

JANUARY 2022

Health, *Mind &* BODY



THE COLUMBUS
Telegram

Getting healthy at the YMCA

HANNAH SCHRODT

The Columbus Telegram

More than a year after having to close due to the COVID-19 pandemic, the Columbus Family YMCA has been seeing a return to normalcy.

The facility had to shut its doors for two-and-a-half months in 2020 and, once it could open, restrictions in place at that time limited how many people could be in the Y. In the beginning, only Columbus YMCA members at least 16 years of age could utilize the facilities and temperature checks and waivers were required. It had been closed during certain times for sanitizing and certain amenities – such as pool, saunas, studios and locker rooms – had been closed. Workout equipment had been spaced out to allow for social distancing standards.

But, noted YMCA CEO Corey Briggs, things have been back to normal at the Y.

“We followed all the guidelines

and the directive health measures that were in place – like the spacing – but right now it’s user comfortable,” he said.

“We’re still cleaning, still trying to keep people healthy, but nothing’s different for us.”

Starting Nov. 28, 2020 and lasting until February 2021, the City of Columbus had a mask mandate. During that time, Y members needed to wear masks but not all the time.

“(We) haven’t had to here, other than when the mask mandate was on, and even then you didn’t have to wear masks while you’re exercising,” Briggs added.

Currently wearing a mask is a personal decision.

“It’s up to a person if they want to wear a mask, that’s fine. And if they don’t want to, that’s fine, too,” Briggs said. “We just ask people to be mindful.”

The Y had kicked off the New Year by offering free fitness classes earlier this month. The facility has



THE COLUMBUS TELEGRAM FILE PHOTO

The Columbus Family YMCA, 3912 38th St.

a wide variety of courses, including cycling, yoga, Pilates, strength and conditioning, Aqua Zumba and more.

January is a busy time for the Y, Columbus Family YMCA Director of Operations Ryan Beringer told the Telegram earlier this year.

The facility also boosts enhanced fitness classes for those who may have chronic disease or are at risk for falling. For Y members only there are youth strengthening courses

– middle-aged students have the opportunity to learn about the Y’s equipment, rules and building.

“That’s a good class and a good opportunity for those younger, middle-aged school kids who want to do some exercise or start with some strength training,” Columbus Family YMCA Health Coach Cari Franzen told the Telegram in early January.

Rookie basketball – the YMCA’s most popular program – takes place

this month as well. Around 240 kids were signed up for the program as of early January.

“It’s really for an age group that for kids before they do club basketball or for some third and fourth graders (who) maybe don’t want to do club basketball, they just want to learn the basics,” Beringer said earlier this month. “It’s aimed for those types of kids.”

Andrew Kiser contributed to this report.

CCH names Logan as new director of nutrition services

ANDREW KISER

The Columbus Telegram

Levi Logan can trace his love of cooking back to his days in Genoa where he and his family would barbecue and even compete in local competitions to see who had the best food.

Logan’s enjoyment led him to study culinary arts in college, ultimately leading him to begin his career in the medical field by becoming the head chef at an assisted living facility. He later worked as a food service director at a couple of locations before starting at Columbus Community Hospital.

CCH recently announced Logan as the hospital’s new director of nu-

trition services.

“It’s been an eye-opening experience,” Logan said of his time at CCH so far. “I’ve only been here for (a few) weeks but I’ve learned a lot. They’ve (the staff) always been looking to help out wherever they can. ... Being able to serve them and communicate with them daily has been a really good opportunity.”

Logan said he was interested in the position as it allows him to broaden his work following his time as a food service director for the past few years.

“I want to push myself and go into a hospital setting and be able to work more and expand my career,” Logan said.

The Genoa native graduated from Twin River High School before relocating to Columbus not long after. He’s remained in the area since

setting down roots in the area with his girlfriend, Amy, and daughter, Caroline.

Logan said he enjoys cooking as it’s a skill that he can use in his day-to-day life.

“I’ve always had a passion for cooking,” Logan said. “Every time we had a family group, I was always the one doing the whole meal and I decided to go into culinary because it sounded like a really good profession.”

Logan received a degree in culinary arts and management from Metropolis Community College in Omaha. Following culinary school, Logan was the head chef at Cottonwood Place, an assisted living facility in Columbus. He later served as food service director for Emerald Nursing and Rehab Columbus and Wisner Care Center.

“He has a background in culinary arts and experience in health care food service management,” CCH Vice President of Operations and Human Resources Scott Messersmith said. “We’re excited to see what he’ll be able to do working with the committed employees he has in that department.”

Logan said he’s continued in the medical world as it’s allowed him to learn new subjects. He added he’s currently getting his nursing home administrator license to help better understand the field.

