

SHINE

TECH NECK
causing your pain?

YOUNG FATHER
puts wreck
behind him

**BEATING
INFERTILITY** with
weight-loss surgery

SUMMER LUNCH
ideas for kids
and parents

The scoop on
SKIN CARE
AT ANY AGE



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THE SCOOP ON
skin care at any age

Summer lunch

**IDEAS FOR KIDS
AND PARENTS**





▲ Whitney Monroe faced years of infertility. **After bariatric surgery, all that changed.**

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COVID-19
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Heart disease is the leading cause of death for both men and women. Did you know that **women can have different symptoms than men?**

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people are talking about.

SHOT THROUGH THE HEART DURING A ROBBERY



▼
The **trauma team at Methodist Dallas Medical Center saved 29-year-old Mario Cruz's life** after he was shot in the chest by a robber.

THREAT OF SEPSIS LURKS IN ANY INFECTION



▼
Learn the signs and symptoms of a **sepsis infection**.

MILLIONS MAY WANT TO RETHINK **DAILY ASPIRIN**



▼
A group of new studies has emerged, **challenging the effectiveness** of taking a daily low-dose aspirin or “baby aspirin” to prevent heart attacks and strokes.

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IF YOU CATCH COVID-19,

these drugs and home remedies can help

By now, we're all aware that coronavirus has no cure. A vaccine is at least months away, and there are no antiviral medications recommended to treat COVID-19

BUT THAT DOESN'T mean you have to just suffer through the symptoms if you do catch the virus.

Instead, you should treat COVID-19 as you would the flu or the common cold: Rest, drink plenty of fluids, and ease the symptoms with over-the-counter medications.

As always, see a doctor if your symptoms become severe, especially if you experience difficulty breathing or a high fever, for example.

Luckily, many of us can simply ride out a bout with the coronavirus at home. We'll just need to cope with the symptoms while our immune system does its job.

Here's some advice from Jon Albrecht, RPh, MHA, BCNSP, FASHP, Vice President of Pharmacy Services, Methodist Health System:



COUGH

A dry cough can be one of COVID-19's tell-tale signs, and hydration should help with that. So, too, can cough drops and some over-the-counter medications.

"If there is congestion in your chest, guaifenesin tablets might help loosen the congestion," Albrecht says.

If the cough is keeping you awake, he suggests a cough suppressant like dextromethorphan.



FEVER

Staying hydrated is important to lowering a fever.

"The more fluid intake the better," Albrecht says. "Mom's (or Dad's) chicken soup provides good hydration and some electrolytes."

Acetaminophen is the only fever reducer he recommends, not ibuprofen or naproxen.

"Initial studies indicate that ibuprofen, naproxen and others may make COVID-19 worse," Albrecht says.

He urges anyone with liver disease to consult a doctor before taking acetaminophen.



SORE THROAT

The nasal drainage typically associated with sore throats isn't common among COVID-19 patients.

But if that persistent cough causes a sore throat, home remedies can be effective.

"One of the best sore throat treatments is gargling with warm salt water," Albrecht says. "A popsicle can also ease your symptoms."



WHAT WON'T WORK

Antibiotics are no good against a virus. They're used to treat bacterial infections and should only be used as directed by a doctor.

THE VERDICT'S STILL OUT

There are a host of drugs used to treat other illnesses, such as malaria, Ebola, and HIV, that are currently being tested to help fight the virus.

One such medication, the anti-malaria drug chloroquine, made headlines recently after President Donald Trump called it a "game changer."

However, the drug's effectiveness against COVID-19 is unproven and anecdotal. Clinical trials are under way to determine how to combat its potentially fatal side effects.

"There are conflicting studies whether chloroquine or hydroxychloroquine is effective against COVID-19," Albrecht says. "Only take chloroquine or hydroxychloroquine under the supervision of a physician."

To treat COVID-19 at home, focus on rest, drink plenty of fluids, and ease the symptoms with over-the-counter medications.

There are also reports that large doses of vitamin C have been administered by doctors in China — where the virus originated — and in hard-hit New York state.

"Vitamin C won't hurt, but it may help," Albrecht says. "For every scientific study showing a benefit, there is another study showing no benefit."

Learn more about staying healthy and stopping the spread at [ShineOnlineHealth.com](https://www.ShineOnlineHealth.com).



4 UNUSUAL COVID-19 SYMPTOMS



As more people around the globe are infected with COVID-19, researchers are discovering the virus manifests itself very differently in some patients.

MOST OF US have heard this strain of coronavirus commonly comes with the symptoms of dry cough, fever, and shortness of breath, but many medical professionals feel it's time to lengthen that list. **Brad Sellers, DO**, medical director of the emergency department at Methodist Dallas Medical Center, is one of them.

"The craziest thing about the coronavirus is that anything is on the table," Dr. Sellers says. "We have to assume that anyone who comes into the hospital may have it. That's how prevalent it has become."

In fact, Dr. Sellers points out that many patients are completely asymptomatic. Other patients have symptoms not currently listed by the Centers for Disease Control and Prevention (CDC). Here are a few you may not be aware of:

1. A LOSS OF SMELL

Dr. Sellers says COVID-19 first hits the nose and back of the throat.

"Inflammation of the nasal passages caused by a viral infection can lead to congestion," Dr. Sellers explains. "So, it's no surprise that loss of smell or even taste is an early, though unexpected, symptom of coronavirus."

Viral infections are actually the leading cause of lost sense of smell, known medically as anosmia, according to the American Academy of Otolaryngology-Head and Neck Surgery.

The academy reports that a group of otolaryngologists in the U.K. found that two out of three confirmed COVID-19 cases in Germany reported a lost sense of smell, while 30% of people in South Korea with mild symptoms who tested positive for COVID-19 reported anosmia as their main symptom.

2. DIGESTIVE PROBLEMS

The CDC doesn't list digestive issues as primary symptoms of COVID-19, but research published in the *American Journal of Gastroenterology* suggests it can be an early sign of the illness in some patients.

"The most interesting thing we've seen in some patients is nausea and diarrhea," Dr. Sellers says. "It's tricky because when patients experience this, they don't think of COVID-19. These patients will think they're fine and go to places like normal when, in reality, they're sick."

In the small study of 204 patients

diagnosed with COVID-19 in the Hubei province of China, researchers noted that nearly 49% of these patients presented to the emergency department with gastrointestinal symptoms such as vomiting, diarrhea, or abdominal pain.

3. PINK EYE

Research from China, South Korea, and other parts of the world indicate that about 1% to 3% of people with COVID-19 had pink eye, also known as conjunctivitis.

Pink eye is typically caused by a viral or bacterial infection. When you are sick, you can spread the infection to your eye through physical contact, such as sneezing into your hand and then rubbing your eye. This is also true for the COVID-19 virus. This is why health officials recommend that you wash your hands frequently and avoid touching your face.

"I have learned something new each day during this pandemic," Dr. Sellers says. "The coronavirus knocks the trends of what we expected."

4. CONFUSION

Dr. Sellers says there are some fairly uncommon symptoms that seem to be specific to elderly patients. He points out confusion and fatigue in older patients can be written off as normal, but not anymore.

"Elderly people will many times present with disorientation or generalized malaise, but not necessarily cough and fever like we see with the younger population," Dr. Sellers says. "This is something to pay special attention to."

Researchers have discovered that in Washington State nursing homes, an early U.S. hot spot for the virus, some COVID-19 patients displayed no symptoms except for confusion and general fatigue. Because they didn't have a fever or cough, staffers initially thought they were negative for the coronavirus.

Get more information about the pandemic by visiting [ShineOnlineHealth.com](https://www.ShineOnlineHealth.com).

“

I HAVE LEARNED SOMETHING NEW EACH DAY DURING THIS PANDEMIC. THE CORONAVIRUS KNOCKS THE TRENDS OF WHAT WE EXPECTED.

— BRAD SELLERS, DO

Children age 1 and older may have less severe COVID-19 symptoms and better results compared with adults.

■ DOES BEING PREGNANT MEAN A HIGHER RISK OF COVID-19?

There's nothing to suggest that pregnant women are more likely to get sick than anyone else, Dr. Northrop says. But they are known to be more vulnerable to other kinds of respiratory infections, such as the flu or Severe Acute Respiratory Syndrome.

That's why everyone should take precautions to reduce the spread of the coronavirus. This includes staying at home as much as possible, washing your hands with soap and water, using cloth face masks if you have to go out, and disinfecting frequently touched surfaces.

"In the coming months, most of the U.S. population will be exposed to this virus," Dr. Northrop says. "You should continue to practice all the protective measures recommended to keep yourself and others free from illness."

If pregnant patients begin experiencing COVID-19 symptoms, they should speak to their OB-GYN for advice.

"Call your doctor right away," Dr. Northrop says. "Do not go to the office until you have discussed your symptoms with the office staff."

What pregnant women SHOULD KNOW ABOUT COVID-19

Having a baby is a joyful experience, but pregnancy can be taxing in the best of times. Now, with COVID-19 upending life as we know it, welcoming a new child can be especially stressful.

HERE ARE SOME answers to frequently asked questions about being pregnant in a pandemic from Sara Northrop, DO, an OB-GYN on the medical staff at Methodist Mansfield Medical Center.

■ CAN I PASS IT TO MY BABY?

It's unclear whether infected women can pass the coronavirus to their babies through the uterus or placenta. Scientists are uncovering new information daily to gain a better understanding.

"Early on in the pandemic, data suggested the virus did not cross the placenta, but newer studies are suggesting it is possible," Dr. Northrop says.

A small number of newborns have tested positive for COVID-19, but it's not clear if they were infected before or after birth, according to the Centers for Disease Control and Prevention (CDC).

■ HOW WILL IT AFFECT THE BABY'S DEVELOPMENT?

There's no evidence to suggest COVID-19 will lead to miscarriages or birth defects, but it is worth noting that high fevers during the first trimester of pregnancy can increase the risk of certain birth defects. Miscarriages and stillbirths have been observed with other coronavirus-related infections and the flu.

"Stay up to date on your vaccines, especially the ones recommended during pregnancy," Dr. Northrop advises.

■ WHAT ABOUT THE RISK AFTER THE BABY IS BORN?

Recent data might provide some comfort to new parents. Reports show babies older than 12 months and children generally have less severe symptoms of COVID-19 and better results compared with adults.

But that's no reason for dropping our guard, especially considering babies younger than 12 months are more vulnerable.

Other family members, along with any nannies and babysitters for other children, should still practice strict social distancing, Dr. Northrop says.

"Remember that if they don't live with you, you shouldn't be visiting them."

■ WILL I HAVE TO GIVE BIRTH ALONE?

Methodist Health System hospitals, as well as many others, have tightened their visitation policies, but that doesn't mean expecting mothers will have to give birth alone.

Patients can bring one person — a spouse, a friend, a relative, or a significant other — to provide support during delivery and labor.

"This is to protect you and your family as much as possible," Dr. Northrop explains. "Please know that our nurses will be supporting you nonstop throughout the birthing process."

The American College of Obstetricians and Gynecologists maintains that hospitals or qualified birth centers are still the safest places for having a baby. These facilities are better equipped to deal with any unexpected issues, and many are adjusting policies to minimize the risk of infection.

■ IS IT SAFE FOR ME TO BREASTFEED IF I'M SICK?

