



THE FORUM

November/December 2015 • Volume 14, No. 6 • The Official Magazine of Collier County Medical Society

CCMS Member Spotlight: Authors Dr. Caroline Cederquist and Dr. Rebekah Bernard



Scribing Solutions: How Two Local Doctors are Changing the Way We Improve Outcomes

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Are you Insured Against Disability in Your Medical Specialty?

A Survivor Perspective on Stroke Recovery

CCMS Member Event Photos

CALENDAR OF EVENTS

Register at www.ccmsonline.org or call (239) 435-7727

Friday, November 13, 6:30pm

CCMS New Members Welcome Reception
Wyndemere Country Club

Saturday, November 14, 9:00am

Blue Zones Project Kick-Off Celebration
North Collier Regional Park

January 14-19

CCMS Ski Trip to Vail, Colorado
Deposits Due ASAP – call (239) 596-4142

Wednesday, March 9, 6:00pm

CCMS Spring General Membership Meeting
Wyndemere Country Club

Saturday, March 19, 8:30am

CCMS 8th Annual Women's Health Forum
Hosted by The Greater Naples YMCA

Saturday, May 14, 6:30pm

CCMS Annual Meeting & Installation of Officers
Naples Beach Hotel & Golf Club

Saturday, June 11, 8:00am

CCMS Educational Conference
Avow Hospice Ispiri Community Room

MEMBER NEWS

New Locations:

Jose M. Baez, M.D.

NCH Physician Group
311 9th St N, Ste 304, Naples, FL 34102
Phone: (239) 624-8160 Fax: (239) 624-8171

Peter M. Denk, M.D.

GI Surgical Specialists, PLLC
NEW Ft. Myers address:
14090 Metropolis Ave, #102, Fort Myers, FL 33912
Naples address remains the same

Bryan C. Murphey, M.D.

Joseph A. Stafford, M.D.

NCH Physician Group
11181 Health Park Blvd #1165, Naples, FL 34110
Phone: (239) 624-0320 Fax: (239) 624-0321

Janet Polito, D.O.

4980 Tamiami Trl N, #102, Naples, FL 34103
Phone: (239) 649-2300

New Private Practices:

E. Sean Kelley, M.D.

730 Goodlette Rd N., Ste. 203, Naples, FL 34102
Phone: (239) 643-1071 Fax: (239) 643-1080

Austin W. Coleman, D.O.

10661 Airport Pulling Rd, Ste 12, Naples, FL 34109
Phone: (239) 597-2792 Fax: (239) 598-2748

Address Correction:

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NEW MEMBERS


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1284 Creekside St, Ste 107, Naples, FL 34108
Phone: (239) 687-5600 Fax: (239) 687-5606
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Michael G. Gutknecht, M.D.

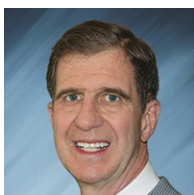
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Sandra Jara, M.D.

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Carlos M. Mendez, M.D.

Elite Kidney Care
1750 SW Health Pkwy, Ste 101
Naples, FL 34109
Phone: (239) 431-5767 Fax: (239) 431-5087
Board Certified: Internal Medicine, Nephrology


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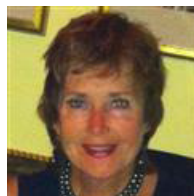
Florida Cancer Specialists
6360 Pine Ridge Rd #201, Naples, FL 34119
Phone: (239) 353-6636 Fax: (239) 354-1865
Board Certified: Medical Oncology, Hematology, Internal Medicine


Ferdy Santiago, M.D.

Florida Cancer Affiliates
11181 Health Park Blvd, Ste 3020
Naples, FL 34110
Phone: (239) 653-9118 Fax: (239) 653-9108
Board Certified: Internal Medicine
Specialty: Oncology-Hematology


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Bascom Palmer Eye Institute
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Board Certified: Ophthalmology


Dana R. Trotter, M.D.

NCH Physician Group
2450 Goodlette Rd N #101, Naples, FL 34103
Phone: (239) 624-8460 Fax: (239) 624-4841
Board Certified: Internal Medicine, Rheumatology

Retired Member:
Stephen Goldberger, M.D.
Nephrology

Reinstated:

Barrett R. Ginsberg, M.D.

New private practice
77 8th St S, Ste B, Naples, FL 34102
Phone: (239) 325-2015 Fax: (239) 325-2014
Board Certified: Ophthalmology

Ivan Seligman, M.D.