“From the health care side, there’s a lot to learn and there’s a really good staff and other things to go further with,” he said.

In other CCH related news, hospital dietitians will also be holding a final nutrition class for the month of January.

Food Thoughts classes take place 11:30 a.m.-12:30 p.m. every Friday in the multipurpose room at the Columbus Wellness Center, and focus on nutrition-related topics. Dietitians lead the classes and provide expert advice about health and nutrition.

The tentative topic for the Jan. 28 class is making homemade granola and it’s slated to include a cooking demonstration.

Dietitians are available to answer questions following each presentation.

For more information about Food Thoughts, contact Susan Olmer at 402-562-4460 or Joan Plummer at 402-562-4462.

Andrew Kiser is a reporter for The Columbus Telegram. Reach him via email at andrew.kiser@lee.net.



Logan



Dr. Benjamin Woodhead

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Dr. Benjamin Woodhead is an Orthopedic Surgeon with Lincoln Orthopaedic Center, PC. He received his Masters degree in Physician Assistant Studies from the University of Nebraska Medical Center and Doctor of Medicine Degree from A.T. Still University. Dr. Woodhead completed his orthopaedic residency through Des Peres Hospital and St. Louis University in 2018 where he served as the chief administrative resident. Following residency, He was accepted into one of the most prestigious and competitive shoulder and elbow fellowships at the University of Washington, under the mentorship of the world-renowned surgeon, Dr. Fredrick Matsen III. During his time in Seattle, he also had the unique opportunity to work with team physicians for the University of Washington Huskies and was involved in the care of Husky athletics.

For More Information

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Top causes of blood clots in the legs and HOW TO AVOID THEM



GRADY REESE, GETTY IMAGES VIA HARVARD
HEALTH LETTER/TRIBUNE NEWS SERVICE

Don't let a plane ride or an extended couch potato session put you at risk. Here's what to do to keep your blood flowing.

HEIDI GODMAN
Harvard Health Letter

Blood clots that form in the deep veins of the legs (deep-vein thrombosis, or DVT) can cause leg symptoms. Worse, the clots can break loose and travel through the blood to the heart and then to the lungs, causing a pulmonary embolism (PE).

More people die from PE each year in the United States than from breast cancer. What causes DVT and PE, what are the symptoms, and how can you prevent them?

Causes and triggers

After your arteries bring oxygen-rich blood to your legs, your veins send the blood back up to your heart and lungs (for

more oxygen).

"If blood in the deep leg veins doesn't move fast enough, or if you have a condition that makes you prone to blood clots, a blood clot can develop," explains Dr. Sherry Scovell, a vascular surgeon who specializes in venous disease at Harvard-affiliated Massachusetts General Hospital.

Common blood clot triggers include:

- being bedridden for long periods because of surgery or illness;
- sitting for long periods — even three to four hours — in a car, plane or train;
- getting too little activity and sitting too much;
- having blood pool in your legs because valves in a superficial vein don't work properly (a varicose vein);

- taking a medication that promotes blood clotting.

Your risk for blood clots also increases with older age, a family history of DVT, a previous DVT, cancer, certain genes, COVID-19, heart failure, obesity, pregnancy, sickle cell disease, smoking, spinal cord injury, stroke, untreated varicose veins and use of birth control pills or hormone replacement therapy.

Symptoms and risks

Be on the lookout for symptoms of two types of blood clots that can form in the legs. A blood clot in the superficial veins. This is called a superficial venous thrombosis (SVT). "It causes redness, tenderness or pain over varicose veins," Dr. Scovell says.

"Sometimes, an SVT can grow and become a deep-vein thrombosis."

A blood clot in the deep leg veins. A DVT usually begins in one leg. "When you get a blockage, the blood can't leave your leg easily. That leg can become swollen rather suddenly, and painful," Dr. Scovell says. If your legs don't normally get swollen, but one leg becomes swollen over a few days, that may be a sign of danger.

If part of that deep-vein clot breaks off and travels to the lungs, a PE occurs. "The clot gets stuck in blood vessels in the lung, you stop getting enough blood flow there, and that part of the lung dies. You have shortness of breath and chest pain when you take in a deep breath," Dr. Scovell says.

Avoiding blood clots

There are apps available to help you determine your risk for getting a DVT. Dr. Scovell recommends an app called "Caprini DVT Risk," available on iOS devices, such as an iPhone.

