

12 Ways To Be Good To Your Joints

From the Editors of *Arthritis Today*
Eat Well

* **Build strong bones.** Boost your calcium intake, because a diet rich in this important mineral helps to keep your bones sturdy and can lower your risk of osteoporosis (the brittle bone disease). There are plenty of sources besides milk, including yogurt, broccoli, kale, figs, salmon and calcium supplements.

* **Ditch the drive thru.** Avoid eating at fast food restaurants. But if you must, try to make the healthiest choices. Opt for grilled meat instead of fried meat. Add lettuce and tomato to your sandwich. Hold the mayo. Substitute a side salad for french fries. Drink water or juice instead of soft drinks.

* **Pick, pour or peel.** If you are looking for a tasty treat, reach for an orange

—or a tall glass of orange juice. Why? Recent research points to the importance of vitamin C and other antioxidants in reducing your risk of osteoarthritis.

* **Add color to your diet.**

Choose fruits and veggies in a wide range of color to get maximum nutrients, such as fiber, disease-fighting antioxidants and an abundance of phytochemicals.

* **Hang out at the bar.** Eating the veggies typically found in a plain tossed salad from a salad bar—romaine and bibb lettuces, broccoli, spinach, kale or parsley—can lessen the amount of bone loss that occurs with age, research says, thanks to their high calcium count. But remember, you should go easy on the dressing.



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A Salute To Family Caregivers

I'm sure that each of you were equally as shocked as I was at the recent story of an 85-year-old woman suffering with Alzheimer's disease, who was found on a Pompano street, raped and shot. According to the newspaper, she wandered away from home in a matter of minutes and police responded, quickly finding her in this condition.

Dementia patients, those who have Alzheimer's disease or some other illness which causes dementia, are often the victims of crime and tragedy, but many of us allow the suffering of others to fade from our memories as quickly as the headlines fade. Family caregivers, however, do not have the luxury of forgetting. They are caught in a 24-hour, seven-day-a-week struggle to provide adequate support to their loved ones, and still retain some sanity for themselves.

Even the best, most devoted family caregivers can't be expected to do it all alone, and yet, I have found that the most devoted often live with guilt for not having done enough. We all must consider what part we can play in making their jobs easier. We can no longer afford to throw the news-

paper away and deny the reality around us. Some day, the "stranger" will likely become our own family member, or we will need to be cared for ourselves. Now is the time to support an atmosphere of admiration and support, for those who unselfishly serve, that will carry on for years to come.

At *Champion Home Health Care*, we recognize that family caregivers have one of the most difficult tasks any of us will ever be expected to perform. We would like to take this space to simply say, "Thank you and hats off," to **all** family caregivers who so sacrificially give of themselves to love and care for family members.

The world is a better place because of you!

Renee Risnear is Director of Operations for Champion Home Health Care.

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The mission of the Arthritis Foundation is to improve lives through leadership in the prevention, control and cure of arthritis and related diseases.



Back Pain: It's Not Just A Symptom Of "Getting Old"

Contrary to conventional wisdom, back pain need not become an accepted part of daily life. Depending on the cause, it can easily be treated with simple therapies, such as using a hot compress or over-the-counter (OTC) medications.

When back pain is severe and becomes debilitating, sufferers should seek out a physician who can provide an accurate diagnosis, prescribe stronger medications, or recommend new procedures that provide more effective relief.

First, let's distinguish what constitutes the overly broad term, "back pain." In a general sense, two categories exist: the more common, chronic pain many of us experience—no matter the stage of life—back pain that's associated with muscular strain.

"Often times, pain caused by muscle strain occur from overexertion," said Dr. Charles Tate, of Fort Lauderdale's Holy Cross Hospital. "Working in the garden for long hours in a bent position could trigger it. In these situations, back pain can be treated with over-the-counter (OTC) medications and/or rest."

However, every person has a different tolerance for pain. For some individuals, OTC medications may not be enough. Physicians may prescribe stronger medications for a short time period. Recent news stories about certain prescription pain medicines (such as the Cox 2 drugs) and their link to heart risks may make some people think twice about complying with their doctor. Rather than stopping medications or not filling the prescription, it's essential that a heart-to-heart conversation with the doctor occur. Sometimes, what is reported in the news may not be complete, accurate or applicable.

When Back Pain Is Debilitating
If the pain occurred suddenly and is excruciating, seek help immediately. For boomers and sen-

iors, one common type of debilitating back pain is associated with bone fractures concentrated in the spine. In other words, a vertebral compression fracture.

Vertebral compression fractures occur when the vertebrae (or, bones in the spine) breaks and collapses—often a result of osteoporosis, trauma or cancer. According to the National Osteoporosis Foundation, approximately 750,000 people each year develop a vertebral compression fracture. A telltale sign is the Dowager's hump, in which the person has a hunchback appearance.

"Typically, the first line of treatment is conservative therapy, which includes pain medication, calcium and vitamin D supplements, bed rest, and external bracing," said Dr. Tate. "But healing takes weeks, and for many, the pain is often unbearable."

These individuals may be candidates for a procedure called percutaneous vertebroplasty (PV). PV requires no hospitalization or anesthesia. In this minimally invasive procedure, a needle is inserted into the broken vertebrae and a cement-type liquid is injected and allowed to quickly harden.

"Patients who undergo vertebroplasty report significant pain relief in as little as a day," noted Dr. Tate. "Studies have also shown that the pain relief isn't short term. Patients have reported continued relief for up to three years."

Dr. Tate, who has been treating patients for back pain for five years, has extensive experience in vertebroplasty. Many of his patients rely on his quick ability to diagnose and treat the condition. "Not all patients are candidates," noted Dr. Tate. "Risks and complications for this procedure exist, but are minimal. If patients are good candidates for vertebroplasty, it is an effective way to help patients get back their quality of life."

For more information about vertebral compression fractures, and to find a physician who specializes in PV, visit www.fracturerelief.com.

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