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A Message from the President

Eric Hochman, M.D., President, Collier County Medical Society



Everyone has likely heard of the Blue Zones Project by now. As physicians, we should be very excited for the opportunity to participate in this project, from a personal, professional, and community wide perspective. As health care providers, our number one goal is to improve the health care of our patients. Improving health is a lot more than just “putting out fires”. The more we focus on wellness and disease prevention, the more success we will have in achieving our goal.

In 2004, Dan Buettner and his team of researchers evaluated areas around the world (Ikaria, Greece; Loma Linda, California; Sardinia, Italy; Okinawa, Japan; and Nicoya, Costa Rica) where people are healthier and live longer than elsewhere. This research demonstrated that in these “Blue Zones” people reach the age 100 at rates 10 times greater than in the rest of the United States.

Dan and his colleagues studied these unique cultures in an attempt to determine specific lifestyle characteristics that could possibly explain the residents’ remarkable health. Dan’s team called the nine characteristics shared by the residents of these cities, “The Power 9”. The Power 9 include:

- Move naturally. Find ways to move more and be more active.
- Have/develop/understand your sense of purpose.
- Minimize stress and find useful stress relieving strategies
- Do not over eat. Stop eating when 80% full.
- Eat more fruits and vegetables, whole grains and legumes.
- Enjoy a glass of wine a day with friends (if you drink).
- Belong. Attending faith based services 4 times per month (no matter the denomination) can add up to 14 years life expectancy.
- Commit to your family.
- Choose to associate with social circles that support healthy behaviors.

The goal of the Blue Zones Project is to improve health and increase longevity through developing a community-wide initiative to implement The Power 9. The first Blue Zone pilot project began in Albert Lea, MN in 2009. According to Harvard’s Walter Willet, MD, MPH, the results were ‘stunning’ as participants were able to add almost 3 years to their expected lifespan, while city worker healthcare claims dropped by 49%, in the first year alone.

As a medical community, we should be very excited to welcome this project to southwest Florida. Naples Community Hospital’s efforts have brought this project to us, and they are underwriting the cost for the next 8 years. The project is gaining traction as the school board has approved pilot projects at 4 local schools, restaurants are starting to come on line, as are businesses. And as part of the initial project launch, Dan Buettner will be addressing the community Saturday November 14, 9:00am at North Collier Regional Park.

With season arriving, now is the time for all of our practices to consider embracing these key principles. As busy providers, some of us tend to ignore our own health. As employers, we all know the importance of a healthy staff. And of course as doctors, we should do our best to better the health of our patients. Through accepting, adopting, and employing The Power 9, we can help our community become a true Blue Zone.

For more information on our local Blue Zones Project, go to southwestflorida.bluezonesproject.com.

Eric Hochman, M.D.

www.gcmedicine.com

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Private practices can have the same protection as their corporate counterparts.

The Collier County Medical Society has united its members to create a single, large, fully-insured medical insurance program with Florida Blue.

Established by the Marion County Medical Society Insurance Trust Fund, and supported by Leading Edge Benefit Advisors, LLC, this 30 year old Multiple Employer Welfare Arrangement (MEWA) has been adopted by ten other counties across the State of Florida. Historically, the results of this program have been impressive, and are expected to improve even further given the anticipated cost impact of the Affordable Care Act.

The benefits of coming together

- ▶ **Enjoy Economies** – By becoming a part of a single, large group, everyone benefits from large employer economies and flexibility.
- ▶ **Cost Management** – Because of added flexibility in designing plan provisions, the program has numerous cost-saving measures to better control long-term cost. Smaller practices avoid the pitfalls of Health Care Reform (ACA) & Larger practices become even larger.
- ▶ **Everyone Participates in the Good Years** – This fully insured program includes a large group premium sharing arrangement that allows for a portion of the premium to be returned to the plan in good years - these funds can be used to further stabilize costs.
- ▶ **NEW! Guardian ancillary store** allows employees and physicians to choose from a complete menu of healthcare services including 3 dental plans, 2 vision plans, Specialty Physicians Disability, Critical Illness, and many more!
- ▶ **NEW! Free integrated online enrollment** platform for those practices who sign-up for the ancillary store. Featuring an Amazon-like shopping experience and paperless administration.



