

ATTITUDE

| for a healthy outlook on life |

Numbers *don't lie*

Learn how joint replacement surgery helped Ted Conlin get back in the game!

Plus:

- Get the facts about prostate cancer and bone health
- Learn how to protect your medical information from identity thieves!





A Summa family snapshot: Summa Health System

Summa Health System – headquartered in Akron, Ohio – is an Integrated Healthcare Delivery System that provides coordinated, value-based care across the continuum for the people and populations we serve. We hold ourselves clinically and financially accountable for health outcomes in our communities.

Summa Health System integrates the resources of seven owned, affiliated and joint venture hospitals, a regional network of ambulatory centers, a network of more than 1,000 physicians that includes a 240+ employed multi-specialty group, a 150,000+ member health plan, a System level foundation and 10,000+ employees, nurses and healthcare professionals.

This nonprofit system now serves more than one million patients each year in comprehensive acute, critical, emergency, outpatient and long-term/home-care settings.

The mission of Summa Health System is to provide the highest quality, compassionate care to our patients and members and to contribute to a healthier community.

At Summa Health System today, you see the healthcare system of tomorrow.

On the cover: Ted Conlin enjoys his first golf outing of the 2011 season.

Cover photo by TRG Studios.
Photo Location: Fox Den Golf Course, 2770 Call Road, Stow, Ohio

Welcome to Attitude!



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Visit our website at summahealth.org or call (800) 237-8662. From our website, you can also become a fan on Facebook or follow us on Twitter.

Numbers *don't lie*

That's why Ted Conlin has meticulously tracked his golf handicap for the past decade.

An avid golfer, when he isn't busy managing the Ohio Environmental Protection Agency's (EPA) efforts to clean up Ohio's Black and Ashtabula rivers, Ted can be found out on a golf course or coaching Hudson High School's Junior Varsity golf team.

Outdoor activities always have been an important part of Conlin's life. But, as he got older, he started noticing that physical activity was getting increasingly difficult for him — and painful.

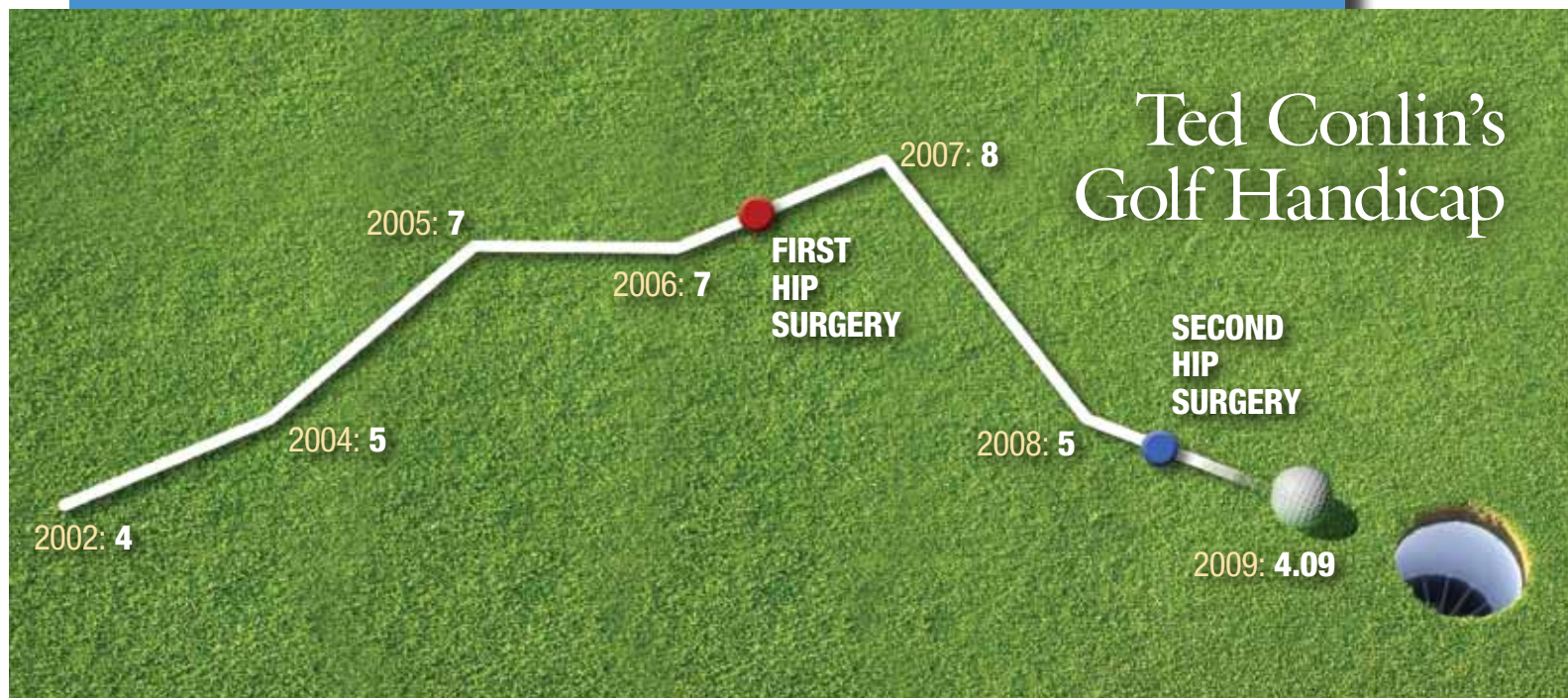
The son of a doctor and an ex-Navy nurse, Conlin thought he knew what was wrong.

