theory is that part of a person’s immune system mistakenly perceives the sheathing around nerves—a fatty covering called myelin—as a threat. To counter this “threat,” the immune system produces antibodies that attack the myelin, which leads to nerve damage that causes muscle weakness, paralysis and, in some cases, nerve pain, Dr. Wollack says.

What Are the Signs?
“GBS affects all age groups and typically presents as weakness and loss of reflexes in the legs,” says Dr. Wollack. Mild cases may resolve on their own, but severe cases can progress from having multiple daily seizures to being unable to attend school and thrive.

GBS includes:

- Tingling in the feet or hands
- Pain (particularly in children)
- Weakness on both sides of the body
- Unsteadiness or coordination problems
- Difficulty swallowing, speaking or chewing
- Digestive and or bladder control problems

How Is It Diagnosed?
In addition to a physical assessment, which includes testing reflexes in the limbs that are experiencing weakness, key diagnostics are an MRI and a spinal tap (also called a lumbar puncture) to get a sample of spinal fluid. Those with GBS tend to have more protein than usual in their spinal fluid and fewer than usual white blood cells.

How Is It Treated?
Generally, if diagnosed early, GBS is treatable with therapies such as immunoglobulin (IVIg) infusions or plasma exchange and physical therapy, Dr. Wollack says. There is no known cure for GBS. “The goal of treatment is to prevent things from getting worse,” he says. “IVIg has been shown to shorten the length of a period of disability and also may avoid the need for a ventilator.”

Once treatment is started, Dr. Wollack says, patients typically get better in a matter of weeks to a couple of months and make a full recovery, especially if GBS is diagnosed early. More severe cases can take longer to heal, with some patients still experiencing varying degrees of weakness years later.

Foreword by the Author
Israel De La Cruz with his mother, Shukreeah, and sister, Miaa,

learn more about this rare neurological disorder, including common symptoms and treatment options.

Thanks to innovative surgeries, Israel De La Cruz has progressed from having multiple daily seizures to being able to attend school and thrive.
How Diabetics Should Treat Cuts and Scrapes

If you have diabetes, even a minor cut or scrape can turn into a serious problem. Here’s how to treat a wound properly to protect your health.

For most people, a nick or a scrape is no big deal. But for someone with diabetes, even a minor cut or scrape can turn into a very serious problem if not treated properly.

“Diabetes impacts white blood cell function, which obstructs the body’s ability to fight bacteria and close wounds,” says Asaad H. Samra, M.D., medical director of the Center for Wound Healing at Bayshore Medical Center. In addition, people with uncontrolled diabetes may develop poor circulation, making it difficult for the body to deliver nutrients to injured areas, which hinders the healing process.

That’s why it’s crucial for people with diabetes to correctly treat any wound, no matter how minor it seems. Here’s some advice from Dr. Samra:

**Wash the wound thoroughly.** Use an antibacterial soap and warm water to clean out the wound. Then pat dry with a clean cloth and apply over-the-counter antibacterial ointment.

**Cover the wound.** Use a bandage to keep the wound clean, moist and protected. “It’s now considered old, inaccurate information to let a wound dry out,” says Dr. Samra.

**Redress it daily.** Take off the bandage and make sure nothing has significantly changed since the last time you saw the wound. Use soap and water to wash away the old ointment, then pat dry and apply a fresh coat. If, after a few days, you feel the wound is healing well, you can stretch the redressing to every other day.

**Inspect it every time you change the bandage.** If you don’t see improvement over the course of a week, or if any redness or foul smell develops, call your doctor. Also contact your doctor if the wound fails to heal within four to six weeks.

**Check your feet daily.** Diabetes can lead to neuropathy, which limits sensation in the extremities. “So someone with diabetes could have an injury on their foot and not even know it,” says Dr. Samra. This, plus poor blood flow, puts you at risk for developing an infection from a foot sore. Look for any cuts, sores, blisters, swelling or any changes to the skin or nails. Don’t forget to check the bottom of your feet (use a mirror). And never go barefoot, even inside your house.

**Why Foot Care Is Important**

Most people with diabetes understand that proper nutrition is a major component of staying healthy, but did you know that taking care of your feet can also help you avoid complications down the road?