Now's the time to unite with other Collier County Medical Society members and save on your medical plan costs. **Due to high demand, the trust has decided to open for a limited enrollment window.** Contact us to find out how you can be a part of this program, and take advantage of the limited enrollment window.



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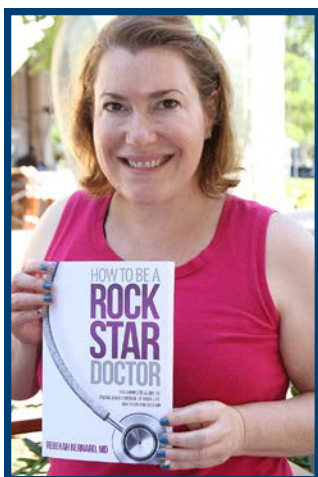


CCMS Member Spotlight:

Authors Dr. Caroline Cederquist and Rebekah Bernard

Scribing Solutions: How Two Local Doctors are Changing the Way We Improve Outcomes

Mollie Page, President and CEO, Print Page



Dr. Rebekah Bernard with her book

Writing a book was the last thing Dr. Rebekah Bernard had time to do in addition to running a busy family medicine practice in Estero. But a chance opportunity from a patient opened the door for her, and in 2015 she self-published her first book, “How to Be a Rock Star Doctor: The Complete Guide to Taking Back Control of Your Life and Your Profession.”

Interestingly, a different tale of a similar fortunate ending was also unraveling at Dr. Caroline Cederquist’s office in Naples. After years of helping patients understand the relationship between metabolism dysfunction and weight management, Dr. Cederquist wrote her second book, “The MD Factor Diet,” published by BenBella Book in 2015.

And while one author is taking her book on a grass-roots journey to its readers, the other is employing a more aggressive national publicity campaign. Yet the achievement of both CCMS member physicians is equally remarkable because they shared the same driving force in pursuing their goal: to help the reader create better outcomes and live the best life possible.

“I had created all these great systems within my practice to simplify my day-to-day procedures and increase productivity, yet when it came to finishing the book I kept finding excuses not to finish,” said Dr. Bernard. “Then a patient who is also a publisher offered to help, and it all took shape quickly.”

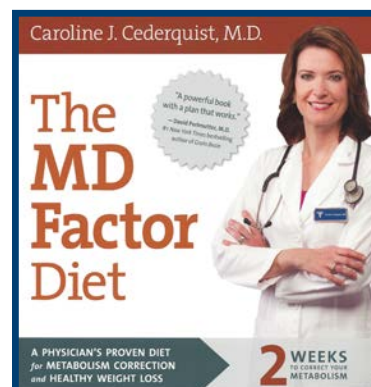
“When you’re a rock star, you’re on stage,” said Dr. Bernard, who spent six years at an Immokalee clinic as part of her scholarship payback agreement with the National Health Service Corps. “The patient takes his or her queue from you. So if you want a compliant and relaxed patient, you need to make a real effort to modify your disposition and body language before you walk in the room. If you can learn to leave all the baggage and stress you’re carrying on the other side of the door, you’ll be able to create a patient environment that brings about the best results.”

In her book, Dr. Bernard writes, “Being on stage is much more than ‘acting’ like a doctor by just trying to project an appearance of confidence and composure in front of patients. It means demonstrating a demeanor of care and concern, when those might be the last emotions that you are feeling inside...”

“My goal with the book is to teach other physicians how to minimize burnout,” said Dr. Bernard.

But rest assured, the book is not filled with quasi-hippocratic quotes you chant before bedtime. Dr. Bernard did her homework: referencing facts and studies from 135 sources and 16 colleagues. She includes examples from real patient encounters and how practicing physicians can modify patient interactions to bring about best outcomes. She also shares checklists and documentation tips that maximize and simplify the two-minute patient encounter.

For example, when documenting a chronic condition like Diabetes Mellitus, Uncontrolled, the problem list can employ an abbreviated system of characters that produce a more succinct explanation. Consider the following alternative which captures more data: DM2, A1c6.7 (3/14) 9.2 (6/14). The book includes a chart of alternative problem list notes as well as chapters on patient dismissals, computer tips and tricks, and wellness visits and coding.



Dr. Caroline Cederquist's book cover

According to Dr. Bernard, a sure sign that you are open to becoming a Rock Star doctor is your willingness to collaborate. Which is exactly how Dr. Caroline Cederquist was able to finish her book, “The MD Factor Diet.” Working with several colleagues including dietitians, Dr. Cederquist

developed not only a diet plan for patients looking to lose weight, but also a resource for physicians who want to better understand the correlation between insulin resistance and disease management.