So far, health authorities report the virus hasn't been found in breast milk. But the CDC does recommend the use of face masks and proper hand hygiene before feeding.

Mothers can also provide milk for someone else to give to the baby as long as the bottle and pump are cleaned thoroughly after their use.

Find more tips and news about COVID-19 at [ShineOnlineHealth.com](https://www.shineonlinehealth.com).



RETIRED FIREFIGHTER **FIGHTS BACK**

When Crest Whitaker suffered a heart attack during a workout, the quick responses of those around him saved his life

“ ”

IT WAS
A MIRACLE ON
WHEATLAND
ROAD.

— CREST WHITAKER

Retired Dallas firefighter Lt. Crest Whitaker was working out at his local YMCA last fall when he began to get woozy. “I was just out of it,” the 73-year-old says. “I was starting to feel like I had to pass out.”

Another gym-goer saw he needed help, so she notified a staff member, and they called 911.

Crest fell unconscious and was taken to Methodist Charlton Medical Center, about a mile from the YMCA.

BRINGING HIM BACK

Doctors at Methodist Charlton quickly determined that Crest had suffered a devastating heart attack. He credits first responders and the hospital for saving his life.

Crest raised a family of first responders — his son is a Dallas firefighter, and his daughter is a police officer — so they all know from experience that seconds count for patients like him. It was his son’s colleagues who rushed him to Methodist Charlton.

“It was a miracle on Wheatland Road,” Crest says. “It’s just humbling, and that’s why I am honored to share my story with others.”

Fitness is important to Whitaker, who played basketball at North Texas State and had a short stint playing professional football. But being a regular at the gym didn’t spare him — hardly surprising to his cardiologist.

“Cardiovascular disease remains the leading cause of death in the United States,” says **William Posligua, MD**, interventional cardiologist and medical

Approximately
every 40 seconds,
someone in the U.S.
will have a heart
attack.



Retired firefighter
Lt. Crest Whitaker
and his daughter,
Chelsea, who is a
Dallas police officer

director of the Heart Failure Clinic at Methodist Charlton. “Approximately every 40 seconds, someone in the U.S. will have a heart attack.”

The heart attack was so severe that Crest’s heart couldn’t pump enough blood to his organs, a condition known as cardiogenic shock, and his kidneys were damaged.

Doctors immediately decided Crest needed surgery to receive a heart pump, but the first implant didn’t keep up because of Crest’s height. Complications made a more extreme step necessary.

Dr. Posligua and his colleague **Mini Sivadasan, MD**, cardiothoracic surgeon on staff at Methodist Charlton, placed an Impella 5.0 — a device that could push more blood to Crest’s organs — in his heart. This is the first time the Impella 5.0 had been used at Methodist Charlton.

After the procedure, Crest’s condition quickly improved. A few days later, the pump was removed, and Crest began taking medications to complete his heart’s recovery. But, his kidneys were still not functioning properly.

TAKING CARE OF HIS KIDNEYS

Damage to Crest’s red blood cells required dialysis to clean up the kidneys, said **Mario Robles, MD**, a nephrologist on the medical staff at Methodist Charlton.

When Crest left the hospital, **Richard Fuquay, MD**, another nephrologist on the medical staff, took over his care and found him to be an ideal patient.

“Crest is a very positive, proactive guy,” Dr. Fuquay says.

“When patients see problems as solvable, or manageable, it’s easier. It’s a glass-half-full experience.”

Coming in for dialysis three nights a week, Crest, a man who proactively talks about his faith, put his faith in God and his doctors — and soon saw results.

“Within the first two weeks of treatment, his numbers started to go down,” Dr. Fuquay says. “Right before Christmas, he wrapped up.”

HE MADE IT

Crest trusts Methodist Health System to handle all aspects of his care. He goes to the Heart Failure Clinic at Methodist Charlton for check-ups, and his primary care physician practices at another Methodist facility.

“He’s a patient who has covered the whole spectrum of care at Methodist, and I think that’s what is really special about his story,” Dr. Fuquay says. “All transitions between his care were super risky, but he made it.”

With his children in uniform, Crest knows the ranks of first responders he left behind after retirement are in good hands. And so is his health, thanks to the team at Methodist.

“It was so comforting to me to have that care that I received,” he says. “It was just incredible.”

Read more about Methodist Charlton’s Heart Failure Clinic at MethodistHealthSystem.org/Charlton-HFC.



Retired firefighter Crest with his daughter, Chelsea, and his son, Creston, who is a fellow member of the Dallas Fire-Rescue fraternity.



THE KEY TO A woman's heart

While just as deadly for women, heart disease can lurk in unfamiliar symptoms

Heat disease is the leading cause of death for American women, just as it is for men. But in some cases, that's where the similarities end. That's because coronary artery disease can manifest in women in uncommon ways.

For some, the telltale signs, such as chest pain or pressure that radiates to the jaw or left arm, are the same. But women are more likely to experience other symptoms, such as shortness of breath, back pain, nausea, or vomiting.

"Women may also experience extreme fatigue or pain in the lower chest or upper abdomen," says **Luis Bowen, MD**, interventional cardiologist on the medical staff at Methodist Dallas Medical Center. "It's not uncommon for women to write off their symptoms as things like acid reflux or the flu."

WHAT'S DIFFERENT FOR WOMEN?

Diagnosing heart disease requires a physician who is tuned in to women's heart health. **Manavjot (Mj) Sidhu, MD**, medical director of cardiology administrative services at Methodist Dallas Medical Center, says heart disease in women doesn't always follow conventional paths.

"Symptoms in women can be a burning sensation in the chest, like indigestion that is not resolving even after taking antacid, or just not feeling like themselves," Dr. Sidhu says. "Even cold sweats that women may attribute to menopause could actually be a sign of heart disease."

"Even cold sweats that women may attribute to menopause could **actually be a sign of heart disease.**"
— Dr. Manavjot Sidhu

AM I AT RISK?

Menopause doubles a woman's risk for heart disease. Estrogen present in premenopausal women helps protect the heart, but after menopause, that protection dissipates.

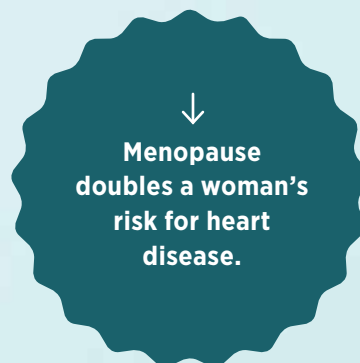
Other risk factors include a family history of heart disease, hypertension, high cholesterol, diabetes, or a history of smoking.

Additionally, heart disease concerns associated with pregnancy — such as gestational diabetes and preeclampsia (high blood pressure during pregnancy) — don't immediately go away when a woman gives birth, Dr. Sidhu says.

"Pregnancy-related heart disease can pop up as late as five months after pregnancy," he says.

Dr. Sidhu explains that the chance of heart disease increases exponentially with each additional risk factor, so a woman with any of these factors should check with her cardiologist or primary care physician to establish a baseline of heart health before symptoms arise.

"Pay attention to your body. If something just doesn't feel right, consult with your physician or cardiologist," Dr. Sidhu says.

**HOW IS HEART DISEASE TREATED?**

A diagnosis of heart disease simply means there are buildups of plaque blocking blood flow in the blood vessels around the heart. Once diagnosed, the first step is to determine how severe the blockages are. Typically, when less than 70% of the blood vessels are blocked, the condition is treated with medication.

Most of the time, that means prescribing cholesterol-reducing medications, such as statins. A more controversial topic is hormone replacement therapy (HRT). Despite HRT critics, recent research from the American College of Cardiology shows that the use of HRT by postmenopausal women may be connected to lower risk of death and lower chance of plaque buildup.

"It's important to be aware of your personal risk," Dr. Sidhu says. "If you are a postmenopausal woman, talk with your doctor about whether HRT right for you."

Larger blockages require surgery, regardless of the patient's age.

"Often, we see there isn't just one blockage," Dr. Sidhu says. "Depending on the severity and location of the blockages, or if they are not amenable to stents, we talk with the patient about bypass surgery."

HOW DO I STAY HEALTHY?

Regardless of risk factors, diet and exercise remain the best ways to promote a healthy heart, and modifications don't have to be as rigorous as you might think.

For diet, Dr. Sidhu recommends either smaller portions or making easy substitutions — like lean white meat instead of red meat and grilled foods instead of fried — to gradually improve your diet and overall heart health.

Experts also recommend at least 30 minutes of regular walking five days a week.

"If that seems overwhelming, even just 15 minutes of dedicated walking time is a good start," Dr. Sidhu says.

Assess your own heart health at MethodistHealthSystem.org/Heart.



TWIN SISTERS GIVE BREAST CANCER A **1-2 PUNCH**

Yvette Adams relied on her sister Yvonne's support to fight disease, "as my mother would expect me to do."

Yvette Adams shares more than genes and a love of shopping with her twin sister. The family has a long history with breast cancer. When the Duncanville woman was diagnosed with an aggressive type of cancer last year, her twin sister, Yvonne, had already gone through her own scare, just like their older sister and mother before them.

And, just like their mom and sister, Yvette fought her cancer — and she won — with help from the team at Methodist Charlton Medical Center.

"There's nothing I could do other than fight it," Yvette says. "I got up every day, showered, put my makeup on, and went to work — as my mother would expect me to do."

THE START OF THE JOURNEY

When Yvette found a lump in her breast during a self-examination in early 2019, the rapidly growing cancer was already stage II.

Like her twin sister, whose lump turned out to be benign, Yvette was treated by **Kevin Niblett, MD**, a general surgeon on the medical staff at Methodist Charlton, which is accredited by both the Association of Community Cancer Centers and the American College of Surgeons' Commission on Cancer.

“That designation means we’re equipped to diagnose and treat cancer from start to finish,” Dr. Niblett says. “We have the specialists to care for all cancers.”

Such medical expertise is critical, but so is moral support, and Dr. Niblett offered that, too.

“When I first met with Dr. Niblett,” Yvette remembers, “he said to me, ‘You have cancer, but you’re a survivor.’”

That instinct runs in the family. The twins’ mother survived breast cancer in 1975 when she was only 41 years old. Their older sister also battled and survived bouts of breast cancer at a young age, first in the mid-1990s, when she was 35, and again in 2005, when her cancer returned.

YVETTE’S TREATMENT

Because Yvette had an aggressive type of cancer, her doctors decided it was best to shrink the tumor first with chemotherapy before performing surgery to remove the mass.

Her cancer responded well to the treatment, a credit to her positive mind-set and diligence in keeping appointments. Nevertheless, she opted to undergo a double mastectomy to remove both breasts, in hopes of ensuring that the breast cancer wouldn’t return.

“I didn’t want to worry,” Yvette says.

During a 15-hour surgery, Dr. Niblett worked to remove her breasts while plastic surgeon **Jeffrey Hopkins, MD, DDS**, on the medical staff at Methodist Charlton, reconstructed them using tissue and fat from her abdomen, rather than relying on breast implants.

“They’re known for being meticulous in their work,” Yvette says. “All of the nurses spoke very highly of Drs. Hopkins and Niblett.”

The doctors are used to working as a team. They’ve been doing it for a quarter-century.

“We’re about the same age and came to Methodist Charlton about the same time, 25 years ago,” Dr. Niblett says. “He’s the main plastic surgeon at Methodist Charlton, and we work together on the breast cases.”