How can you avoid getting a clot when you're stuck in situations that increase your risk, such as a long car ride? Keep the following tips in mind:

- Stay hydrated. Avoid excessive alcohol intake, and drink lots of water.
- Stretch your legs. Get up every hour or two and stretch your calves or move your ankles back and forth repeatedly. "The calf muscles act like pumps and propel blood through the veins," Dr. Scovell says.
- Move your legs while you're lying down. Bend your knees, or point and flex your feet.
- Wear compression stockings. They'll help prevent swelling and keep blood from pooling in the legs.
- Pay attention to your position. Avoid crossing your legs and periodically change your position while seated.
- Get an aisle seat when traveling. On a plane, train or bus, sit in an aisle seat so you can easily get up and move around every few hours.

What if you have symptoms?

If you have new symptoms indicating the possibility of a DVT or a PE, and if you can't speak immediately to your doctor or nurse, go to the emergency room. "It's an emergency, not something to check out on Monday if it's Friday," Dr. Scovell says.

Treatment typically involves taking a blood thinner for several months or longer. "We also have to figure out why you got the blood clot. If we can't find a reason, you may need to take a blood thinner for a longer time," Dr. Scovell says. "And we don't want you to ever get a blood clot again, so you'll need to be proactive about avoiding future risks."

Five exercises to try at home

BY MONICA GARCIA
The Columbus Telegram

At this time of the year, many people place “better health” on their resolution list. Exercise is usually one of the steps to a healthy lifestyle, but did you know you can get active without leaving your home?

We spoke to a personal trainer about basic moves that someone can do from home. The movements that were suggested are: squats, lunges, dips, push ups and planks.

Our expert is Jen Brownlow – who serves as the wellness director at the Columbus Family YMCA and is a personal trainer who has been ACE (American Council of Exercise) certified since 1999. Brownlow studied nutritional science – dietetics in college, has worked at the rec center at University of Nebraska-Lincoln and enjoys leading exercise classes. When she moved back to Columbus, the YMCA was the perfect fit for her passion and skills.

Brownlow said she keeps an eye on what people are looking at when it comes to fitness. She looks at what people are watching on YouTube, which apps are popular, etc. Many of the exercises seen on these platforms are

five to 10 of the same basic movements that are being done in the original form or being modified, she said.

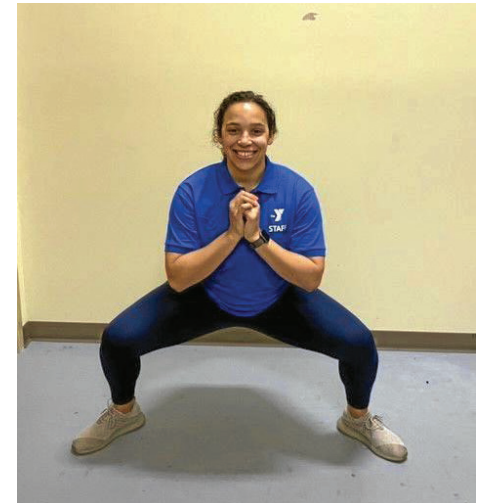
Brownlow’s five suggested movements can be modified to be easier – for those just starting out – or harder – for those who are more fit. Either way, it’s about getting your body moving.

Brownlow said many people do too much too soon so giving yourself smaller steps and not comparing yourself to others is key – it’s about moving a little bit more each time. Brownlow suggest starting at 20 minutes – go through and see how many you can get through all five of movements during the allotted time. You can also include cardio – a walk outside, jumping jacks or mountain climbers.

“Making sure you’re moving a little bit every day, and as you get more into it, or it starts to feel more comfortable, doing it for a little bit longer each time but just remembering to move every day no matter what,” Brownlow said.

1 – Squats

Some sort of squat is always seen in exer-



COURTESY PHOTO

Sumo squat starting position and down position. YMCA staff in all pictures is Gemini Wesley.

cise programs, Brownlow said, whether that be jump squats, sumo squats, narrow squats, pistol squats, weighted squats or normal squats.

Most folks recognize a normal squat which asks you to place your feet shoulder width apart and sit back, and then stand back up straight. When doing a sumo squat, you want to position your feet wider than shoulder width with feet angled slightly out. The

closer your feet are positioned, the more you are working your quads, Brownlow said. The further out, the more you work the glutes and inner thighs.

When squatting, Brownlow suggests to sit back like you are sitting down in a chair. You always want to be able to see your toes in front of your knees. Your chest should be lifted.

Please see **Exercise**, Page 6

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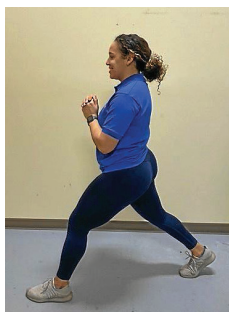
Exercise

From 5

2 – Lunges

There are a couple of options for lunges as well including normal lunges/walking lunges or stationary lunges. Within these you can add notifications such as pulsing (once down in the lunge), you can change your tempo or add in weights.