Continued on Page 7

Continued from Page 6

"It's not uncommon for me to collaborate with cardiologists and gastroenterologists as insulin resistance impacts the underlying conditions they treat," said Dr. Cederquist, who began helping patients with weight management in 1998. "For instance, by following the MD Factor Diet plan, the patient not only loses weight and reduces blood pressure levels, but tests by the referring physician most often shows improvements in the patient's overall cardio health."

The reality, according to Dr. Cederquist, is that two-thirds of adults are overweight. And many patients need personalized diet assistance to maintain the proper ratio of protein and carbohydrates.

"If you try to get 25-30 grams of protein by eating plants to maintain muscle mass, you end up getting 100 grams of carbs. With someone fit and trim, this is no problem. But for someone with insulin resistance, this person is going to take in too many carbs."

Dr. Cederquist says the first step is to check a patient's Hemoglobin A1C. This is especially necessary for post-menopausal women. "When the Hemoglobin A1C is high, we need to adjust the diet to get more lean protein and vitamins to counteract mineral deficiencies."

Her book includes useful tables like the one on pages 144 and 145 that lists common protein items and their

recommended portion sizes. A bonus for readers is the many recipes making the diet easy to implement.

Both books can be purchased online through Amazon.

In the Spotlight:

Dr. Rebekah Bernard

Published "How to Be a Rock Star Doctor: The Complete Guide to Taking Back Control of Your Life and Your Profession" in July 2015

Board Certified in Family Medicine

Private Practice at Estero Urgent Care

Graduate, University of Miami School of Medicine, Florida

CCMS Member since 2009

Dr. Caroline Cederquist

Published "The MD Factor Diet: A Physician's Proven Diet for Metabolism Correction and Healthy Weight Loss" in December 2014

Board Certified in Family Medicine, Bariatric Medicine

Private Practice at Cederquist Medical Wellness Center

Graduate, University of Miami School of Medicine, Florida

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Foundation of Collier County Medical Society's 2nd Annual "Docs & Duffers" a Success

The Foundation's charity golf tournament on September 26th hosted over 100 golfers and raised nearly \$20,000 for community healthcare needs

The Foundation of Collier County Medical Society recently hosted its 2nd annual "Docs and Duffers" charity golf tournament at Bonita Bay Club Naples. The event took place September 26th and raised nearly \$20,000 in net proceeds with participation from more than 100 golfers, 25 sponsors & supporters, and over 50 prize donors. Money raised from the event will provide scholarships for future medical professionals and support community health programs in need.

"We were thrilled with the overwhelming support we received for this year's tournament," says Dr. Rolando Rivera, board chair of the Foundation. "Everyone had a fantastic time on a beautiful course, all while raising funds for healthcare needs in Collier County."

The Foundation is the 501(c)3 charitable organization launched by the Medical Society in 2012. Its mission is to provide support and leadership to programs that address access to healthcare, promote health education and serve the community's public health needs.

The event was supported in part by Charter Financial Group, ITVantage, and Wollman Gehrke & Solomon PA. View photos from the event and a full list of sponsors at ccmsonline.org/FCCMSGolfThankYou. Stay tuned for more information on the Foundation's 3rd Annual Docs & Duffers on September 17, 2016.

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Reportable Diseases and Health Conditions in Collier County, 2014

Mark S. Crowley, MS, Epidemiologist, Epidemiology and Health Assessment,
Florida Department of Health in Collier County

The Epidemiology and Health Assessment Program of the Florida Department of Health in Collier County monitors and assesses the health of the community and prevents the spread of disease and epidemics throughout Collier County.

The control of infectious diseases is one of the core functions of public health, which leads to increased personal and economic well-being, and therefore, increases the quality and length of life in the community.

While the great majority of diseases in Collier County causing morbidity and mortality are non-communicable in nature, emerging infectious diseases continue to play a significant role in the health of our community. The risk of imported mosquito-borne diseases such as Dengue, Chikungunya Fever, West Nile Virus and Malaria remain an ever present underlying risk in Collier County due to its unique location on the peninsula and its climate and weather conditions particularly during the rainy season. All of the mosquito species capable of transmitting the emerging vector-borne diseases are found within the geographical boundaries of Collier County.