"Originally, I thought I had sciatica," Conlin said. "The pain started at the hip, went down the outside of the thigh and rotated in across the leg at the knee and then went all the way down to the big toe — classic symptoms of sciatica."

Despite the pain, Conlin tried to maintain his active lifestyle.

The 57-year-old Stow native had enjoyed snowmobiling, sailboat racing, scuba diving and both snow and water skiing with his wife, Joan, and daughter, Maggie.





“The hip pain is gone and more importantly, my golf handicap is getting back to where it was years ago.” – Ted Conlin

He was forced to give up some of the activities he had previously enjoyed because they were too painful. Pain and stiffness in his hips and knees made putting on his socks and shoes each morning a 30-minute task.

Eventually, even playing a round of golf became excruciatingly painful.

“Some of the guys I played golf with hated to watch me play — because it was obvious how much pain I was in as I was walking to the next shot,” he remembers.

It was the pain that finally drove Ted Conlin to make an appointment with his family doctor.

“I talked to my doctor in Hudson and he referred me to Dr. Kepley,” Conlin said.

Robert F. Kepley, M.D., is a board-certified orthopaedic surgeon affiliated with the Crystal Clinic Orthopaedic Center, a partnership with Summa Health System.¹ Dr. Kepley specializes in total joint replacement surgeries for the hip and knee joints.

¹ In May 2009, the Crystal Clinic Orthopaedic Center began operations at the Summa St. Thomas Hospital campus. It is a partnership between Summa Health System and Crystal Clinic Inc. Dr. Robert Kepley is an orthopaedic surgeon at the Crystal Clinic Orthopaedic Center.

In September 2005, during his first appointment with Kepley, Conlin discovered that it wasn't sciatica that was causing his pain — it was osteoarthritis.

Conlin was also shocked to learn that he needed a total hip replacement — at age 52.

"I never expected that. I really thought it was sciatica — and that I would have to live with this pain for the rest of my life," Conlin said. "But Dr. Kepley said, 'No, it's the hip. And if we replace that hip, that pain will go away immediately.'"

Dr. Kepley also advised Conlin that he would need to have the other hip — and both knees — replaced as well.

"He presented at only 52 years of age. That's very young for a patient with two bad hips and two bad knees," Dr. Kepley said.

But Conlin's experience isn't all that uncommon for aging, active baby boomers, Kepley said. Baby boomers also have very different expectations about aging than do their parents.