ALL IN THE FAMILY

Yvette’s friends and family, especially her twin sister, supported her throughout several months of chemotherapy treatment and several more months of recovery from surgery.

“She and my brother-in-law are the best caregivers ever,” Yvette says.

The strength Yvette drew from leaning on Yvonne wasn’t lost on her doctor.

“Everywhere she goes,” Dr. Niblett says, “she brings her twin sister.”

Now that Yvette is back on her feet, the time the sisters spend together is less centered on medical appointments and more focused on the things they love doing together: shopping, getting their nails done, volunteering for charity, and participating in 5k races.

But, in her race against cancer, she says, she couldn’t have picked a better squad.

“I couldn’t have done this without the Methodist team,” Yvette says.

Take our breast health risk assessment at
MethodistHealthSystem.org/BreastCancerHRA.

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THERE’S
NOTHING I COULD
DO OTHER THAN
FIGHT IT.

— YVETTE ADAMS



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U.S. Department of Health and Human Services
200 Independence Ave., SW
Room 509F, HHH Building
Washington, DC 20201
800-368-1019, 800-537-7697 (TDD)

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CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.

繁體中文 (Chinese)
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電。

Français (French)
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.

العربية (Arabic)
ملاحظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية متوفرة لك بالمجان. اتصل برقم (رقم هاتف الصم والبكم):

Urdu (Urdu)
خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں

ພາສາລາວ (Lao)
ໄປວດພາສາລາວ: ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ການບໍລິການ ສຸດຍອດເຊື່ອມພາສາ, ໄດ້ເປັນໄປຮ່ວມໄວ້ ທ່ານ ໄດ້ແລ້ວ.

Русский (Russian)
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните

فارسی (Farsi)
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. یا تماس بگیرید.

Deutsch (German)
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.

한국어 (Korean)
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 번외로 전화해 주십시오.

Tagalog (Tagalog – Filipino)
PAUNAWA: Kung nagsasalita ka ng Tagalog, maari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.

हिंदी (Hindi)
ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। पर कॉल करें।

ગુજરાતી (Gujarati)
સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો

日本語 (Japanese)
注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。まで、お電話にてご連絡ください。

MEDICINE MIX-UPS

How to avoid prescription pitfalls

5.8 billion
prescriptions
filled in 2019

IF YOUR DAY begins or ends trying to maneuver the lid off a childproof cap, you are most likely taking one of the 5.8 billion prescriptions filled last year. For some of us, we wrangle with several of those bottles every day, plus vitamins and supplements we hope will improve our health. It is not unusual for those with chronic health issues to take as many as 12 to 15 prescriptions a day.

While medications can improve our health and treat diseases, there are consequences when they are not used correctly. Each year, more than a million people, including an estimated 75,000 children, end up in hospital emergency departments because of unintentional medication poisonings, according to the Centers for Disease Control and Prevention.

Many of these adverse drug events are preventable through patient education, which is what Methodist Generations provides its older adult members in association with the Methodist Health System pharmacists.

Pharmacists **Kristin Lutek, PharmD**, and **An Nguyen, PharmD**, at Methodist Charlton Medical Center, explain the importance of taking medication safely.

PICKING THE RIGHT SPOT

Lutek and Nguyen recommend putting your medication in a convenient and secure location. Avoid storing your medications in the bathroom, as the heat and humidity can have an adverse effect. Find a cool, dry place for storage, and if you have children in the house, put the medication up high enough so they can't reach it.

FULL DISCLOSURE

Keeping your doctor in the loop about which drugs and supplements you're taking is also critical, Lutek says.

"When you go to the doctor, make sure you have a complete list of all medications you take, including all over-the-counter medicines, vitamins, and supplements, as well as any drug or food allergies," she says. "Your doctor also needs to know if you drink alcohol, tea, coffee, or sodas, as well as what type of lifestyle you have — active or sedentary — and if you smoke."

THINGS CHANGE

The dosage for medications can change with age and weight. For children, be sure to check their weight to administer the correct amount. Older adults should consult the American Geriatric Society's Beers Criteria, a list of medications that are potentially inappropriate for them, Nguyen says.

"If you are older and currently taking any of the medications listed, talk with your doctor about the possibility of changing to another medication," Nguyen says. "The benefits may outweigh the risks, but only your doctor can tell you for sure."

Let your doctor
know which drugs
and supplements
you take.



SLEEP YOUR WAY to better health

For so many of us, stressful days have meant months of restless nights. What's at stake with too little shut-eye

There's no getting around it: Maintaining your health, especially in stressful times like these, requires a good night's rest. And that means seven to eight hours of sleep.

"Maybe a little more," says **Robert McMichael, MD**, a neurologist on the medical staff of Methodist Mansfield Medical Center who specializes in sleep medicine.

What about those people who regularly snooze five or six hours and claim to feel fine?

"They're not fine," Dr. McMichael says. "You can do that for one night and probably be OK, but 30 nights of it is another story."

What's more, your immune system will need the rest to fight off a virus, whether it's COVID-19 or something less nasty.

BAD FOR YOUR BRAIN AND OVERALL HEALTH

When you're asleep, there's a lot more going on internally than you may realize.

"During sleep, your body and brain are doing important work," Dr. McMichael says. "Sleep is when memories are consolidated. Lack of sleep also raises adrenaline and cortisol levels, creating a cascade of biochemical effects in the body."

Stress hormones like cortisol and adrenaline are intended to power the body through short bursts of crisis or danger, such as during the fight or flight response.

When these hormones run high all day and don't have time to reset overnight, it can lead to a host of health problems, including weight gain, increased blood pressure and cholesterol levels, and a higher risk of heart disease.

HOW TO RECHARGE YOUR "BODY BATTERY"

Think of your body like a battery and sleep as an opportunity to plug in. But, the time you spend recharging is only part of the equation.



Aim for
**seven to eight hours
of sleep a night.**



“To get a good night’s sleep, it’s important to consider the quality, not just the quantity, of hours slept,” Dr. McMichael says.

To increase sleep quality, he urges people to keep the following recommendations in mind:

- **Keep a regular sleep schedule:** “This helps your internal clock know what time to go to sleep and wake up,” Dr. McMichael says. A regular schedule leads to fewer disturbances throughout the night and an easier time falling asleep and waking up.
- **Ditch the electronics:** “Watching TV in bed is not good. It tends to keep you awake,” Dr. McMichael says. The same goes for curling up with a computer, tablet, or smartphone, all of which engage the wakeful centers of your brain.
- **Say no to naps:** As great as a nap might seem, this can interrupt normal sleep patterns and make it more difficult to fall asleep and stay asleep at night. “You want to have all of your sleep during one period during the night,” Dr. McMichael says.
- **Eat outside of the bedroom:** Eating falls under the broad category of “awake activities,” he says. Digestion can also interfere with sleep, so he recommends fasting for two hours before bedtime.
- **Get your exercise early:** Work out during the day “at least a few hours before sleep,” Dr. McMichael says. After dark, opt instead for relaxing physical activities like bedtime yoga, walking at a moderate pace, or deep breathing exercises.
- **Abstain from alcohol:** Don’t let the temporary drowsiness caused by booze fool you. “When the alcohol wears off, you get a rebound effect,” Dr. McMichael explains. “This causes you to wake up throughout the night.”
- **Keep things quiet:** Your bedroom should be peaceful, even if that means evicting the family pet. “If pets wake you up by making noise or moving around, they need to sleep in a separate room,” Dr. McMichael advises. The same goes for background noise like the TV or radio. White or pink noise machines can cover up noises you can’t control, like neighborhood sounds or traffic.
- **Dark is better:** The bedroom should stay dark at night. “If you need a night light so you don’t trip when going to the bathroom in the middle of the night, that’s OK,” Dr. McMichael says. Blackout curtains and sleep masks made of simple cotton or silk material can help to block outside light.

Keep these guidelines in mind to optimize your sleep routine and get the most healthful benefits from your shut-eye.

And, if nothing seems to help, Dr. McMichael suggests setting up an appointment for an individualized assessment. Sleep disturbances could be related to underlying conditions such as insomnia, REM sleep behavior disorder, or sleep apnea.

“

WHEN
THESE STRESS
HORMONES CAN’T
POWER DOWN
LONG ENOUGH,
IT CAN LEAD TO
A HOST OF HEALTH
PROBLEMS.

— DR. ROBERT McMICHAEL

To find a physician, visit MethodistHealthSystem.org/FindADoctor.

Making a heart **WHOLE AGAIN**

Longtime police officer overcomes stroke that revealed a hole in his heart



Plano police Lt. Earnest Oldham has responded to emergencies for more than 30 years, but last fall he was the one who needed saving.

“I’m used to worrying about the dangers of my job, not my health,” Earnest says. “Finding out that I have a hole in my heart that was only detected because of a mini-stroke was never on my radar.”

Looking back, Earnest believes suffering a mini-stroke saved his life.

On Nov. 10, 2019, after working his usual third shift, Earnest had just gotten to sleep when he woke up with a high-pitched ringing in his ears and was unable to speak clearly.

His wife, Kelli, a nurse at Methodist Richardson Medical Center, recognized the warning signs of a stroke and immediately dialed 911.

“When the paramedics arrived, I had regained my ability to talk and just wanted Kelli to drive me to the hospital,” Earnest says. “I realized when the EMTs turned on the lights and sirens en route to the hospital that this was serious.”

SURPRISING NEWS

Upon arriving at the emergency department, Earnest immediately underwent an MRI, CT scans and other diagnostic exams.

“When the doctor came in to discuss the test results and told me that I had suffered a mini-stroke, I wasn’t too surprised,” Earnest says. “But when he asked me if I realized that this same thing had happened a few months before, I was shocked.”

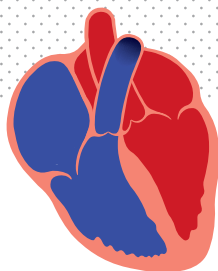
The tests had detected fluid in his lungs, suggesting that Earnest had suffered a mini-stroke before, that time without waking up. But the news didn’t stop there.

“The doctor asked me if I knew about the hole in my heart,” Earnest says. “I thought he had made a mistake and was talking to the wrong patient, because how could I go 55 years without knowing I had a hole in my heart?”

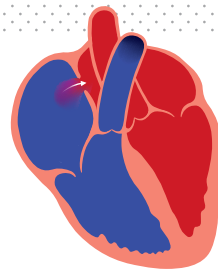
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I’M USED
TO WORRYING ABOUT
THE DANGERS OF MY
JOB, NOT MY HEALTH.

— LT. EARNEST OLDHAM



Since birth, Earnest had a hole between the two upper chambers of his heart.



THERE SINCE BIRTH

When Earnest was discharged and told to see a cardiologist immediately, Kelli suggested **Nhan Nguyen, MD**, interventional cardiologist on the medical staff at Methodist Richardson.

“When I met with Earnest, I explained to him that he had a congenital heart disease called a patent foramen ovale,” Dr. Nguyen says.

Earnest had a hole between the two upper chambers of his heart, a hole that should have sealed at birth.

“His was like a nest where blood clots could form and eventually break free,” Dr. Nguyen says, “which is what caused his strokes.”