At only 100 miles west of Miami, the gateway to Latin America and the Caribbean, a mix of various demographic, socio-economic and epidemiologic risk factors have the tendency to make this part of Southwest Florida an emerging epicenter for various infectious diseases.

During calendar year 2014, the Epidemiology Program of the Florida Department of Health in Collier County investigated and reported a total of 1,270 cases for a rate of 373.4 per 100,000 population. By rank order, the five leading communicable diseases and health conditions reported were:

- 1) Chlamydia with 721 cases
- 2) Salmonella with 120 cases
- 3) Campylobacter with 65 cases
- 4) Gonorrhea with 54 cases
- 5) Animal Bites to humans requiring rabies vaccine administered to 52 persons.

Two of these leading causes are enteric or gastrointestinal related, while two causes are sexually transmitted diseases.

The prevention of human rabies in Collier County is a public health priority due to the high risk wildlife species encountered naturally in the environment and the rapid growth and land development over the past two decades. Between 2001 and 2014, the number of animal bites to humans requiring prophylaxis to prevent the potential onset of rabies increased by over 67 percent. Animal bites to humans requiring post-exposure rabies prophylaxis in Collier County were the 3rd leading reportable condition in 2013. This incidence of exposure to bites is highly variable as it is associated mainly with direct exposure to wildlife.

The accompanying table provides a detailed snapshot of the wide range of diseases and conditions reported in Collier County on an annual basis.

Of particular note is the relative increase in campylobacter and salmonellosis and the decreasing trend in chlamydia, gonorrhea and syphilis. Inquiries and referrals from members of the community, both residents and tourists, are on an upward trend mainly due to the increased public awareness and health education on various emerging diseases and conditions such as Chikungunya Fever, Dengue Fever, and Vibrio infections to name a few.

TEN LEADING DISEASES AND CONDITIONS REPORTED IN COLLIER COUNTY, 2013 - 2014

	TOTAL NUMBER OF CASES 2014	TOTAL NUMBER OF CASES 2013	PERCENTAGE CHANGE 2013 TO 2014
Chlamydia	721	790	-8.7
Salmonellosis	120	102	17.6
Campylobacteriosis	65	55	18.2
Gonorrhea	54	69	-21.7
Rabies, Possible Exposure	52	96	-45.8
HIV	49	37	32.4
Syphilis	32	41	-22.0
Pertussis	21	20	5.0
Escherichia coli, STEC	18	12	50.0
Varicella	16	25	-36.0

Source: Epidemiology and Health Assessment Program, Florida Department of Health in Collier County.

Fourteen ways your life would be different without the FMA

1. You would be fingerprinted every two years, as legislators must think that physicians' fingerprints change over time.
2. Your CAT fund exemption would disappear, allowing up to a 10-percent tax on your medical malpractice premiums if a storm hit anywhere in Florida.
3. For those of you who are self-insured, that would disappear. In fact, the minimum liability insurance would increase to \$500,000-\$1,500,000.



4. If treating an emergency room patient, you wouldn't be able to bill for your services out of network and would instead have to take what the insurance company decided to pay you.

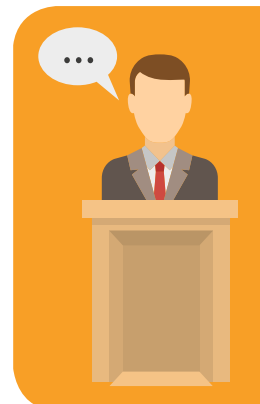
5. If you had three complaints against you to the Board of Medicine, you would automatically have to appear in front of the Board to defend your license.

6. Assignment of benefits would disappear, and the checks that should have gone to you from the insurance companies would be going to the patients.



7. For those of you who do the great work of volunteering as physicians at schools, your immunity would be gone and you could be sued.

8. Expert witness certificates would no longer be issued, and any physician in any specialty would be able to testify against you in a lawsuit. So an ophthalmologist would be able to tell a general surgeon how to practice medicine.



9. You would not be able to balance bill if you saw an out-of-network patient in the emergency room.

10. The lookback period for insurance companies to refund money would be 30 months instead of 12 months.

11. You would be required to check the prescription database each time you prescribed any pain medication, regardless of prescription size. You would be mandated to check this database on all of your patients.



12. For those of you who dispense medications from your offices, there would be multiple barriers to the point that you might not be able to continue providing this service for your patients.