“One in four people with diabetes will experience a foot ulcer. Forty percent of people with a healed diabetic foot ulcer will develop a new ulcer within a year. Fifteen percent of diabetic foot ulcers progress to amputation. The best way to not become a statistic is prevention, and with early intervention, complications can be avoided,” says Charles Marchese, D.P.M., a podiatrist at the Center for Wound Healing at Bayshore Medical Center.

It is important that you schedule one to two visits with your podiatrist every year and discuss nutrition and foot care options that can increase wound healing. A few minutes spent focusing on proper nutrition and foot maintenance can go a long way as you try to recover.

**What Helps Foot Wounds Heal Faster?**

Because diabetes often effects circulation, neuropathy can develop, making you more susceptible to infection. Because of this, diabetics need to be more conscious of proper foot care. Here are a few things you can do to help ensure your feet are healthy:

- Inspect feet daily for any malformations.
- Wash feet daily, making sure to use lukewarm water.
- Thoroughly dry your feet after bathing.
- Moisturize feet, but not between toes.
- Never cut corns or calluses at home.
- Never use over-the-counter products without first consulting with your doctor.
- Always wear clean, dry socks and proper-fitting shoes.
- Always check your shoes to ensure that there is no debris inside before putting them on.

**When to Seek Help From a Podiatrist**

People with diabetes should set up recurring visits with their doctor to ensure that their feet are being properly inspected and that wounds do not develop or persist.

“All doctors can treat wounds, but not all doctors are trained to treat ulcers or other open wounds, so it’s crucial that you seek guidance from a wound care specialist when a wound develops,” says Dr. Marchese. “The sooner patients come in, the better the outcome.”

**What Is Proper Foot Care for Diabetics?**

Because diabetes often effects circulation, neuropathy can develop, making you more susceptible to infection. Because of this, diabetics need to be more conscious of proper foot care. Here are a few things you can do to help ensure your feet are healthy:

- Keep your blood glucose level under control.
- Know your HbA1c at all times.
- Keep your hypertension, cholesterol and heart disease at manageable levels.
- Maintain your blood sugar and the optimal environment at the cellular level through proper nutrition.

Learn more about the Center for Wound Healing at Bayshore Medical Center: HMHforU.org/BayshoreWound
Spotlight on U

Pain Relief Without Prescriptions

If you are suffering from chronic pain or pain after surgery, relief is possible without prescription addiction.

Chronic pain or lingering pain after surgery can be frustrating. It can even affect your mental health and prevent you from living a healthy life through sleep, healthy eating and exercising. People often turn to prescription pain medication for relief. But anyone who takes prescription opioids or narcotics runs the risk of becoming addicted to them. Ali Valimahomed, M.D., physical rehabilitation and medicine specialist at Bayshore Medical Center, Riverview Medical Center and Jersey Shore University Medical Center.

There are ways to get excellent pain relief from chronic or acute pain that avoid that risk.

How to Treat Chronic Pain

Depending on individual needs, Dr. Valimahomed may suggest one or more pain relief methods to reduce or eliminate the need for prescription opioids. For example:

- Image-guided injections to target pain sources
- Minimally invasive, same-day procedures (avoiding the need for open surgery requiring hospitalization)
- Neuro modulation to block chronic pain signals
- Physical or occupational therapy, including aqua therapy
- Complementary techniques such as yoga, biofeedback & non-drug treatment in which patients learn to control bodily processes that are normally automatic, such as muscle tension, blood pressure or heart rate)
- Psychological therapy because emotional trauma can impact a person’s perception of pain

How to Treat Pain After Surgery

Traditionally, opioid medications have been prescribed after surgery to relieve the acute pain, especially in the first few days. Negin Griffith, M.D., a breast reconstruction surgeon, says patients undergoing many types of surgery, including orthopedic, head, neck and abdominal, can often benefit from nerve block medications that are administered by the surgeon or anesthesiologist. These medications provide better pain control and decrease the need for narcotics and their side effects.

Not relying on narcotic pain medication provides multiple benefits:

- Patients are able to be more physically active sooner after surgery.
- Patients have less constipation.
- Quality of sleep after surgery can be improved.
- Patients can return to activities, like driving, sooner.

Depending on the medical situation, the surgeon can choose a nerve block that will work anywhere from a few hours to a few days. Once the block wears off, Dr. Griffith says most patients can get pain relief with non-narcotic pain relievers and muscle relaxers, allowing them to return to their normal activities, like driving, sooner while avoiding the potential of narcotic addiction. Speak with your surgeon about options for pain management to determine what’s best for you.