"Baby boomers, as a group, are living longer, they're more active, generally they're healthier — and they know about us [orthopaedic surgeons] now," he said.

Boomers' expectations, coupled with the advances made in joint implant technology and new surgical techniques, have made joint replacement surgery a viable option for younger patients, Kepley believes.

Aging boomers wish to continue to enjoy an active lifestyle as they age. As a result, many are seeking joint replacements at a much younger age than did their parents.

Fortunately, technology has kept pace with expectations so that younger patients no longer have to wait until they're in their 70s before having joint replacement surgery, according to Kepley.

Recent statistics confirm these observations, as the largest percentage increase in joint replacement surgeries has been in patients less than fifty years old, according to *The Journal of Bone and Joint Surgery*.²

Kepley cites the development of modular components for joint implants as one of the reasons that current artificial joints can easily last 20 to 30 years.

² *The Journal of Bone and Joint Surgery*, Volume 89-A, Number 12, December 2007.

NUMBERS REALLY DON'T LIE

The board-certified surgeons of the Crystal Clinic Orthopaedic Center perform 12,000 orthopaedic surgeries a year — which is more than most hospitals in our region.

Our infection rates are significantly lower than the national average.

Ten convenient outpatient clinics and two surgical locations offer easy access to high quality orthopaedic care in Summit, Portage or Medina counties.

Our surgeons have the training and experience to improve your quality of life in many orthopaedic specialties, including: joint replacement, spine, sports medicine, foot and ankle, hand, shoulder and orthopaedic oncology.

If you are experiencing hip or knee pain that is stopping you from enjoying the activities you love, it may be time to talk to a doctor about your symptoms. Schedule an appointment with an orthopaedic surgeon to discuss your options. Call (855) 728-4660 or visit crystalclinic.com for more information.





Robert F. Kepley, M.D.

“With modular components, if the joint’s plastic lining wears out, it can be replaced without having to remove the entire implant,” he said. “And the surgery for that has even less risk [of infection and complications] than does the original [joint replacement] surgery.”

Conlin had replacement surgery on his right hip just before

Christmas in 2005 and again, on his left hip, in October 2008. Knee replacement surgery was performed on his left knee in December 2010 at the Crystal Clinic Orthopaedic Center.

All three surgeries were performed by Dr. Kepley.

Conlin was amazed how soon he was back on his feet — and back on the golf course — following both of his hip surgeries.

“After 24 hours, it was really not much bother compared to the pain I was in before surgery,” Conlin said.

Conlin was pleased with the care he received at the Crystal Clinic Orthopaedic Center.

“It was wonderful care. It was like I knew somebody — like I went to my dad’s hospital. I got that type of care,” he said. “I’d go back there to have it done again.”

All of his surgeries and recovery periods have been “uneventful,” according to his surgeon, with no infections or complications.

Conlin — and his wife, Joan — were impressed with the high quality care Ted received from Dr. Kepley and the Crystal Clinic Orthopaedic Center staff.

“What’s nice about [seeing] Dr. Kepley is you’re not rushed and he listens to what you have to say. He answers all of your questions,” Conlin said. “And all of the people in the office are fabulous, too.”

Joan agrees. “I just love him,” she said.

Conlin was also pleased with the improvement in his golf handicap following his hip surgeries.

So pleased, in fact, that he emailed a detailed graph to his surgeon showing the degree of improvement in his game once he became pain-free after his joint replacement surgeries.

In the email that accompanied the graph, Conlin expressed his appreciation to Kepley and his staff:

Sometimes people are busy and forget to express their gratitude.

I believe the attached PDF file will say it all. With my new “Kepley hips” as I call them, the hip pain is gone and more importantly, my golf handicap is getting back to where it was years ago.

Thank you Dr. Kepley and thank you to all the good people at Crystal Clinic!

Ted Conlin

When asked if he had any regrets about having the surgeries, Conlin had only one.

“Why didn’t I do this sooner? To be able to walk around without pain is great! I had been taking anti-inflammatories for decades. Now I don’t take them at all for the hips — just for my knees.”