The doctor urged Earnest to consider immediate cardiac catheterization surgery to close the hole before a bigger, and potentially deadly, blood clot broke free.

“In the past, closing these big holes meant open-heart surgery,” Dr. Nguyen says. “Now, we can close them with a minimally invasive procedure.”

This procedure consists of inserting a catheter into a blood vessel in the groin and passing it through the vessels into the heart’s chambers. Through the catheters, a device can be implanted in the heart to seal the hole.

“The septal repair device consists of two connected patches that are placed in the hole to cover both the right and left sides of the atrial wall,” Dr. Nguyen says. “After a few months, the lining of the heart wall grows over the patch and completely seals the hole.”

Earnest agreed to the procedure and had the hole in his heart closed just before Christmas. He went home the same day and returned to work five days later.

ENJOYING TODAY

While the operation was quick, it’s had a lasting impact on Earnest’s state of mind.

“This kind of experience changes a person,” Earnest says. “It gives you a true understanding of what’s important in life. I tell my wife and teenage twins every day that I love them and to have a great day.”

In law enforcement, officers write letters to their loved ones just in case they don’t make it back home. Earnest used to keep his tucked away in his locker. These days, he has it on his desk so he can look at it and know that each day he does is a gift.

Curious about your heart health? Take our quiz at [MethodistHealthSystem.org/Heart](https://www.methodisthealthsystem.org/Heart).

SUMMER LUNCH *Solutions*

Give your kids a balanced lunch to shake up that *extra* long break from school

For many parents, summer break usually brings with it a welcome relief from the schedules and structure of the school year.

But this year, school days haven't been the same since spring break, when parents and kids had their schedules turned upside down by the pandemic. Food could be just what your kids need to break up the monotony.

While creative types may relish the idea of Pinterest-worthy bento boxes, the rest of us consider assembling a healthy lunch just another box to check off.

Think about making it a family activity, whether during the day or the night before, and encourage the kids to pitch in and lighten your load. Wellness coach **Carey Shore, MS, RD, LD**, who splits her time between Methodist Richardson Medical Center and Methodist Dallas Medical Center, shares her basic how-tos for a nutritious lunch.

KEEP IT SIMPLE

Variety is the spice of life, and, it turns out, the key ingredient in a nutritious lunch — along with portion control.

Carey, a licensed dietitian, encourages parents to think about MyPlate, the nutrition guide published by the United States Department of Agriculture that depicts a plate divided into five food groups: fruits, vegetables, grains, proteins, and dairy.

"A balanced meal is going to have at least three out of the five," Carey says.

So what's that look like for lunch?

"It might be a turkey sandwich with baby carrots and cheese," Carey says. "If you can hit at least three food groups, you're going to have an adequate amount of carbohydrates, protein, and fat in that meal. It's really a matter of just playing with that formula."

WATER BEFORE JUICE

When it comes to drinks, water is always best, Carey says. Add variety with lemon, lime, or orange slices.

Steer clear of juice boxes with more than 10 grams of sugar per serving. Milk and chocolate milk also serve as good alternatives.

STOCK THE FRIDGE

Consider stocking the fridge with healthy snacks. Put some sliced cucumbers, chopped celery, or cut up fruit in a container in the refrigerator.

And, don't forget a few fun dips. Look for options higher in protein to stave off hunger, such as hummus, tzatziki, or Greek yogurt dip mixed with other flavorings.

At the end of the day, it's summer, and we want life to be fun and easy — not just for the kids, but for mom and dad as well.



FOCUSED ON
YOUR DAILY
WATER INTAKE?
**Add lemon, lime,
or orange slices
for variety.**

A WELL-ROUNDED
MEAL CAN INCLUDE
**FRUITS, VEGETABLES,
GRAINS, PROTEIN,
AND DAIRY.**

Find recipes under the "EAT" tab on [ShineOnlineHealth.com](https://www.ShineOnlineHealth.com)

HEALTHY AND EASY SNACK IDEA:

Put some sliced cucumbers, chopped celery, or cut up fruit in a container in the refrigerator.

INDIVIDUAL PIZZAS

These perfectly portioned, colorful pizzas will get any child to eat veggies.

- 3 cups frozen mixed vegetables with mushrooms
- 5 slices Italian bread (1 oz. slices; each ~ 1" thick and 5" long)
- 1 tablespoon olive oil
- ½ cup prepared pizza sauce
- 1 cup finely chopped tomato
- ½ cup very finely diced onion
- 1 tablespoon dried oregano leaves
- 1 teaspoon garlic powder
- 2 ½ tablespoons grated Parmesan cheese

Instructions: Preheat oven to 350 F and place oven rack in middle-high position. Microwave frozen vegetables, then pat dry.

Brush all bread slices lightly with oil and spread each with 1 ½ tablespoons sauce. Combine all vegetables in a medium-sized bowl. Carefully spoon vegetable mixture equally onto bread slices. Sprinkle with oregano and garlic powder and then with cheese. Bake about 5–7 minutes, until bread is brown on the edges and all vegetables are piping hot. Serve immediately.

Calories: 182	Carbohydrates: 29g
Total fat: 5g	Cholesterol: 2mg
Saturated fat: 1.1g	Dietary fiber: 5g
Protein: 6g	Sodium: 339 mg

Recipe courtesy of Produce for Better Health Foundation, fruitsandveggies.org.



A BAD DREAM BECOMES A **LIVING NIGHTMARE**

Lori Williams' quick response saved her husband's life

Lori Williams was sleeping next to her husband one morning last fall when a strange noise woke her up. "I thought, 'Oh, he must be having a bad dream,'" Lori says of Johnny, her husband of 30 years.

Johnny's bad dream turned into Lori's nightmare when she realized the Mansfield real estate broker wasn't waking up.

Somehow, Lori managed to stay calm. She called 911 and unlocked the front door for the paramedics. She carefully followed the dispatcher's instructions and performed CPR on her husband.

During the call, Johnny stopped breathing.

"As I'm doing chest compressions on him, he turned blue," Lori says.

Johnny believes his wife's fast thinking, coupled with the quick arrival of first responders, kept him alive for his short trip to the Amon G. Carter Foundation Heart and Vascular Center at Methodist Mansfield Medical Center.



Lori and Johnny Williams are grateful for Johnny's full recovery.

"If this had happened before Methodist Mansfield opened, I'd be dead," Johnny says. "The hospital is 10 minutes away from me."

Viral Lathia, MD, cardiologist on the medical staff at Methodist Mansfield, agrees Lori was a lifesaver. Johnny's heart may have stopped, but her compressions kept blood and oxygen flowing to his brain.

10% CHANCE OF SURVIVAL

It was a heart attack that caused Johnny to nosedive into cardiac arrest, Dr. Lathia says. With his right coronary artery 100% blocked, blood couldn't get to his brain, kidneys, or liver.

"Time was of the essence," Dr. Lathia says.

Dr. Lathia placed three stents in Johnny's heart, and his blood began to flow freely again. Still, Johnny remained unresponsive, and doctors told Lori her husband had a 10% chance of survival — and an even smaller chance of full neurological recovery.

Next, the medical team put Johnny into hypothermia protocol, a procedure that lowered his body temperature to prevent brain damage following cardiac arrest.

But, time wasn't on their side. Johnny had only 24 to 48 hours to wake up before doctors told Lori that she'd have to "make the call," she says.

Johnny beat the odds, to his wife's relief.

"When he started waking up, he showed complete neurological recovery," Dr. Lathia says.

BACK TO LIFE

The next day, Johnny started acting more like himself, Lori says, and he was back home just two days later. He doesn't remember anything about that whirlwind week and relies on his wife's recollections.

It's an ordeal she can't forget.

"Everybody was phenomenal," she says. "They were very good to us."

Johnny has to take a blood thinner for a year, and other medications, to keep his blood pressure and cholesterol low. But other than that, Lori says, their lives are back to normal.

"I'm a very lucky guy," he says.

**Learn more about Methodist Mansfield's
Amon G. Carter Heart and Vascular Center at
MethodistHealthSystem.org/MansfieldHeart.**

AMBULANCE



IF THIS HAD HAPPENED BEFORE
METHODIST MANSFIELD OPENED,
I'D BE DEAD. THE HOSPITAL IS
10 MINUTES AWAY FROM ME.

— JOHNNY WILLIAMS





WRANGLING

INFERTILITY WITH WEIGHT-LOSS SURGERY

After years of frustration, she was 60 pounds lighter and pregnant within 6 months

Like her mom, baby Anika (pictured opposite with her mother, Whitney) is a cowgirl through and through. But Whitney Monroe's weight nearly spoiled her plans for a child.

Infertility wasn't a common problem in her home on the range in Montague County. Whitney grew up breaking horses, and new ranch hands were always in abundance.

"My whole family is very fertile," Whitney says. "I really don't know where it came from."

WHY INFERTILITY?

She'd learn she had a condition called polycystic ovarian syndrome, or PCOS. Being overweight was making matters worse.

Although they may not know it, as many as 1 in 10 women of childbearing age suffers from PCOS, a hormonal imbalance that wreaks havoc on the menstrual cycle and often causes weight gain.

That was the case for Whitney, who was newly married and ready to be a mom. But after three frustrating years, she'd had it with fertility treatments and unsuccessful diets.

That's when she found an online article that suggested weight-loss surgery might be the solution she and her husband needed.

Eager to learn more, she drove 80 miles south to Methodist Dallas Medical Center for a consultation with **Sachin Kukreja, MD**, a bariatric surgeon on the hospital's medical staff.

She found out she was a good candidate for gastric sleeve surgery. But, her doctor warned her that he couldn't cure PCOS or her obesity, no matter how many pounds she lost.

Fertility often spikes in weight-loss patients, whether they want that or not.

"Obesity is a chronic lifelong disease for which there is no cure," Dr. Kukreja says.

He could improve her health and make living with the condition easier. And, most important to Whitney, her odds of getting pregnant would improve.

THE BARIATRIC SURGERY AND FERTILITY CONNECTION

For years, doctors have seen a spike in fertility after bariatric surgery, whether that's what their patients wanted or not.

"When I first started doing this, I didn't warn my patients," Dr. Kukreja says. "Their fertility goes up so much after surgery, they often get pregnant off-cycle. It even helps men struggling with infertility or impotence."

In Whitney's case, it took just six months to see the results, both in the 60 pounds she shed and the baby bump she gained.

Dr. Kukreja was among the first to get the good news.

"He'd always say, 'Call me as soon as you get pregnant,'" Whitney says. "He actually cares about his patients."

Whitney has no regrets about her surgery, a minimally invasive procedure that had her in and out of the hospital in a day's time.

She warns anyone who asks her, however, that it requires a lifelong commitment to diet and exercise.

"You really have to change your way of thinking," Whitney says. "You're basically on a diet for the rest of your life."

Or, as Dr. Kukreja likes to say, "You can't go to dinner without taking your operation with you."



YOU REALLY
HAVE TO CHANGE
YOUR WAY OF
THINKING.

— WHITNEY MONROE, ON LIFE
AFTER BARIATRIC SURGERY

FOCUS ON GRATITUDE

These days, though, Whitney's far less concerned about her own appetite than that of baby Anika, who arrived just in time for Thanksgiving.

Not long afterward, she'd express her thanks on a trip to the big city for Anika to meet her surgeon. And for this occasion, pink booties wouldn't do.