Stop Suffering

If you are dealing with pain, there is help if you reach out for it. If fear of risking addiction has held you back from dealing with chronic pain or from having needed surgery, talk with your doctor about newer techniques for pain control that are safe and avoid narcotics.

Go Online

Find a doctor near you that meets your needs at HMHLforU.org/FindADoc.

The Facts on ALS

Here are answers to some of the most common questions about ALS, otherwise known as Lou Gehrig's disease.

ALS, or amyotrophic lateral sclerosis, is a debilitating disease that affects motor nerve cells in the brain and spinal cord. This causes a wide variety of symptoms, but most commonly and universally, people with ALS experience progressive muscle weakening and paralysis. As many as 30,000 people in the United States have ALS, and about 5,000 new cases are diagnosed every year. You may have heard of ALS due to the Ice Bucket Challenge, or even as its previously common name, Lou Gehrig’s disease. Here are answers to some of the most common questions asked about ALS.

Who Is at Risk of ALS?

ALS is 20 percent more common in older people, and your risk of getting ALS increases as you age. It is most common between ages 40 and 70.

Can You Prevent ALS?

“Unfortunately there is no way to prevent ALS,” says Mary Sedarous, M.D., neuromuscular medicine specialist and co-director of the ALS Center at Jersey Shore University Medical Center (one of only two centers in New Jersey to become a certified treatment center by the ALS Association), and assistant professor, Department of Neurology, Hackensack Meridian School of Medicine. “For many people with ALS, there is not a clear cause of the disease.” Researchers have studied numerous potential causes, such as diet, lifestyle and environment, but no clear reason has been identified. For other patients with ALS, the cause is genetic. For about 5–10 percent of people with ALS, there is a clear genetic line to a family member with ALS. This is called familial ALS.

“If genetic testing can be done for ALS,” says Dr. Sedarous, “I recommend discussing your options with a genetic counselor before undergoing the testing process.”

Will ALS Ever Be Cured?

It’s hard to say. Currently there is no cure for ALS, but that is not due to lack of effort from doctors and researchers. “Research is ongoing, and treatments and medications that help slow the effects of ALS are continually being discovered,” says Dr. Thomas. “Today, ALS treatment is an interdisciplinary care undertaking that includes respiratory support, medication, physical therapy, speech therapy, assistive devices and other forms of treatment and support. And at Hackensack, we are pursuing a small phase 1 study that seeks to show that re-educating the bone marrow to produce less nerve inflammation may be helpful in treating ALS.”

Go Online

Learn more about our interdisciplinary care for ALS patients at HMHLforU.org/ALS.

HackensackMeridianHealth.org
“The effects of obesity on life expectancy have been very well studied,” says Dena Arumugam, M.D., bariatric surgeon at Jersey Shore University Medical Center and Riverview Medical Center. “There’s no question that it can shorten your lifespan, and by large numbers. If you can get the weight off before there’s major damage done to your organs, that will tremendously prolong your life.”

The Numbers Behind Obesity

Worldwide, obesity has nearly tripled since 1975, and at least 2.8 million people die each year due to being overweight or obese, according to the World Health Organization (WHO). The WHO also found 39 million children under the age of 5 were overweight or obese in 2020.

Globally, 44 percent of diabetics, 23 percent of ischemic heart disease and as much as 41 percent of certain cancers can be attributed to being overweight or obese, according to the WHO.

“What’s devastating about numbers like this is that obesity is treatable,” Dr. Arumugam says. “It doesn’t have to be this way.”

How Much Weight Do You Need to Lose?

Losing weight, even just 5–10 percent of excess weight, can add years to your life. Not only will you live longer, but you’ll also feel better and deal with fewer health complications.

Although it’s possible to lose weight on your own, losing 100 pounds or more can be extremely difficult. “A lot of people wait until they’re more than 60 years old to lose weight, and by then, they’ve already done so much damage to their body and bones,” Dr. Arumugam says. “If you wait until your body is damaged, it can be hard to put it back together again. Start now.”

When Ashley Dearing was scheduled for bariatric surgery, little did she know that she would be the first patient to experience robotic-assisted surgery at Southern Ocean Medical Center.