What’s Conlin’s advice to other people who may be experiencing hip or knee pain?

“If you think you’ve got a problem, have it checked it out. If the doctor says you need a hip replaced — get it done! It’s a couple of months and you’re back to where you were as a kid,” Conlin said. “Don’t put it off — it’s not worth being in that agony for the degree of relief that you get when it’s over. It’s not worth waiting.”

Conlin hopes to be back out on the golf course again in the spring, with one goal uppermost in his mind.

“I have to make sure I kick butt when I golf or [Dr.] Kepley will be disappointed,” he laughed.



SAFEGUARDING

your medical information

Medical identity theft is often detected long after the actual crime is committed.

You may be a victim of medical identity theft if:

- You receive a bill for medical services you did not receive
- A collection agency contacts you about unpaid medical bills you don't owe
- You notice medical collection notices have appeared on your credit report
- You make a legitimate insurance claim and your healthcare insurance plan provider informs you that you have reached your limit on benefits
- You discover your medical records list a condition you don't have

Paying close attention to your medical, insurance and financial records can help you spot a potential problem early on and stop a possible thief in his/her tracks.

While there is no way to completely avoid medical identity theft, the U.S. Federal Trade Commission recommends a few steps you can take to minimize your risk:

- **Verify a source before sharing personal information.**
Don't give out personal or medical information on the phone or through the mail unless you have contacted them.
- **Safeguard your medical and health insurance information.**
If you keep copies of your medical or health insurance records, make sure they are secure. Guard your medical plan's ID cards just like you do your credit cards.
- **Shred sensitive documents.**
Medical identity thieves sort through your trash to capture personal information, so shred health insurance forms, prescription and doctors' bills. Destroy the labels on pill bottles before throwing them away.
- **Carefully read the Explanation of Benefits (EOB) statement** that your health plan sends you after treatment. Make sure the claims paid match the care you received. If the information doesn't match, contact your health plan and report the problem.

- **Order a copy of your credit reports and review them carefully.** Look for inquiries from companies you didn't contact, accounts you didn't open and debts on your accounts that you can't explain. If you find inaccurate or fraudulent information, get it fixed or removed. Visit www.ftc.gov/idtheft to learn how.

If you suspect you may have been a victim of medical identity theft, the FTC recommends you:

- **Ask for a copy of your medical records.** Review your medical and health insurance records regularly. If you find incorrect information, contact each healthcare provider separately.
- **Get a copy of the accounting of disclosures for your medical records from your health plan and providers.** Follow the trail of your information and identify who has incorrect information about you. Then work with each provider to correct the information.
- **File a complaint with the Federal Trade Commission** at: <https://www.ftccomplaintassistant.gov> or by phone at 1-877-ID-THEFT (438-4338); TTY: 1-866-653-4261.
- **File a report with your local police department** and send copies of the report to your health plan's fraud department, your healthcare provider(s) and the three nationwide credit reporting companies (Equifax, Experian and TransUnion).
- **Exercise your right under HIPAA to correct errors in your medical and billing records.**
Write to your health plan or care provider detailing the inaccurate information. Include copies of documents that support your position. Send your letter by certified mail and ask for a return receipt. If an investigation doesn't resolve the dispute, request that a statement of the dispute be included in your record.



BONE HEALTH

get the facts

Breaking a bone is serious at any age, but it's even more of a concern for an older adult.

Osteoporosis is a condition in which the bones become weak and can break easily. Broken bones due to osteoporosis often occur in the hip, spine and wrist — but any bone in the body can be vulnerable.

How serious is osteoporosis?

Osteoporosis increases your chances for breaking a hip. A hip fracture can seriously jeopardize the health and independence of an older adult. The statistics are sobering:

- About 24 percent of older adults who break a hip die within one year from problems related to the broken bone itself or the surgery needed to repair it ¹
- Many of those who survive need long-term nursing care



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What are the symptoms of osteoporosis?