"They both came in with their cowboy boots on," Dr. Kukreja says. "They're Texans through and through."

For more weight-loss options, search "weight management" at ShineOnlineHealth.com.

SHOULD YOU TRY INTERMITTENT FASTING?

Focusing on *when* rather than *what* you eat won't work for everyone. Here's what the experts say



Many diets focus on restricting certain food groups or amounts, but intermittent fasting shifts the focus from *what* to *when*. Intermittent fasting diets cut down the number of calories you consume with scheduled periods of time when you don't eat anything. With intermittent fasting, you choose an "eating window" of 8, 10, or 12 hours, during which you can eat whatever you want (although healthy diet choices are still recommended). For the remaining hours, usually including when you are asleep, you fast.

Other diets encourage fasting days. Similar to daily intermittent fasting, these diets allow you to eat whatever you want during your non-fasting days. On the days you choose to fast, you severely limit your calorie intake. Some diets encourage you to eat 500 calories or fewer on your fasting days; others say to avoid any food or drinks with calories. Beverages with a low amount of or zero calories, such as black coffee and water, are permitted. Scheduled fasting days can range from twice a week to every other day.

Fans of intermittent fasting claim it helps with weight loss, mental clarity and focus, and other health benefits, but that doesn't mean it's right for everyone. Here is what we know about intermittent fasting:

CAN INTERMITTENT FASTING HELP ME LOSE WEIGHT?

"Intermittent fasting can be an effective weight-loss strategy for people who could benefit from a structured schedule," says **Carey Shore, MS, RD, LD**, dietitian and wellness coach at Methodist Health System. "If it prevents overeating, especially in the evening hours when we all love to snack, then it can work. I favor the fasting schedule such as 6 p.m. until 10 a.m. for this very reason."

Intermittent fasting can lower your body's insulin levels, which allows your cells to release stored fat. Your body then burns the fat as energy, and you lose weight.

ARE THERE OTHER HEALTH BENEFITS TO INTERMITTENT FASTING?

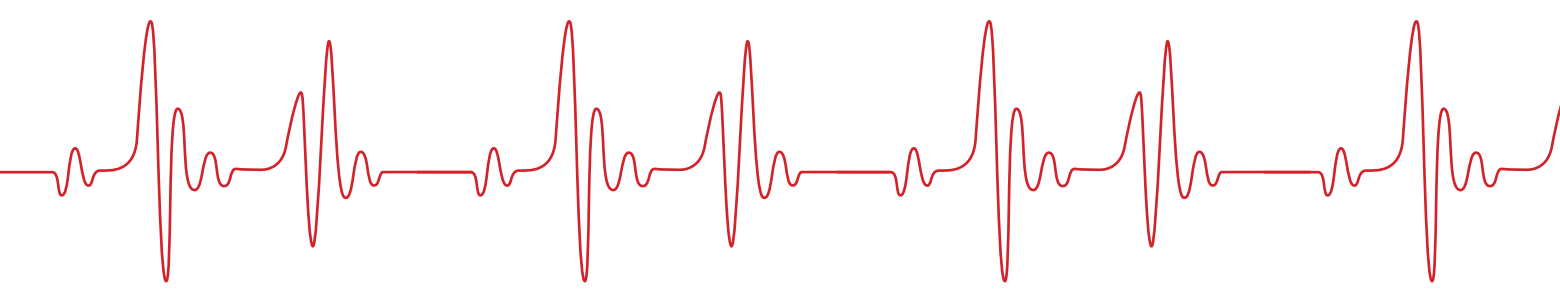
Some research suggests intermittent fasting can slow down the aging process or combat heart disease, but that research is inconclusive. One study published in *Cell Metabolism* showed that patients with metabolic syndrome were able to lose weight and lower their blood pressure by using a daily intermittent fasting schedule, allowing for a 10-hour eating window followed by a 14-hour fast. However, the study was very small, with only 19 participants.

"There is so much we do not know about intermittent fasting, such as long-term benefits, which type of fast is best, and more," Shore says. "Because of this, use caution when approaching any kind of diet. Get the green light from your primary healthcare provider, especially if there are any existing health conditions. Fasting is not for everybody."

A daily, 12-hour eating window and 12-hour fast is safe for most people to attempt, according to the National Institutes of Health, but otherwise, there are still important things we need to learn.

If you think you might benefit from intermittent fasting, speak with your provider. He or she can help you create a plan to meet your specific needs and goals.

Find more nutrition tips under the "eat" tab on ShineOnlineHealth.com.



When seconds counted, STROKE PATIENT had flier at his fingertips

Brain cells begin dying within minutes of a stroke,
so Don Higginson had to be fast

A flier from a stroke awareness luncheon hung on Don Higginson’s refrigerator for weeks — until the day he needed it most.

Don, 57, attended a healthcare seminar sponsored by his employer last fall, and the handout turned out to be a lifesaving memento from Methodist Richardson Medical Center.

“It’s easy to take those types of events for granted, thinking that the speaker or topic doesn’t pertain to you,” Don says. “I had some serious cardiac issues in the past, so I tend to really pay attention when the speaker or subject is about healthcare.”

Don likes to keep important information where it can be seen often. That’s how the flier wound up in a prominent spot on his fridge reminding him to “BE FAST” when it comes to stroke symptoms.

“ ”

I FEEL
LUCKY THAT
I WAS A PREPARED,
INFORMED PATIENT.

— DON HIGGINSON

“WE HAD TO ACT FAST”

Last May, after finishing up dinner with his wife, Marcie, Don was struck by a sudden, terrible headache and began sweating profusely. When he started having trouble swallowing and his speech became garbled, Marcie grabbed the stroke flier and called 911.

“By the time the ambulance arrived, we knew I was having a stroke because of the detection techniques listed on that flier,” Don says. A well-trained nurse also recognized his symptoms and helped to expedite his care.

“When Don was being evaluated, dizziness was his primary symptom which is a less commonly recognized stroke symptom,” explains **Frederic Nguyen, MD**, neurologist on the medical staff at Methodist Richardson. “We knew we had to act fast to get him diagnosed, and to do that we relied on the nursing staff, emergency room and stroke team.”

AN UNCOMMON CAUSE

Don’s stroke was also out of the ordinary because it was caused by a torn artery rather than a blood clot.

He had a series of imaging studies, including a CT scan, an MRI of his head, and a CT angiogram, to look at the blood vessels in his head and neck.

The stroke originated deep in the right side of his cerebrum, the back of the brain. Dr. Nguyen said that correlated with his dizziness, difficulty swallowing, and left-sided symptoms.

His doctors were able to find a vertebral artery dissection, a flap-like tear in the inner lining of the vertebral artery, which is located at the back of the neck and is responsible for supplying blood to the brain.

“This type of brain injury is a less common cause of stroke,” Dr. Nguyen says. “It’s managed slightly differently from the more common causes of ischemic strokes caused by a blood clot.”

Don Higginson with his wife, Marcie, and daughter Leah Higginson.



AWARENESS IS KEY

Dr. Nguyen praised the team effort involving nurses, therapists, administrators, and physicians for Don's positive outcome. But, Don and his wife also deserve credit for recognizing the warning signs.

"We always encourage patients to be aware of the most common stroke symptoms," Dr. Nguyen says, "but also remind patients that each stroke is different and requires specialized evaluation and treatment."

Don spent two weeks in intensive care and recovery at the hospital. He went on to spend 2 ½ weeks at a rehabilitation center where he would start the months-long process of regaining use of his left side.

"It took an incredible amount of physical therapy to get back to walking without assistance," Don says. "My left arm and hand will always have limitations, but despite it all, I feel lucky that I was a prepared, informed patient."

It was also fortunate that flier ended up on his fridge and not in the trash.

**WHEN IT COMES TO STROKE,
BE FAST CALL 911**

Any one of these sudden **SIGNS**
could mean a **STROKE**



Balance

Watch for sudden loss of balance



Eyes

Check for vision loss



Face

Look for an uneven smile



Arm

Check if one arm is weak



Speech

Listen for slurred speech



Time

Call **911** right away

Learn all **10 SYMPTOMS OF STROKE** @ overreact2stroke.com

Do you know your risk factors for stroke? Take our health assessment at MethodistHealthSystem.org/StrokeHRA.

THAT PAIN IN YOUR NECK could be your **SMARTPHONE**

Smartphones are everywhere, and judging by how much we're hunched over ours, we'd be lost without them, even during our COVID-19 quarantines. But all that hunching can put strain on your back and neck.

The condition is called “tech neck” or “text neck,” and you might be surprised to learn that you've already experienced the symptoms, which can include muscle pain and headaches.

“It's a repetitive stress injury to muscles in the neck caused by poor posture while using computers or handheld digital devices,” says **Nimesh Patel, MD, FAANS**, neurosurgeon on the medical staff at Methodist Dallas Medical Center. “When people spend long periods of time with their head and neck extended too far forward over the body, it strains the neck muscles.”

A 60-POUND PAIN IN THE NECK

Studies suggest that looking down at our phones can be equivalent to placing a 60-pound weight on our necks.

When the ears are directly above the shoulders — in a neutral or “zero degree” position — the neck supports a head weight of 10–12 pounds.

Tilt your head just 15 degrees forward, and that burden grows to 27 pounds. At 45 degrees, it increases to 49 pounds, and at a 60-degree angle, the neck is supporting 60 pounds.

Dr. Patel says when you consider the average person spends over four hours a day on mobile devices, it's no wonder tech neck has become such a problem. And by some estimates, screen time has skyrocketed since the COVID-19 pandemic forced so many to stay home.

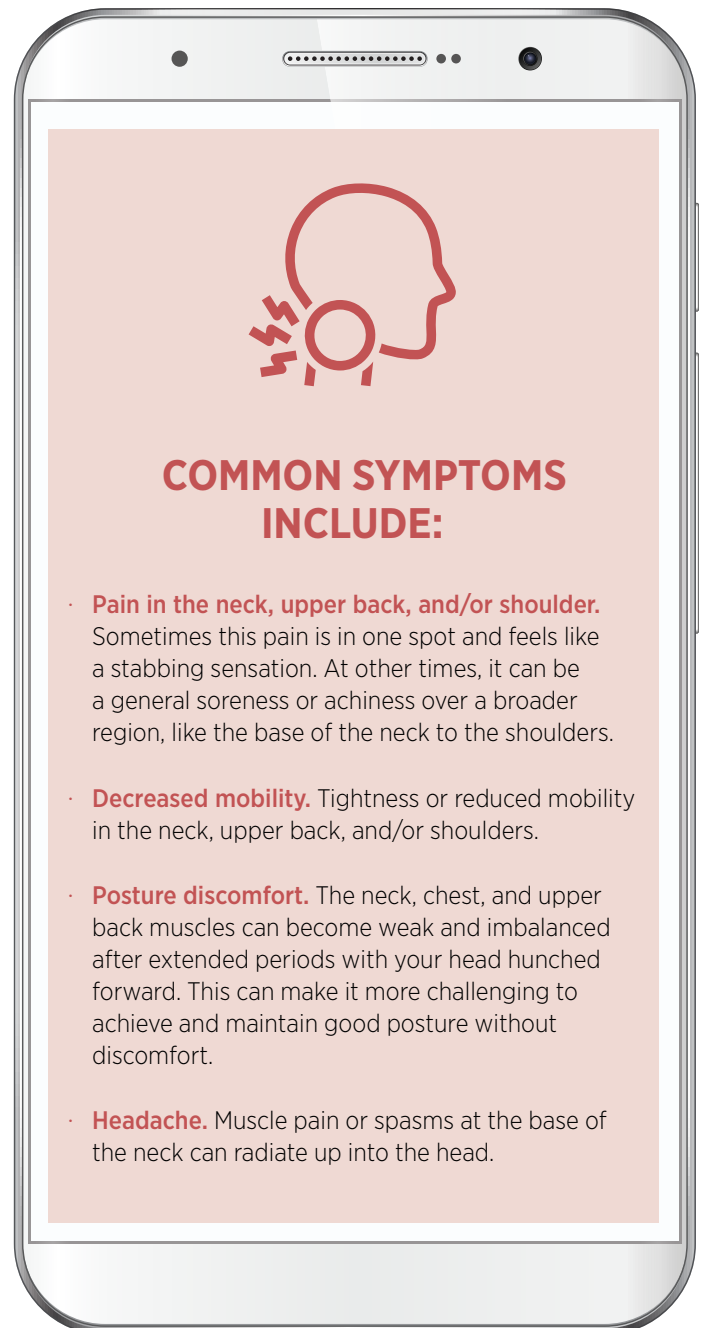
TREATING TECH NECK

Dr. Patel encourages his patients to exercise more to make muscles stronger and less prone to injury. Incorporate stretches and exercises that will increase the neck's strength and flexibility.