Ashley Dearing, a 28-year-old from Forked River, New Jersey, has battled weight problems her entire life. Coping with years of dieting and exercise, combined with a feeling of low self-esteem, convinced her to turn things around. She also knew she had to make a serious lifestyle change after watching her mother suffer in a nursing home for years due to hip problems caused by her weight.

The Start of a Weight-loss Journey

In April 2021, Ashley started her weight-loss journey with the bariatric team at the Center for Bariatrics at Southern Ocean Medical Center, where she received medical, nutritional and exercise counseling prior to surgery. “As a young woman with a bright future ahead, bariatric surgery was the right decision to help guide Ashley to a new lifestyle pattern of healthy living,” says James Nangrenoni, D.O., general and bariatric surgeon. “With gastric sleeve surgery, 80 percent of the patient’s stomach is removed to reduce their appetite and capacity for food, which typically results in excess weight loss.”

After more than two months preparing for her surgery, Ashley was scheduled for a laparoscopic sleeve gastrectomy. A week before her surgery, she received a call from the perioperative services team at Southern Ocean to let her know that robotic-assisted surgery was now available to her. After consulting with Dr. Nangrenoni and the surgical team, Ashley agreed this was the best option and was grateful to be the first patient to undergo robotic-assisted bariatric surgery at the hospital.

“While laparoscopic surgery offers many advantages to open surgery by using smaller incisions, robotic-assisted surgery brings minimally invasive surgery to the next level as a new standard of care,” says Richard Greco, D.O., general and bariatric surgeon. “Robotic-assisted surgery enables the surgeon to operate with more precision, steadiness and enhanced magnification across all body types and weight ranges with less strain on the patient’s abdominal wall, which reduces pain and length of stay.”

Less Pain and Shorter Stay

Ashley’s surgery went very well. She was able to leave the hospital after an overnight stay with very little pain and no complications. After a few weeks, she was back taking care of and playing with a child she watches as a nanny.

A month after surgery, Ashley has dropped 35 pounds and continues to lose weight with a low-carb, protein-rich diet and regular exercise.

There are quite a few consequences of obesity, including conditions such as high blood pressure, diabetes, high cholesterol and heart disease. But did you know that being obese could also shorten your life expectancy by up to 14 years.

According to a 2014 study by the Intramural Research Program—a subsidiary of the National Institutes of Health—extreme obesity and heart disease. But did you know that being obese could also shorten your life expectancy by up to 14 years.

Although it’s possible to lose weight on your own, losing 100 pounds or more can be extremely difficult. “A lot of people wait until they’re more than 60 years old to lose weight, and by then, they’ve already done so much damage to their body and bones,” Dr. Arumugam says. “If you wait until your body is damaged, it can be hard to put it back together again. Start now.”

Interested in weight-loss surgery? Attend a seminar near you: HMHforU.org/Weightloss
Some people with spider or varicose veins may wish for an easy solution to make the lines or bulges on their legs fade or disappear. Doctors offer a variety of effective treatments, but some people may be intrigued by blue-light therapy, which may be available in spas or for at-home treatment.

Although some individuals may have positive experiences with it, blue-light treatments may not be effective and won’t be as effective as other therapies that doctors can offer.

“People may try to do something inexpensive at home or go to a spa, but they shouldn’t expect much from an inexpensive blue-light pen that’s available online, and a spa technician doesn’t have the equipment or expertise to provide effective medical treatments,” says Habib Khan, M.D., vascular surgeon at Bayshore Medical Center and Jersey Shore University Medical Center. “People with spider or varicose veins should trust a doctor to find a solution that works best for them.”

Understanding Spider and Varicose Veins

Spider veins are thin lines that can be seen through the skin, and they’re often reddish. Varicose veins are thicker, ropier veins, which may be bluish or purple, or they may appear as bulges beneath your skin. Both may develop when blood doesn’t flow through leg veins efficiently.

Blue-light therapy may be more likely to work on smaller spider veins than larger varicose veins, but it may not have a noticeable effect. However, blue-light therapy has been shown to work as an acne treatment, so it may help people with other issues related to the appearance of the skin.

Varicose and spider veins are more common among women than men. They’re also more likely to develop in:

- People with a family history of varicose veins or spider veins
- Pregnant women
- People who are obese
- Older adults, including menopausal women
- Spider and varicose veins are usually a cosmetic issue. They don’t typically cause health problems, but they may cause discomfort or make legs feel heavy or tired.