13. The Department of Health would be able to suspend or limit your license based solely on suspicion of a crime before you were even proven guilty.

14. ARNPs would be able to practice independently.



Are you Insured Against Disability in Your Medical Specialty?

Maggie M. Smith, Esquire – Partner, Disability Insurance Law Group



A disability insurance policy is supposed to protect you from financial loss when an illness or injury interferes with your ability to practice medicine. However, the terms of your particular insurance contract can determine whether the insurance company will pay benefits if you become disabled from practicing in your medical specialty. An insurance contract that does not truly insure your occupation or medical specialty or contains ambiguous terms left open to “interpretation” can result in a

financially devastating claim denial.

The definition of disability included in your insurance policy may be the most critical term in the entire contract. This is particularly true in the medical profession where so many specialties exist and where the risk of disability from your occupation is high. Do you have disability insurance coverage that truly insures against disability in your occupation? Are you insured against disability in your medical specialty?

Several different definitions of disability are available for purchase in the disability insurance industry. There is the definition of disability that has become known as the “own occupation” definition. Generally, under an “own occupation” policy, an insured is considered totally disabled if he or she becomes unable to perform the material and substantial duties of his or her occupation due to illness or injury. There is also a “specialty” version of this “own occupation” definition, which requires an insurance company to recognize a specialty practiced by a professional as his or her occupation. The true “specialty” coverage followed by “own occupation” coverage is most desirable, and generally require higher premium payments.

A less favorable definition of disability is referred to as the “any occupation” definition, which only provides for payment if you’re unable to perform the duties of any occupation for which you are properly qualified, trained or experienced. There are many other variations, including policies which are strictly contingent upon a certain percentage of income loss occurring before the insured person can qualify as “disabled,” others under which income loss is irrelevant, and policies which combine these requirements.

To illustrate the significance of “specialty” coverage in the medical field, consider the example of an invasive cardiologist who performs primarily cardiac catheterizations versus a general cardiologist whose practice consists mainly of patient consultations and non-invasive diagnostic testing. An invasive cardiologist should be sure to be insured against disability from invasive cardiology as opposed to general cardiology, not only because the physical requirements are greater but also because the job duties required are generally very different. Furthermore, the likelihood of an invasive cardiologist becoming unable to perform cardiac catheterizations is greater than developing an inability to conduct patient consultations, stress tests or EKGs.

If an appropriately drafted policy is not secured, the insurance company could still determine that an invasive cardiologist entirely unable to perform cardiac catheterizations is not occupationally disabled. Even with “own occupation” coverage, insurance companies often take the position that the terms of the policy only require it to determine whether the physician is disabled from practicing general cardiology, not invasive cardiology. In other words, if an invasive cardiologist can conduct patient consultations and stress tests, he or she is not disabled under the policy despite a complete inability to perform cardiac catheterizations. A denial of disability insurance benefits could be financially devastating for an invasive cardiologist experiencing a significant decrease in revenues and patients as a result of becoming unable to perform cardiac catheterizations.

Many specialists within the medical community do not have “specialty” disability policies and thus run the risk of not being insured as specialists, but instead as general practitioners whose duties are generically defined by insurance companies according to industry standards. However, even medical professionals with “specialty” policies are being denied disability benefits because they many times file their claims in such a way as to allow the insurance company to argue the claim outside of coverage under the policy.

Insurance claims examiners can make mistakes in interpreting the meaning of the contract provisions, but it is also important to remember that it is the insurance company that drafted the contract terms. Thus, regardless of how seemingly “good” the policy is, terms within the policy are drafted in an ambiguous manner to allow the insurance company flexibility in determining eligibility for a claim. While it can be positive for a policy to allow flexibility in claims handling procedures, insurance companies often abuse this flexibility to create an unfair advantage and save money by denying claims.

Many professionals quickly, and often carelessly, complete the application forms and respond to insurance company information requests, unaware of the importance of the initial application process. This coupled with ambiguous policy terms can be devastating to their claim. It is essential to take the time to understand the entire disability insurance contract, thoroughly review all application materials, and pay special attention to the wording chosen when completing all forms.

Problems that arise with disability insurance claims can many times be avoided if a claim is handled appropriately from the beginning. Legal representation becomes even more necessary and costly when faced with a denial of benefits, and too often the damage done early on cannot be overcome in the appeals process and necessitates lengthy litigation.