It's also crucial to improve your postural habits when using digital devices by:

- Holding your mobile device closer to eye level.
- Adjusting your chair and desk to put your computer screen at eye level.
- Taking frequent breaks from your screens.

**Take our joint health assessment at
MethodistHealthSystem.org/JointHRA**





Picking up the pieces
**AFTER CRASH
NEARLY KILLED HIM**

Michael Fields is thankful for every day he gets to spend with his daughter

Driving to work one day last fall, Michael Fields looked forward to celebrating his youngest daughter's fourth birthday that evening.

Minutes later, he stared down at his thigh bone and up at a bloody windshield. What he couldn't see was the hole in his shattered skull.

Michael had crashed into a Jeep that stalled on Interstate 35E as he headed to his job as a field supervisor of a pool company.

Despite the pain, he understood he had to escape his company van, which could explode if the chlorine he was hauling set off a chemical reaction.

"I had to get out, and I wasn't getting out with a compound fracture," he says.

Michael, age 35, pushed the bone back into his leg and banged on the window of the jammed door for help. He called on some boyhood training from Eagle Scouts to overcome the pain.

It wasn't until firefighters cut him out of the vehicle that he learned how bad it was.

Repairing the gaping hole in his head became the top priority when paramedics took him to Methodist Dallas Medical Center, which is a Level I trauma center.

Michael's wife, Evelyn, rushed to the hospital from work.

"It was hard to look at Michael's injuries," Evelyn says. "His head was so swollen."



Michael's medical team had to rebuild his shattered femur, repair the surrounding tissue and his kneecap, and induce bone formation.

Jennifer Burris, MD, trauma surgeon on the medical staff at Methodist Dallas, stabilized Michael by gently irrigating and temporarily covering his skull fracture. She called on two fellow surgeons to help.

Bala Giri, MD, neurosurgeon on the Methodist Dallas medical staff joined Dr. Burris.

The left side of Michael's skull was shattered, and bone shards, along with bits of glass and metal, were deeply embedded in his brain. Michael's brain was bleeding inside and out, and one of his neck vertebra was broken.

"I've worked at Methodist Dallas for 20 years, and I've had maybe two or three cases with an injury that severe," Dr. Giri says.

Dr. Giri controlled the bleeding, removed the debris, and patched the brain's protective membrane with bovine tissue that would mesh with new cell growth. Then, he reconstructed Michael's skull with a titanium plate and screws.

"He had such a bad fracture, there was no way to put all of the pieces together," Dr. Giri says. "I wanted it to look as normal as possible."

As Dr. Giri finished, **Niladri Basu, MD**, orthopedic trauma surgeon on the medical staff at Methodist Dallas, began to rebuild Michael's shattered femur and fractured kneecap.

"It's one of the worst cases I've ever seen in terms of the amount of damage," Dr. Basu says. "We had to do a full restoration of his limb, repair the soft tissue, and induce the creation of new bone."

Michael would have two more surgeries over the next couple of months to address his extensive injuries.

MICHAEL'S RECOVERY

After two months of speech, occupational, and physical therapies to repair Michael's brain, he could speak again and get around his home with a walker.

"It really is a miracle," says Michael, sitting with his leg in a brace at his home in Red Oak. "I'm thankful every day."

Boosted by Michael's determination and age, his recovery has been nothing short of phenomenal.

"It's just like recovering from a stroke," Dr. Giri says. "Every time I see him, it is one of the most gratifying experiences."

Less than nine months after the Nov. 12 accident, Michael is back on his feet and walking. His leg was reconstructed with bone and marrow grafts and held together by a scaffold of steel plates and screws.

This year, he won't miss his daughter's birthday.

"I'm so grateful that I have the opportunity to celebrate my daughter's fifth birthday with her," he says.

Michael is grateful to God, the firefighters and paramedics, and the devoted team at Methodist Dallas.

"You realize how fortunate you are to have a place like Methodist Dallas in an emergency," Michael says. "You can't thank someone enough for their ability to save your life."

Methodist Dallas Medical Center is a Level 1 Trauma Center. Learn more at [MethodistHealthSystem.org/DallasER](https://www.methodisthealthsystem.org/DallasER).



Michael Fields and his daughter, Demi.

Online care, no matter where,
with MethodistNOW.



Now you can access Methodist
family healthcare anywhere!



Infections, illnesses, and allergies can happen anytime, anywhere. So when you can't go to the doctor, go online with MethodistNOW, a service of Methodist Family Health Centers. We provide quality care fast, 8 a.m. to 8 p.m., seven days a week, for more than 25 common conditions.

No appointment, video chat, or phone call necessary.

Simply go to MethodistNow.Life and complete a short online interview. Most online visits take only 15 minutes from diagnosis to prescription and cost just \$40. Next time, take it easy and get care, anywhere, with MethodistNOW. **Trust. Methodist.**

Learn more at MethodistNow.Life



OUR GUIDE TO



summer

After a surreal spring, we could all stand some sun and fun. **Just don't overdo it.**



GRILLED ... GRAPEFRUIT?

Transform a boring barbecue with some fresh fruit.

Pages 36-37



GET FIT AT HOME

Beat the heat and build your own gym on the cheap.

Page 38



THE TRUTH ABOUT FAKE HUES

Sunless tanning comes with its own risks.

Page 39



KNOW THE SKIN YOU'RE IN

It starts with sunscreen, but skin care should mature with you.

Pages 40-41



Ripe for the GRILLING

Try this twist
on your favorite
summer fruit

What better way to emerge from months indoor than with some social distancing at the backyard barbecue? But firing up the grill this summer doesn't have to be all about ribs and other red meat. Take your grill game to the next level by adding fresh fruit to the mix.

Fruits are cholesterol-free and low in fat, sodium, and calories. They're also a good source of essential nutrients like potassium, which can help maintain healthy blood pressure.

The Centers for Disease Control and Prevention reported that only 12% of adults eat enough fruit. So if fruit gets a raw deal at home, try warming things up.

"Cooking fruit brings out a new flavor and richness as the sugars are caramelized," says **Carey Shore, MS, RD, LD**, nutritionist at Methodist Dallas Medical Center. "Grilling helps break down the fiber, which makes fruits easier to digest. It's yet another unique way to consume different kinds of fruits and meet your daily nutritional needs."

The possibilities are endless when it comes to throwing fruits on the fire and serving them.

Only 12% of
adults eat
enough fruit.

Here are our top 10 favorites:

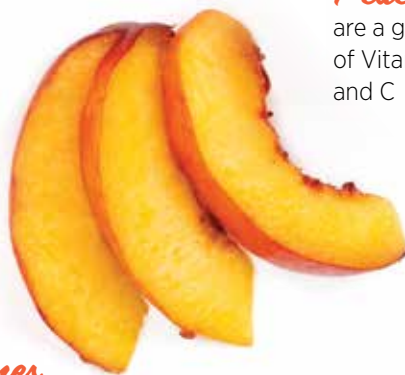


1. **Watermelon**
is both a fruit and
a vegetable



2. **Peaches**

are a great source
of Vitamins A
and C



3. **Nectarines**

are like a peach, but have smooth skin



4. **Bananas**
are clones of the
same plant



5. **Cherries**

are available in
more than 1,000
varieties



6. **Pineapple**
ripens faster upside down



7. **Pears**
are a great source of
fiber and Vitamin C



8. **Grapefruit**
are made of 92% water

9. **Mangoes**
are related to cashews
and pistachios



10. **Cantaloupe**
packs just 100 calories
in an average-size melon



Step-by-step guide to grill your fruit to perfection

1. **Choose fruit** that's ripe but not too ripe. You want it to be firm enough so it doesn't fall apart on the grill.
2. **Cut fruit** into large chunks, since larger pieces are less likely to fall through the grates.
3. **Heat your grill** to medium high for at least 10 minutes
4. **Brush fruit** with oil so it doesn't stick to the grill.
5. **Grill fruit** over high heat for three minutes without moving or turning it to get the perfect sear. Flip and cook for one to three minutes more.
6. **Take off the grill** and enjoy!

Find recipes under the "eat" tab on ShineOnlineHealth.com.



Add grilled fruit to:

Fruit kebabs: Include as many varieties of fruits as you want. Sparring the fruit allows you to use smaller fruits on the grill, like cherries or berries, that might otherwise fall through the grates.

Liven up salads with one or more grilled fruit toppings, such as watermelon or cherries.

Serve as a healthy dessert, such as topping grilled peaches or pineapple rings with ice cream.

Add to your plate as a side dish. For example, grilled mangoes can be a delicious complement to pork tenderloin.

For breakfast, fire up the grill for grapefruit or cantaloupe and serve with yogurt.

Spice up your salsa by adding grilled pineapple or peaches.

Build your own HOME GYM

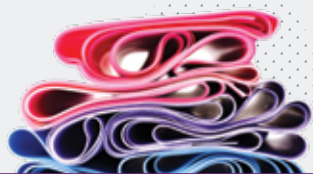
The seven must-haves for at-home exercise

IT'S NOT EVERY day your doctor tells you not to go to the gym, but with social distancing now the norm, skipping the gym may be in your best interest. So how can you get a decent workout at home without breaking the bank?

Sometimes, sweating it out at home is the best option, whether or not your personal gym features a fancy exercise bike or pricey elliptical.

An at-home gym doesn't have to be overly expensive or take up a lot of room, says **Lisa Hartman**, Fit Zone and Fitness Center supervisor at Methodist Charlton Medical Center.

Here are the top seven must-haves, according to the hospital's resident fitness expert:



LOOP RESISTANCE BANDS

Small, convenient, and perfect for training your glutes and legs, loop bands force your muscles to engage by working against the tension. Each band has a different resistance level so you can adjust accordingly.

Starting price: \$2



TUBE RESISTANCE BANDS WITH HANDLES

These colored, stretchy bands have a handle at each end and can substitute for free weights or a cable pulley and withstand heavier exercises. Shoulder presses, biceps curls, and hip exercises are just a few workouts you can perform.