Ways to Minimize Spider and Varicose Veins

If you’re bothered by varicose or spider veins, ask a doctor about options for minimizing or eliminating them. You’ll have better results with a medical professional than at a spa or through an online purchase. However, these veins sometimes develop again in people who are susceptible to them, regardless of the treatment.

Common Treatments for Varicose and Spider Veins

Lifestyle changes. People who sit or stand for long stretches are more likely to develop spider and varicose veins. To reduce your chances, break up long periods of sitting or standing, and take time every day to be physically active. If you’re overweight, losing weight will put less pressure on your legs, which may help blood flow through them more easily.

Compression stockings. Your doctor may recommend that you wear special compression stockings during the day, which may help blood flow through your legs more efficiently.

Sclerotherapy. Your doctor can inject a chemical into varicose veins, which makes them collapse and close. People often need the treatment more than once for veins to fully shut. Within weeks, the veins should fade and disappear. Doctors usually recommend wearing compression stockings after the injections to encourage healing. This minimally invasive treatment requires little to no downtime.

Laser treatments. For small veins near the skin’s surface, laser light makes the veins fade over time. Repeat treatments are often necessary. Minimal discomfort and downtime are associated with this treatment.

Endovenous thermal ablation. For larger varicose veins deep within the legs, doctors can insert a catheter into the vein, then heat the tip either by laser or radiofrequency energy. When it’s slowly removed, the heat causes the vein to collapse, closing it permanently. It should fade within weeks. Full recovery may take one to two weeks.
Spotlight on U

Treating Joint Pain Without Medication

Pain medication can only temporarily ease joint pain. Here are other ways to treat it more effectively:

It’s common to feel pain and discomfort in any number of our joints, especially as we age. While medication can temporarily ease the pain caused by arthritic joints, it won’t heal it. "Pain medications mask the pain for a little while but don’t do anything to help increase the function or health of that joint," says David Rodricks, M.D., hip and knee orthopedic surgeon at Ocean University Medical Center. Here is how you can treat joint pain beyond medication.

Ways your doctor may treat your joint pain in an office setting:
- Doctors can administer a corticosteroid injection or a targeted nerve block, which can decrease inflammation and ease the pain.
- Patients suffering from joint pain can benefit greatly from physical therapy. A physical therapist will use heat and cold therapy and a wide variety of other modalities to ease the pain, strengthen and stabilize the joint, and improve range of motion.
- There have been many advancements in the field of regenerative medicine to help heal damaged or injured tissue, including the lining of your joints. These therapies include injection of substances found in your blood or other compounds into specific locations to strengthen tissue and decrease the effects of long-term arthritis.
- Whatever your treatment plan, if the pain in your joint becomes too intense or it suddenly becomes inflamed or swollen, get medical help right away.

Can Protein Help?
Certain foods can help fight inflammation, which can exacerbate joint pain. Here’s what you should know.

If you experience chronic joint pain from arthritis, different lifestyle habits, like maintaining a healthy weight, exercising regularly and quitting smoking, can help improve your discomfort. "Patients often ask why they continue to have some joint pain after completing a new exercise program," says Gregory Roehrig, M.D., hip and knee orthopedic surgeon at Jersey Shore University Medical Center. "I tell them exercise is only half the battle. As somebody who specializes in treating joint pain, I’ve certainly come to recognize how patients can help themselves by changing their diet."

Your diet can help minimize joint pain in part because a healthy diet can contribute to weight loss. But certain foods can also help fight inflammation, improving overall health.

"I recommend consulting with a nutritionist about a comprehensive diet or program that considers pro-inflammatory or anti-inflammatory food types," Dr. Roehrig says.

To help support overall health, consider these protein-rich foods:
- Fish rich in omega-3 fatty acids. Omega 3s have been research-proven to reduce inflammation, so including omega-3 rich fish in your diet may lead to less inflammation-related joint pain over time. Try including salmon, tuna, sardines, trout or mackerel at least twice a week.
- Nuts. Almonds, walnuts and other nuts are high in protein, fiber and healthy fats, and they’ve also been shown to fight inflammation in the body. Choose unsalted, unprocessed varieties rather than smoked, honey-roasted or chocolate-covered options.
- Beans. They’re rich in antioxidants, which may help lower inflammation. Beans are also high in fiber, which is helpful if you’re trying to lose weight. Fiber helps you feel fuller longer, helping you to avoid overeating.
- Dairy products (for some people). Because dairy products can cause inflammation and joint pain in some people, it’s best to limit or avoid them if you’ve confirmed that they’re triggering your discomfort. But don’t avoid low-fat dairy products without asking your doctor for help. Try an elimination diet first.
- Gluten. The term "gluten" may make you think of bread, but it’s actually a protein found in wheat, rye and barley. There isn’t a direct link between gluten consumption and arthritis, but many people feel better on a gluten-free diet. Ask your doctor if you should try a gluten-elimination diet.