Unfortunately, there are no symptoms. Osteoporosis “sneaks” up on you — and breaking a bone may be the first clue that something is wrong. By this time, the disease may already be quite advanced.

Osteoporosis can cause broken bones in the spine (vertebral fractures), which shortens the spine. As a result, a person may lose some height or their posture may become hunched over or stooped.

How common is osteoporosis and who does it affect?

According to the National Osteoporosis Foundation, about 10 million Americans already have osteoporosis — and about 34 million more are at risk of developing the disease.²

Osteoporosis can affect people of all ages, but it is far more common in older adults than in younger people. And, since women have lighter and thinner bones than men do, and they tend to lose bone quickly after menopause, the disease also is more common in women than in men. **About one in two women over age 50 will break a bone due to osteoporosis.**³

But osteoporosis is not just a “woman’s disease.” While it is more common in women,

it can affect men. In fact, **one in four men will break a bone due to osteoporosis.**⁴

How is osteoporosis detected and diagnosed?

Your doctor will take a detailed medical history to identify whether you have any risk factors for osteoporosis, plus perform a physical exam. He/she may also draw blood and take a urine sample to run additional laboratory tests to rule out other potential causes of bone loss. It is important to know that there are certain medicines and medical conditions that can also cause bone loss.

If your doctor suspects you may have osteoporosis, he/she should also schedule a **bone mineral density test**. A bone mineral density test is the only test that can detect osteoporosis *before* you break a bone. Osteoporosis can be prevented and also can be diagnosed and treated before any fracture occurs. Importantly, even after the first fracture has occurred, there are effective treatments to decrease the risk of further fractures.

¹ National Osteoporosis Foundation website, www.nof.org/home

² Ibid.

³ Ibid.

⁴ Ibid.



The National Osteoporosis Foundation (NOF) recommends that you have a bone density test if you:

- Are a woman age 65 or older
- Are a woman of menopausal age with risk factors
- Are a postmenopausal woman under age 65 with risk factors
- Are a man age 70 or older
- Are a man age 50-69 with risk factors
- Break a bone after age 50

Common risk factors for osteoporosis include:

- Older age
- Family history (osteoporosis/broken bones)
- Being small and thin
- Vitamin D deficiency
- Taking steroid medications
- Adults with diseases associated with low bone mass (gastrointestinal disease, overactive thyroid, eating disorders)
- Being female
- Having reached menopause
- Smoking
- Excessive alcohol intake
- High caffeine intake
- Adults taking medications associated with low bone mass (steroids, seizure, some thyroid medications, cancer treatment)

How is osteoporosis treated?

There are medications that can slow or reverse bone loss. If you're diagnosed with osteoporosis, talk to your doctor about whether one of these medications is the right treatment for you.

What can I do to prevent osteoporosis?

You can lower your risk of developing osteoporosis by:

- **Eating a healthy diet that includes plenty of calcium and vitamin D.** The National Osteoporosis Foundation recommends that:
 - **Adults under age 50** need a total of 1,000 milligrams of calcium from all sources* and 400 - 800 international units (IUs) of vitamin D every day
 - **Adults 50 and older** need a total of 1,200 mg of calcium from all sources* and 800 - 1,000 IUs of vitamin D every day

*This includes the total amount of calcium you get from both food and supplements.
- **Staying active and including weight-bearing exercises in your fitness routine**, like walking and weight training
- **Limiting your alcohol and caffeine intake**
- **Stop smoking**



If you suspect you may be at risk for developing osteoporosis, talk to your primary care physician about getting a referral for a bone mineral density test. Your physician's office staff can call **(330) 670-4000** to schedule an appointment with one of the Crystal Clinic Orthopaedic Center specialists.

Patients should obtain an order from their primary care physician prior to scheduling an appointment so the Center can bill patients' insurance provider for the test. For self-referrals only, the Crystal Clinic Orthopaedic Center requires payment in full at the time of service.



What you should know about prostate cancer

A question & answer session with Dr. Michael Seider



Prostate cancer is the second most common form of cancer among American men. According to National Cancer Institute data, more than 186,000 men learn they have the disease each year.