Starting price: \$9



YOGA MAT

"For stretches, warm-ups, bicycle crunches, or other exercises on the floor, a good mat is key," Hartman says. Look for the proper thickness, texture, and material to make sure it sticks to the floor without sliding.

Starting price: \$7



STABILITY BALL

Want to improve your balance, flexibility, and core? A stability ball may be right for you. It's great for abdominal and oblique crunches.

Starting price: \$20



DUMBBELLS

You can't go wrong with these classic pieces of gym equipment. They're versatile and easy to use. Depending on the amount of weight or the quality of the product, you can find some great deals.

Starting price: \$6

An at-home gym **doesn't have to be overly expensive or take up a lot of room.**



JUMP ROPE

Forget the treadmill and snag a jump rope to get your heart pumping. It's an easy and inexpensive way to burn calories in a small space.

Starting price: \$5



GLIDING DISCS

These slippery discs, placed under your feet or hands while exercising, are great to help you perform cardio and core strengthening moves.

You can even use gliders to advance your pushup sets.

Starting price: \$8

PLAYING IT SAFE

Always make sure your muscles and core are engaged when lifting or doing any cardio. Safety is a priority, so check with your doctor before beginning a new exercise program.

"If something is hurting besides the normal pain of muscle fatigue, you need to modify what you're doing and take breaks when needed," Hartman says.

Learn more by searching "fitness" at ShineOnlineHealth.com.

SUNLESS TANNING SAFETY



While sunless tanning solutions avoid harmful UV rays, they contain chemicals and need to be used with caution

THE POPULARITY OF SUNLESS tanning techniques, such as tanning beds, spray tans, and lotions, speaks to a desire for glowing, sun-kissed skin. But is “fake-baking” safe?

With so many trips to the beach canceled by the pandemic, sun worshipers need alternatives. And all that backyard sunbathing, even with sunscreen, exposes our skin to potentially dangerous levels of ultraviolet rays, the most common cause of skin cancer.

But how much do you know about the safety of sunless tanning products?

Jeannine Hoang, MD, dermatologist on the medical staff at Methodist Mansfield Medical Center, shared her knowledge on safely getting a tan this summer.

TANNING BEDS

These devices expose your skin to the same harmful UV rays as the sun. Even under the pretense of being “a controlled exposure,” it’s still a risky way to get a tan.

TANNING PILLS

There’s no such thing as a magic pill to give you a perfect tan. In fact, these tablets contain high doses of color additives that aren’t safe for anyone to consume.

They can cause hives, damage your liver, and impair your vision — all in exchange for an unnatural orange tint.

SPRAY TANS AND LOTIONS

Sunless tanning solutions mainly fall into two categories: bronzers and self-tanners.

Bronzers are essentially makeup that washes off, providing a temporary skin darkening solution, Dr. Hoang says.

Self-tanners, on the other hand, use a specific chemical — dihydroxyacetone, or DHA — to stimulate a reaction in the skin that makes it appear darker.

DHA is added to sprays, lotions, creams, and foams that are spread or sprayed onto the skin, either by the user or a professional at a tanning salon.

BUT ARE THEY SAFE?

Sunless tanning sprays and lotions are certainly safer than tanning the old-fashioned way because they involve no UV exposure.

But while they’re safer in that regard, Dr. Hoang says, self-tanning solutions aren’t without risks.

“It should be more widely known that although the Food and Drug Administration has approved DHA for external use, it has not been approved to be inhaled,” she says.

That’s often unavoidable when stepping into a spray tan booth, as is having the solution applied directly to sensitive membranes like the lips and nostrils and around the eyes.

So, Dr. Hoang counsels her patients to use the proper precautions when selecting products containing DHA.

When using at-home tanning products, carefully follow the directions on the label.

For spray tanning, she advises the following:

- Wear a mask or try not to inhale the spray.
- Shield the eyes or use protective coverings.
- Lubricate lips with lip balm before getting sprayed.
- Protect the nostrils with a plug or cotton balls.
- Wear undergarments to protect sensitive skin in the pubic area.

And remember, a fake tan won’t protect your skin from being baked for real.

“Regardless of which method of sunless tanning you choose,” Dr. Hoang says, “you still need to use sunscreen and follow reapplication rules.”

THE SKINNY ON *skin care* AT ANY AGE

Skin care is personal: What works for a friend may not work for you, and what works at one age may not have the same effect later on

Face it: As we get older, our skin is going to change. It's best to embrace it with as much grace as possible and find what makes your skin happy.

But good skin goes beyond what you see in the mirror. It can be an indicator for your overall health.

We spoke with **Daniel Witheiler, MD**, dermatologist on the medical staff at Methodist Dallas Medical Center, about developing an easy guide to healthy skin at any age.

THE ESSENTIALS

No matter your skin type or age, your cabinet should include a gentle cleanser, moisturizer, eye cream, and sunscreen.

"The single most important thing that you can do for your skin is to limit sun exposure," Dr. Witheiler says. "The damage you do to your skin in one day or in one weekend is usually impossible to see. But after a few decades, it's hard to miss!"

Dr. Witheiler recommends products with a sun protection factor (SPF) of at least 30 and broad spectrum protection. This blocks 97% of ultraviolet (UV) B rays, which cause sunburns.



YOUR GO-TO PRODUCTS
AT EVERY DECADE

20s



Teens aren't the only ones who have to deal with problem skin. Adult acne is real! If you suffer from redness and need blemish control, Dr. Witheiler says the best defense is to use a product containing benzoyl peroxide. It can destroy bacteria, help with inflammation, and unclog pores.

Keep in mind this anti-bacterial is quite strong, so if you have sensitive skin, he suggests benzoyl peroxide soap instead. Just lather and leave on for five minutes, then rinse. If your skin can tolerate a leave-on product, use a 5% benzoyl peroxide lotion daily, or add a 0.1% adapalene gel (a Vitamin A derivative available over the counter) to problem areas to promote quick healing.

The good news is that your skin care routine can generally stay the same at this point, but you may have to swap out a product here and there. Dr. Witheiler recommends the use of an alpha hydroxy acid (AHA) product, which can help exfoliate. One type of AHA is glycolic acid; it can penetrate deep into the skin to improve firmness and keep it hydrated.

“This is a good way to reduce dry skin, small wrinkles, and early age spots,” he says.

And if you really want to amp things up, try light chemical peels. If done correctly, these help stimulate cell turnover, which is important for hyperpigmentation caused by acne or sun exposure.

30s



40s



By your 40s, there may be more early signs of brown discoloration, light patches, and early wrinkles.

Instead of reaching for a product containing glycolic acid, grab one that has a retinoid like retinol or adapalene. It acts as an anti-aging formula by increasing the production of collagen and new blood vessels, which can improve skin tone. If your skin can tolerate it, use daily; otherwise apply it once or twice a week.

Prescription-strength retinoids may be your best option in middle age. That's because prescribed retinoids are much more potent than ones you find over the counter, leading to more glowing, even-toned skin and better texture.

“Aging of skin is complex,” Dr. Witheiler says. “Most changes are due to intrinsic changes of the cells and sun-induced damage to the DNA of keratinocytes.”

Be aware, retinoids can cause dryness and flaking, so always follow up with a good moisturizer. Look for creams and lotions with ceramides, lactic acid, or urea in them. These serve to restore natural lipids to the skin to help it stay hydrated and shed dead skin cells.

Also, since the rate of skin cancer goes up starting in your 50s and 60s, it's important to examine your skin monthly for new or changing lesions, Dr. Witheiler says.

50s+



SMALL CHANGES CAN LEAD TO BIG DIFFERENCES

By introducing small changes into your routine, you're learning what products and techniques are right for your skin type. It can take anywhere from a few days to a few months before you start to notice a difference, so be patient as your skin adjusts.

Get more tips by searching “women’s health” at [ShineOnlineHealth.com](https://www.ShineOnlineHealth.com).

Lost in the wash

The less-is-more approach is key for overall skin health. Follow these steps when caring for your skin.


Step 1: Use a gentle cleanser that won't leave your skin feeling tight. If it does, it means your cleanser is taking out too much moisture and natural oils. Use your fingertips instead of cloths or other abrasive materials; this approach is less irritating.

Step 2: Follow up with a light moisturizer. Moisturizers trap water in the skin. Find one that suits your skin type. If oily, opt for creams that are noncomedogenic (these don't clog pores). If you have dry skin, look for products with hyaluronic acid or ceramides; these ingredients can retain even more moisture.

Step 3: Apply sunscreen if your moisturizer doesn't already contain it. Apply only after the first cream has been fully absorbed to avoid diluting either product.

Step 4: In the evening, after cleansing, spot treat as needed and then apply a night cream or light moisturizer. There's a reason it's called beauty sleep. This is when your skin will be able to replenish itself through cell regeneration.

Step 5: Don't forget eye cream. It helps diminish the look of fine lines and crow's feet. Make sure to gently pat into the skin using your ring finger since it provides the lightest touch. Avoid tugging and pulling under your eyes, which can cause premature aging.



The AngelEye Camera System **allows parents to use an app to watch their newborns in the NICU.**

ANGEL EYES

— ON OUR —

littlest angels

These days, using a screen to keep tabs on each other is routine. Now there's an app that lets families check in on their newest, and most vulnerable, additions

The first day Charity Foreman arrived at Methodist Mansfield Medical Center was “kind of a blur” — hardly surprising since she delivered twins that day before they were placed in the neonatal intensive care unit (NICU).

On day two, everything came back into focus, thanks to a webcam in the NICU that allowed her to see her babies without leaving her hospital room.

“I had to remember I was recovering, too, but could still see them whenever I wanted,” Charity says. “If I'd been discharged and they were still at the hospital, knowing I could log in any time I wanted would be really comforting.”

That's why the eight-bed NICU at Methodist Mansfield has installed its AngelEye Camera System, allowing parents to use an app to watch their newborns when they can't be by their sides.

“Discharge day can be pretty hard when the moms leave and the babies are still here,” says NICU nurse **Jordyn Gary, BSN, RNS-NIC**, a floor manager in the hospital's busy labor and delivery unit. “Moms go back to work or have to rest and take care of themselves.”

And when families can't be with their babies all the time, it's a stressful situation.

“This just makes it easier and gives them peace of mind,” Jordyn says. “They can open up the phone and take a peek at the baby really quickly.”

What's more, faraway family members like Charity's parents and in-laws could see their new grandchildren.

“They live in Virginia,” Charity says. “I sent them the link, they made a password and could watch immediately. They were so excited.”

Fortunately for Charity, little Camille and Lindley got to go home when she did, but thousands of newborns need days of extra care in NICUs like Methodist Mansfield's.

And when visits to the NICU must be limited, whether in the thick of COVID-19 or during the height of flu season, the camera system becomes even more useful, especially for children eager to see the newest additions to their family.

“That service was awesome,” says Charity, who has two older daughters with husband Lindley Foreman III. “When my girls would come in after school, I'd say, ‘You can't hold them, but you can see them.’”