Ways to treat joint pain at home:
- Apply ice to your joints for 15 minutes several times a day to relieve pain and swelling.
- After a day or so, try a heating pad to address muscle spasms around the joint.
- Rest the joint during the first day, and avoid activities that cause you pain. After the initial inflammation goes away, you will need to strengthen that joint through exercise.
- Look into taking supplements, such as glucosamine and chondroitin. "Glucosamine sulfate has been shown to reduce pain in patients suffering from arthritic joint pain. However, there is not enough evidence to show that it decreases inflammation," says Dr. Rodricks.
- Joint pain is common in people who are overweight, so losing weight could relieve some of the pressure on your joints. Swimming and cycling are two ways to work out without putting too much stress on your joints.

Consider limiting these protein-rich foods:
- Red meat. Foods that are high in saturated fat, such as beef, may cause inflammation in the body, which can lead to joint pain. Consider other options when you’re choosing what to eat with your joint pain in mind—especially if you cook your steak with butter, another food that’s high in saturated fat.
- Dairy products. Some people experience inflammation and joint pain when they eat dairy, while others don’t. If you have joint pain, try an elimination diet with your doctor’s assistance to see if dairy products are linked to your discomfort. If they aren’t, you can continue to enjoy them.

Go Online
Learn how our musculoskeletal and orthopedic experts are committed to helping you maintain optimal health, get moving and live life to the fullest at HMHealthU.org/Ortho.
Can Physical Therapy Help Your Arthritis?

Depending on your diagnosis and treatment plan, physical therapy can help manage certain arthritis symptoms.

While there’s no cure for arthritis, physical therapy may help you manage your symptoms related to mobility and activity, depending on your diagnosis and individualized care plan.

Though there are more than 100 different types of arthritis with their own causes, symptoms and treatments, the most common types of arthritis include:

- Osteoarthritis
- Rheumatoid arthritis
- Psoriatic arthritis
- Psoriatic arthritis
- Rheumatoid arthritis
- Osteoarthritis
- Ankylosing spondylitis
- Gout

If physical therapy is prescribed for you to better manage your arthritic condition, some benefits may include:

- Increased range of motion
- Strengthened muscles
- Safe and effective use of assistive devices
- Pain management
- What to Expect From Physical Therapy

Your physical therapist will work with you to develop a treatment plan based on your history and goals. This is likely to include:

- Program of customized exercises
- Pain relief, using heat or ice packs, electrical stimulation and ultrasound
- Assistive devices
- A critical element of physical therapy is education. "Your physical therapist will help you understand, for example, how to reduce stress on your joints, how to do the exercises in your treatment plan and how to manage pain on your own."

You may need to see your physical therapist weekly to start, or even multiple times a week during a period of acute pain. But as you learn to manage your arthritis, you’ll likely see your physical therapist less often, checking in with them every few months to set new goals and update your treatment plan as needed.

"Patients will achieve a better and more sustained outcome when they commit to performing their exercises daily and consistently as part of a home exercise program," says Dr. Soares-Velez. "Living with arthritis is not always easy, but certainly incorporating the learned benefits of physical and occupational therapy into one’s life is an important part of management."

Physical and occupational therapy may not always be prescribed for treatment of arthritis, depending on the nature and course of the disease. Always seek guidance from your doctor about the best timing and precautions when receiving a therapy program.

Go Online

Learn more about physical therapy and rehabilitative services at Hackensack Meridian Health at HMHealthU.org/PhysicalTherapy.

Javier Soares-Velez, M.D. Physical medicine and rehabilitation specialist
800-822-8905
Tinton Falls

Increased range of motion
Stiff joints are a common complaint with arthritis and can make it difficult to bend and straighten. "Gentle stretching and range-of-motion exercises can help maintain the flexibility necessary for daily tasks, such as getting in and out of chairs or reaching overhead," says Javier Soares-Velez, M.D., physical medicine and rehabilitation specialist at Bayshore Medical Center and Riverview Medical Center.