Michael Seider, M.D., is a radiation oncologist at Summa Health System and can offer much needed insight when it comes to risks, diagnosis and treatment of prostate cancer.

As the above statistics show, prostate cancer is the second most common form of cancer among American men. Why is that? What typically causes prostate cancer?

Dr. Seider: There really isn't an obvious cause for prostate cancer that's similar to the way sun exposure can cause melanoma or smoking can cause lung cancer. It's really dependent on a number of risk factors that are specific to the individual.

What are the primary risk factors for prostate cancer?

Dr. Seider: Age, family history, race and genome changes are the biggest risks, but I'd say age is the most likely cause of prostate cancer. There are some familial causes — if there's a family history, it may be more likely to occur. African Americans also have a higher rate of incidence than any other group of people.

They also have a history of more aggressive tumors, which generally lead to worse outcomes.

What are the warning signs of prostate cancer?

Dr. Seider: None! There are no obvious signs of prostate cancer. I would say almost 80 percent of prostate cancer cases are diagnosed as a result of an irregular PSA (blood) test. The blood test will typically show an elevation of some kind — white blood cells, liver function, etc. — something that just isn't normal.

What are the screening methods for prostate cancer?

Dr. Seider: The two most common screenings are PSA, a blood test, and a digital rectal exam. But the digital rectal exam is really ineffective because it can't detect the microscopic form of the disease in an early stage.

How is the diagnosis confirmed?

Dr. Seider: After an irregular PSA test or after a man has been diagnosed with an enlarged prostate or another problem, a biopsy is taken to test for cancer.

If someone does have prostate cancer, what is the recommended treatment?

Dr. Seider: It really depends on the individual patient — his age, physical condition [and the] stage [of the disease]. A number of treatment options exist, including radiation, surgery, freezing, high intensity ultrasound and radiofrequency ablation. But the two most common forms of treatment are radiation — internal or external — and surgery.

What is the typical outcome following treatment?

Dr. Seider: Outcome usually depends on [the] stage of the disease. Among patients who present with an early stage (I or II) of prostate cancer, the survival rate is easily above 90 percent for the next 10 years.

What else should men know about prostate cancer?

Dr. Seider: For most patients diagnosed with prostate cancer, treatment at a local facility will likely yield the same results as treatment at a large-scale cancer center. Treatment protocols are the same. Going to a local physician or center is faster and more convenient.

Also, it's very important to understand that not all prostate cancers require treatment. Low-grade, slow growing prostate cancers where there is no real chance of spreading should be monitored but don't always require treatment, especially among older men.

And men who are diagnosed with prostate cancer can — and should — take advantage of a number of resources, including support groups, websites and additional reading. Support groups give patients the chance to talk with other men about diagnosis, treatment and living with the disease.

For more information about prostate cancer, cancer screening or to make an appointment with a Summa physician, please call (800) 237-8662.



SUMMA HEALTH SYSTEM *at a glance*

SUMMA HEALTH SYSTEM INCLUDES:

- Summa Akron City and St. Thomas Hospitals
- Summa Barberton Hospital
- Summa Wadsworth-Rittman Hospital
- Summa Western Reserve Hospital
- Robinson Memorial Hospital, a Summa Health System affiliate
- Crystal Clinic Orthopaedic Center, a partnership with Summa Health System
- SummaCare
- Summa Foundation
- Summa Health Network
- Summa Physicians Inc.

IT ALSO INCLUDES COMMUNITY HEALTH CENTERS IN THE FOLLOWING LOCATIONS:

- Cuyahoga Falls
- Green
- Lake Medina
- Western Reserve
- White Pond



The information in *Attitude* is provided by Summa Health System to help you make informed decisions about your health. This information should not be considered medical advice or treatment, nor should it be used as a substitute for a physician consultation.

If you do not receive *Attitude* at your home and would like to subscribe, please call (800) 23-SUMMA or (800) 237-8662. If you have a question or comment about *Attitude*, please send an e-mail to richardsonam@summahealth.org.