The question remains whether you are truly insured against disability in your medical specialty. Determining the answer to this question before it is too late is critical to the success of any disability insurance claim you are faced with filing under already unfortunate circumstances.

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A Survivor Perspective on Stroke Recovery

Bob Mandell, Author – Stroke Victor, How to Go from Stroke Victim to Stroke Victor, and
Founder – The Stroke Recovery Foundation



A tornado – a stroke!

It's January 1996, remarried just eighteen months, I suffered a massive hemorrhagic stroke. Following a ten day hospital stay, I found myself in an ambulance heading to a Stamford, CT nursing home at the age of 53. Paralyzed on my previously dominant side, in a wheelchair and forecast to stay that way, unable to get more than two words out and therefore aphasic,

not thinking, and incontinent. My tornado had struck!

In denial, I had no idea just how sick I was. But sitting in my wheelchair during my initial speech evaluation it hit me that I must be quite a bit sicker than I thought! I couldn't repeat a simple three word sentence. Me, a former management consultant, heck, they talk all of the time, even in their sleep! In spite of my obvious deficits, I thought, I'll beat this in a year! I learned that that was B.S. like so many things I have heard about stroke during my now nearly twenty year journey.

It dawned on me that to beat this disease I would have to work really hard during my extensive therapy program and in a sense own it. Writing my book, I later learned that I was engaging my recovery. It also occurred to me that to be successful I would have to tame my impatience and adapt a one-step-at-a-time approach. Using these gut instincts allowed me to avoid the typical stroke patient depression.

Debbie, my bride, found an excellent outpatient rehab center in Danbury which had neuro trained therapists. Though my ability to speak had returned, I count myself lucky compared to others I have met who deal with this frustration on a minute to minute basis. Still I was unable to speak in anything like a group setting nor was my vocabulary or fluency anything like it is today.

Therapy included work in a warm pool where I could walk with no assistance. This independence made me realize that I would indeed walk unaided again. I had outpatient therapy for two years, substituting working with an exercise physiologist as my other therapies tailed off. At that stage, I plateaued and was frankly burned out. In early 2002 we moved to Naples where it is flat and handicap friendly, a coping strategy.

One of the most important things I learned about recovery – it only happens if you put yourself “in the game.” Having

restarted PT in Naples, a recent PT graduate from UF approached me and suggested I go to the Brain Rehabilitation Research Center at the Veterans Hospital in Gainesville. That summer, after being screened I participated in various clinical studies.

Two particularly constructive ones were Constraint Therapy and an exploratory Locomotion Study. Participating in the Constraint Therapy for an intensive two week period (eight hours per day), I relearned to hold a wine glass in my effected hand which is critical while networking in Naples. In the two week locomotion study my walking speed improved by 25%. Clearly a win! I believe that survivors and their caregivers need to better learn the benefits of participating in clinical research, something physicians might help facilitate.

Later, back in Naples I was referred to a therapist, Irene Hujsa who combines traditional PT techniques with integrative approaches. Though not traditionally researched, actually some have worked remarkably well for me. As a survivor I would suggest that more patient/caregiver thought be given to supplementing traditional approaches with integrative techniques.

Writing my book, I have come to realize that stroke is an underserved and under researched disease. There are in excess of 800,000 diagnoses annually in the US; stroke is the fifth most lethal disease and the number one long-term disabler. And surprisingly even children are not immune – stroke annually strikes 3,000 juveniles in America, some even pre-natal. With these numbers I was shocked to learn that stroke is not among the ten most researched diseases by the Government.

As such, I founded The Stroke Recovery Foundation earlier this year, a 501c3 whose mission is to improve post-stroke outcomes and lifestyles. We support the Stroke Recovery Fund of the Foundation which funds stroke rehabilitation therapy for people without the means, fund rehabilitation research grants, and develop media campaigns which seek to increase stroke awareness. I am trying to do for stroke the wonderful things that Susan G. Koman has done for breast cancer. A daunting task and one I might respectfully add that I need help with, particularly from the medical community! More information is on our website at www.StrokeRF.org.

From my personal experience “staying in the game”, “taking the bull by the horns”, controlling depression, not looking back, doing some kind of daily fitness and subscribing to the notion of healthy eating are all important components in any successful stroke recovery program.

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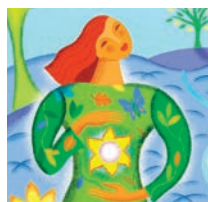
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