Strengthened muscles
If the muscles around your joints are weak, they will be under extra stress and can hurt. "Strong muscles can help stabilize a weakened joint and decrease pain," Dr. Soares-Velez adds.

Safe and effective use of assistive devices
Assistive devices, such as canes, walkers, crutches andsplints, take stress off your joints and muscles, and make it easier to perform certain activities.

Pain management
Physical therapists can teach you the best ways to relieve acute and chronic pain, as well as how to adjust your activities to prevent pain.

Go Online

Learn more about physical therapy and rehabilitative services at Hackensack Meridian Health at HMHealthU.org/PhysicalTherapy.

MEHA HALARI, M.D.
Family Medicine
Southern Ocean Medical Center

Although she left briefly for medical school in Chicago, New Jersey native Meha Halari, M.D., always knew she’d come back to the Garden State.

"I’m a Jersey girl, and I’ve always known I was going to stay a Jersey girl," says Dr. Halari, who is now a family medicine physician with Hackensack Meridian Health Medical Group, based in Brick, New Jersey. Her older brother, Vijay Halari, M.D., also practices family medicine with Hackensack Meridian Health Medical Group, his practice is based in Brick, New Jersey.

"It’s fitting, because family is what most defines her. "The most important thing to me in the entire world is my family, hands down," says Dr. Halari, who decided to pursue medicine in honor of her late grandfather. "My mother’s father dreamed that one of his grandchildren would become a doctor. Unfortunately, he passed before my brother and I became physicians, but that’s what initially got us into medicine. We wanted to fulfill that dream."

While her grandfather inspired her career, what keeps her in it is her patients. "It’s a blessing to do what I do because I get to help people make it through difficult times," says Dr. Halari, who makes it through her own difficult times with the help of family, music and motivational speakers.

You live in a multi-generational household. What’s that like?

My grandma currently has her own apartment, but until recently it was her, my parents, my brother, my sister-in-law, me, my two nephews and our puppy—all living together. It’s been that way for about five years. I love it. It’s a very nurturing atmosphere. We have our ups and downs. We have to compromise and work through family dynamics. But at the end of the day, you never walk into an empty household. On weekends, especially, we work like a well-oiled machine. There’s somebody doing laundry, somebody doing dishes, somebody making food. We all help each other out. You don’t get that kind of love and companionship when you’re living on your own.

You love music—listening to it and singing. Where did that come from?

I have listened to Bollywood music almost since I was born. My parents have always been fond of music, so we always had it playing in the house or whenever we drove somewhere in the car. I did a few performances when I was younger at family gatherings because I enjoy singing. It’s near and dear to my heart. Also, it’s a way for me to find release. I drive 50 minutes to get home from work every day, and sometimes I’ll turn on music and sing the whole way home.

If you could have dinner with any celebrity, dead or alive, who would it be?

Eric Thomas. He’s a motivational speaker, and I have listened to his videos online for years. He says to put 150 percent into every single day. Whenever he talks, it really pumps me up. I would love to meet him in person and tell him how much he inspired me.

To make an appointment with Dr. Halari or a doctor near you, call 800-822-8905 or visit HMHealthU.org/FindADoc.
Heart disease kills more than 600,000 people in the U.S. every year. Now, doctors at Hackensack University Medical Center and Jersey Shore University Medical Center can offer a new procedure to help prevent this disease.

**Previous Options for Heart Disease**

Until now, doctors had two ways to open up narrow, hardened arteries supplying blood to the heart:

- **Angioplasty**, where a balloon is inflated to help open a blocked artery
- **Atherectomy**, in which tiny rotating blades open the artery through scraping and drilling

After one or both of those procedures are done, a stent—a metal tube that helps keep the vessel open—is usually inserted.

Unfortunately for some patients, neither of these methods is ideal. “Sometimes fatty plaque that has been there for so long goes from being soft and squishy to being hard as a rock,” says Daniel Kiss, M.D., a cardiologist at Jersey Shore. “Because the calcium is hard, plaque can’t move back against the arterial wall, the balloon can’t expand properly and the blockage remains.”

Atherectomy comes with its own difficulties. “When you scrape the wall of the artery, the debris that falls out goes downstream into the microcirculation,” says Haroon Faraz, M.D., an interventional cardiologist at Jersey Shore. “Because the calcium is hard, plaque can’t move back against the arterial wall, the balloon can’t expand properly and the blockage remains.”