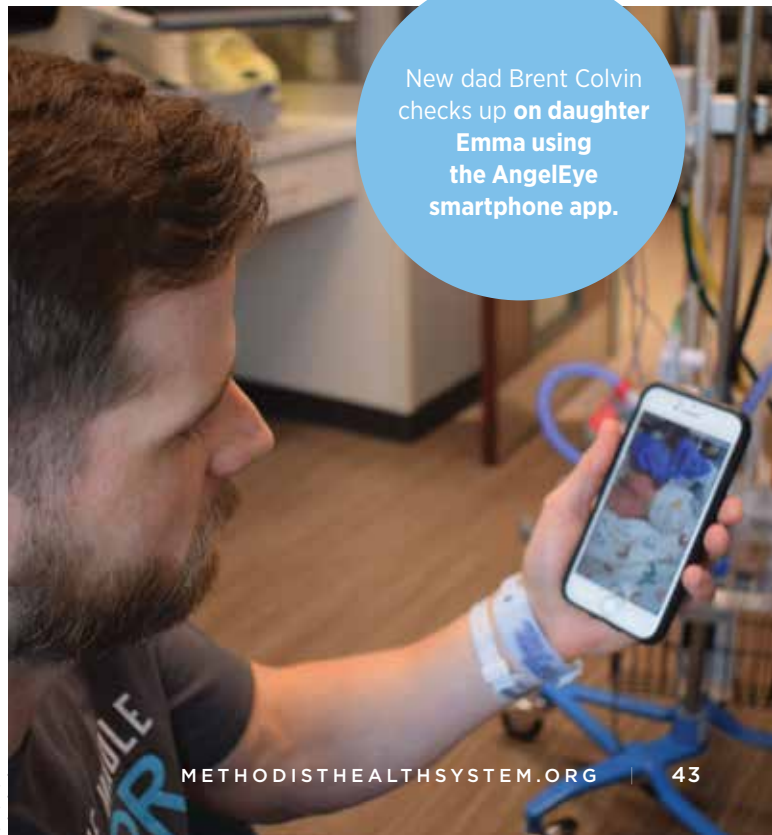
But the cameras aren't filming all the time. When babies are being cared for, the camera turns off and a Methodist logo pops up explaining why.

“As soon as we're done and step away,” Jordyn says, “the parents can see their baby again.”

But that's a minimal addition to the nurses' workload — “just flipping a switch,” Jordyn says — a small price to pay for the benefits the camera system provides parents.

“They see babies cry and pacifiers fall out, and they see someone come over and love on their baby,” she says. “It's all around a wonderful thing for our unit.”

Take a virtual tour of the labor and delivery suites at Methodist Mansfield at MethodistHealthSystem.org/MansfieldTour



New dad Brent Colvin checks up on daughter Emma using the AngelEye smartphone app.

Community

The outpouring of support from the communities served by Methodist Richardson Medical Center has been uplifting, to say the least. We're grateful to the volunteers who sewed thousands of cloth masks, to the crafters who used their 3D printers to make face shields, and to the first responders who filled the parking lot for a parade of support. We'd need many more pages to list all the generous food donations, goodie bags, and notes of encouragement. We are truly humbled.

Handmade quilts are often a family's most treasured heirlooms. They are warm and beautiful representation of the hours and love poured into turning pieces of fabric into works of art. Each month, more than a dozen ladies from the group "Quilting with Heart" present over 36 quilts to Methodist Mansfield Medical Center, bringing hope to patients in need.

"We love performing acts of charity through the art of quilting," says Cat Krueger, one of the founding members. "Our hope is that our prayed-over quilts bring joy and comfort to the patients and staff at Methodist Mansfield Medical Center. It is love, one stitch at a time."



"Quilting with Heart" ladies bring comfort and joy to patients at Methodist Mansfield



Boutique Mi Golondrina donates masks, an accessory suddenly in high demand

Volunteers from Nova Gymnastics in Midlothian showed their appreciation for the healthcare heroes at Methodist Charlton Medical Center by giving their immune systems a boost. The care packages were full of 30 days' worth of vitamins for 60 respiratory therapists helping treat COVID-19 victims, among other patients at the hospital. The medical staff conveyed their gratitude by making a sign on a picture window at the hospital: "Thank U Nova." Volunteers at the Midlothian gym were touched, writing on Facebook: "This group of individuals are amazing. I hope these pictures make your hearts as full as ours."

With so many businesses struggling amid government-mandated shutdowns, some have seized the moment and found new opportunities. That's the case for Mi Golondrina, a Dallas boutique that partners with artisans from Mexico. Owner Cristina Lynch shifted her resources to make masks by the thousands and donated 5,000 fabric masks to Methodist Dallas Medical Center. The donation was big enough that Methodist Dallas could share with the other hospitals in the Methodist Health System.



Sponsors at Midlothian gym bend over backward to show their appreciation

LIVING OUT OUR MISSION

When the COVID-19 pandemic hit North Texas, Methodist Richardson wanted to show support, not just for healthcare workers, but for the whole community. The hospital started a grassroots initiative with the phrase “Richardson Strong!” and #InThisTogether.

“We thought this was a very strong way for us to put our arms around this community and show that we are in this together,” says Methodist Richardson President Ken Hutchenrider, FACHE.

Hutchenrider and his team reached out to a local printing business to ask if they could create banners and yard signs. The effort quickly scaled up to a website and a Facebook page, and blue yard signs began popping up everywhere in the city. Businesses and homeowners’ associations (HOAs) could easily customize their signs. The Canyon Creek HOA even started the movement to sell the signs for \$10, with proceeds benefitting Network of Community Ministries, a local nonprofit that supports those in need.



Community puts some muscle behind grassroots 'Richardson Strong!' initiative



Taco Tuesday become weekly event thanks to Bishop Arts restaurant

The staff at El Primo’s Mexican Grill knows the team at Methodist Mansfield doesn’t stop when the sun goes down, so they catered to both the day and night shift. More than 750 hot meals were served to the staff, warming their stomachs as much as their hearts.



Mexican grill in Mansfield serves up donated meals to day and night shift



UT Dallas puts protective gear from shuttered research labs to good use

The research labs may be shut down for the semester at the University of Texas at Dallas, but that doesn’t mean their equipment will go to waste. The biomedical sciences program at the Richardson university made a generous donation to Methodist Richardson that included masks, gloves, and other protective gear that have become invaluable during the pandemic. It’s always good when a Tier One research institution has your back.

WHAT YOU NEVER KNEW YOUR DOCTOR CAN DO

Patients often underestimate all the services their primary care providers offer

PRIMARY CARE PROVIDERS (PCPs) are the gatekeepers of the medical field. Often the first stop in a healthcare journey, they can provide some level of care to any patient who pays them a visit in person or, preferably these days, through an online appointment. And chances are they can do more than you know.

BENEFITS OF A PCP

Sharisse Holinej, MD, a family medicine specialist on the medical staff at Methodist Mansfield Medical Center, says many of her patients are surprised to learn all the conditions she treats.

“In general, patients underestimate what their PCP can offer them,” she says. “But I think that is starting to change, and I am eager to inform more people about how capable we are.”

Dr. Holinej encourages patients to think of their PCP as their medical “home,” which they can visit virtually from the comfort of their actual homes. For most, your PCP will be the doctor you see most often and the one who will coordinate your care with other medical professionals as needed.

DID YOU KNOW?

Primary care providers can perform simple procedures in their offices.

Let's take a look at six ways your PCP can take care of you:

1. HEALTH AND WELLNESS

Thinking about optimizing your quality of life with changes to your diet, sleep habits, stress management, and exercise? All these areas of wellness can be discussed at length with your PCP. **Don't forget the most important part of your wellness: an annual exam.**



2. PREVENTIVE CARE

In need of an immunization for travel or school? Your PCP can do that. Medical test screening? They can do that, too. Partnering with you to keep you in strong health and decrease the risk of sickness, like COVID-19, will always be a top priority for a doctor.



3. PROCEDURES AND SCREENINGS

Many PCPs can provide simple medical services in their offices, from dermatological procedures like removing a mole to gynecological exams such as a pap smear. If it's a routine procedure, a specialist may not be necessary. **Your doctor can also determine whether you should be tested for COVID-19 and where to go for that test.**



4. REFERRALS AND COORDINATED CARE

When a specialist is necessary, finding a doctor who is a good fit can be a challenge. That's why it's a good idea to establish a relationship with your PCP, so they get to know you and refer you to a specialist who is a good match for you. Additionally, your PCP will coordinate your care with the specialist, helping you stay focused on getting healthy.



5. CHRONIC CONDITIONS

Some people are looking for a doctor who is able to manage their chronic conditions, such as hypertension, diabetes, arthritis, and asthma. A PCP can help you navigate long-term care strategies.



6. COMMON ILLNESSES

Sore throat, cough, colds, fevers — acute illnesses are the mainstay of your PCP. What's more, they can help identify what's likely to be the flu or a common cold and what could be a more dangerous virus. They will have the most up-to-date knowledge on what illnesses are happening in your community and the best way to avoid getting sick, whether with COVID-19 or something else, or how to get back on your feet.



Visit the doctor without ever leaving home. Visit [MethodistNow.Life](https://www.methodistnow.life).

We're in your neighborhood



MEDICAL CENTERS

Methodist Dallas Medical Center

1441 N. Beckley Ave.
Dallas, TX 75203
214-947-8181

Mothers' Milk Bank of North Texas drop-off site

Methodist Hospital for Surgery

17101 Dallas Parkway
Addison, TX 75001
469-248-3900

Methodist Rehabilitation Hospital

3020 W. Wheatland Road
Dallas, TX 75237
972-708-8600

Methodist Southlake Hospital

421 E. State Highway 114
Southlake, TX 76092
817-865-4400

METHODIST FAMILY HEALTH CENTERS AND MEDICAL GROUPS

1 Uptown Medical Group
3000 Blackburn St., Suite 130
(in the Mondrian building)
Dallas, TX 75204
214-599-8624

2 Kessler Park
1222 N. Bishop Ave., Suite 300
Dallas, TX 75208
214-941-1353

3 Central Grand Prairie
820 S. Carrier Parkway
Grand Prairie, TX 75051
972-262-1425

4 Preston Hollow
4235 W. Northwest Highway, Suite 400
Dallas, TX 75220
214-750-5100

5 Inwood Village
5709 W. Lovers Lane
Dallas, TX 75209
469-913-8940

OTHER FACILITIES

Methodist Community Pharmacy
1441 N. Beckley Ave.
Dallas, TX 75203
214-933-6050

6 Methodist Premier Wellness Offering Concierge Medicine
4101 Lomo Alto Drive
Dallas, TX 75219
214-522-2700

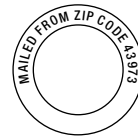
7 Methodist Dallas Medical Center Golden Cross Academic Clinic
122 W. Colorado Blvd.
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214-947-6700

7 Methodist Dallas Medical Center Partners Clinic
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CARDIOVASCULAR CARE JUST A HEARTBEAT AWAY.



Not all heart problems come with clear warning signs. At Methodist Dallas Medical Center, we have the expertise to understand what your heart is saying. The Sam & Anne Kesner Heart Center at Methodist Dallas offers advanced cardiovascular services close to home and is dedicated solely to providing patients with the advanced care they need. It's never too early to ask your doctor for an assessment. When it comes to your heart, you deserve to be in the very best hands. **Trust. Methodist.**



Visit MethodistHealthSystem.org/Heart to take a free heart risk assessment or call 877-637-4297.

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