**A New Option Emerges**

“[Before], there really wasn’t a great treatment to clear the way for the stent in patients whose calcium had gotten hard and built up,” Dr. Kiss says.

Doctors at Hackensack and Jersey Shore now have intravascular lithotripsy (IVL) as a new tool in their arsenal. IVL uses sonic pressure waves, also known as shockwaves, which create a series of microfractures to break up the calcium without affecting the healthy vessel. “The beauty of this technology is that it attacks the calcium but leaves the healthy vessel wall alone,” Dr. Faraz says.

It’s based on the same technology that has been used for decades to safely break up kidney stones.

The minimally invasive procedure, which is done under local anesthesia, is performed in conjunction with angioplasty and stenting.

**Go Online**

Learn more about comprehensive cardiac care, close to home, at HMHforU.org/Heart.
Here are just a few of the events & classes this February through April 2022.
According to the Association of American Medical Colleges, the health care field could be short 124,000 doctors by 2034. Hackensack Meridian Health Care, in the field who understand the technology leading to these changes, are becoming the much needed doctors of tomorrow.

Wasib Malik is one of the first graduates of the medical school and earned a scholarship sponsored by pharmaceutical company Hoffmann-La Roche. "It’s important to Roche to support the achievements of our future medical leaders," says Patricia Oscilowski, Roche Innovation Center New York site head and operations leader. "We hope our legacy will inspire discovering new ways to transform patient care and create a lasting impact on our patients, the medical field." 

That’s why in 2018, Hackensack Meridian School of Medicine opened its doors to its first class of aspiring physicians. Students can spend their fourth year doing research, earning another degree, completing a specialty immersion program, doing community advocacy work or graduating after three years and starting their residency with Hackensack Meridian Health U. Wasib Malik is one of the first graduates of the medical school and earned a scholarship sponsored by pharmaceutical company Hoffmann-La Roche. "What a conventional medical school does in four years, Hackensack can make possible in three," says Wasib. "Being able to save a whole year doing my residency in what I was passionate about was quite advantageous."

"It’s an exciting time in the field of medicine as we continue to make new discoveries so rapidly that, at times, it’s almost impossible to keep up,” says Bonita Stanton, M.D., dean of Hackensack Meridian School of Medicine. "It is important that we have a robust group of younger doctors in the field who understand the technology leading to these changes, and are at the peak of their ability to absorb knowledge and bring curiosity to the medical field.”

Wasib, who is in the middle of his first-year residency program and training to be a psychiatrist, became interested in medicine in high school. But after witnessing the mental health challenges his younger brother faced in a culture where talk of mental health is taboo and underrepresented, he decided to become a psychiatrist. "It’s important to Roche to support the achievements of our future medical leaders,” says Patricia Oscilowski, Roche Innovation Center New York site head and operations leader. "We hope our legacy will inspire discovering truth by building on previous discoveries and utilizing the understanding gained by major thinkers who have gone before to make intellectual progress.”

Scholarships are a powerful way to attract superb students to our school—and then Hackensack Meridian Health hospitals—who otherwise might not have been able to afford it. We are developing a whole continuum, from medical students to residents to practicing physicians, who are trained in our mission and community-based curriculum.”

"It’s exciting to know that with the advancement of technology, we can make a difference,” says Jeffrey Boscamp, M.D., vice dean of the School of Medicine and co-chief academic officer for Hackensack Meridian Health. "Scholarships are a powerful way to attract superb students to our school—and then Hackensack Meridian Health hospitals—who otherwise might not have been able to afford it. We are developing a whole continuum, from medical students to residents to practicing physicians, who are trained in our mission and community-based curriculum.”

Scholarships help students like Wasib Malik become the much needed doctors of tomorrow.
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What to Know About Kids and COVID Vaccines

Our experts answer six of the most common questions parents are asking about COVID-19 vaccines for kids. Learn more at [HMHforU.org/KidsVaccine](https://HMHforU.org/KidsVaccine).

Which Booster Should You Get?

As more Americans become eligible to receive the COVID-19 booster, you will be faced with a choice: Which booster should you receive? Understand when you should consider the mix-and-match approach and when it doesn’t make sense at [HMHforU.org/BoosterMix](https://HMHforU.org/BoosterMix).