The key to a proper lunge is making sure your knee stays over your ankle. She suggests not rushing because that's when you may compromise your form. Your back foot should be far enough back that you can't put your heel down.



3 – Dips

Dips are something you can do off of a chair, and is great for the back of your arms.

For a dip, your hands are behind you with your elbows tucked in. Your fingers are going to face the same way as your legs. You go down as far as you can. You can shorten how far down you go to make it eas-



ier. You can do a dip without coming off the chair. As you get comfortable, you can go down further. You can also extend your feet out to make the dip harder. You can also add weight to your lap.

4 – Pushups

Pushups are a movement that can be modified in a few ways. You can do them on your knees, on all fours, standing against the wall, narrow, normal, inverted pushups, etc.

To do a proper push up you want your arms at 90 degrees and take your chest to the floor and back up. Keeping your neck, lower back and upper shoulders in one line going down. If you can do that, stay on your knees, advance to being on the fronts



Push up on knees starting position.



Push up on toes down position.

of your knees and then eventually on your toes. You can also change the difficulty by where you place your hands, she added. A little wider than shoulder width is the normal but if you bring the hands in you will feel them more in your triceps.

The first thing you are focusing on is your form, Brownlow said. Then you want to make things harder.

5 – Planking

This exercise you can start by holding the position for 10 seconds and add time from there. You can modify this position by having your knees on the floor. You also have different options such as doing a side plank, you can add leg lifts, include more movement such as extending one arm and leg at a time, etc.

The emphasis of this exercise is the quality of your form, not how long you are holding the pose. The key here is having your elbows under your shoulders so the weight is shifted over your forearms. You should also try to be parallel to the floor. Your hips are always going to be a little lower than your shoulders. Using a mirror can help your form, she said. Shoulders should be back and down.

"Breathe. Don't hold your breath just because you are holding a pose," Brownlow said.



COURTESY PHOTOS

Plank on knees.

"With all of them – from squats to lunges to pushups to planks especially, dips a little bit – you're always trying to keep your abs engaged during all of this," Brownlow said. "Which is kind of doing a pelvic tilt, and again not holding your breath but a pelvic tilt. Hold that core strong and breathe and go into the movement."

Brownlow said the YMCA is always a resource and is located at 3912 38th St. in Columbus and can be contacted at 402-564-9477.

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DIET *and your* TEETH

When you think of food and oral health, brushing and flossing always come to mind. But what's in the food itself can play a significant role, too.

GREEN SHOOT MEDIA

Obviously, food and drinks with high sugar content increase our chances of suffering from gum disease and tooth decay. But there are other dietary tips that can help us all to better oral health. Check out this list of food impacts before making the next grocery list.

PLAN A HEALTHY DIET

Consider eating more fruits, vegetables, whole grains and lean protein like chicken or fish. Try to avoid snacking, and not just because of the empty calories. Well-balanced meals help with saliva production, deemed the mouth's first line of defense by the American Dental Association.

SALIVA'S ROLE

Saliva helps wash leftover food from our teeth and mouth, and dilutes acids found in food and drinks that can impact our dental health. More saliva is released while eating a full meal than with a quick snack. Also, make sure you drink plenty of water through the course of the day. This helps balance our any bouts with dry mouth when the supply of saliva runs low.

HOW YOU'RE IMPACTED

Having poor dental hygiene can lead to gingivitis; hardened tartar creates gum inflammation. Periodontal disease is particularly dangerous for those who are or want to become pregnant, since they are far more likely to deliver babies either very

early or at a low birth weight. Both issues can have long-term health issues for the child. Regular brushing, flossing and professional cleanings can help stave off the effects of periodontal disease, which infects the pockets around the roots of our teeth. The gums then pull away from the tooth, causing them to loosen and fall out. But what you eat can have a notable impact, as well.

WHAT TO EAT

Diet plays a key role in avoiding periodontal disease, a serious issue with the gums that can lead to the loss of your teeth. Foods with vitamin A, like leafy vegetables, eggs and broccoli, help bolster oral wellness. Eating things with lots of vitamin C,



IHOR PUKHNATY

including many fruits and vegetables, can also have a positive impact. Studies show that the antioxidant melatonin — found in cereals, but also available as a supplement — is also beneficial for those hoping to improve their periodontal health.

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Expand your healthy cooking oil choices

Peanut, walnut, sesame, and other oils keep meals interesting

HEIDI GODMAN
Harvard Health Letter

By now you know that a healthy diet should focus mostly on plants — vegetables, fruits, legumes, nuts and seeds. The same applies to cooking fats: stick to oils extracted from plants, such as olive or canola. You don't have to limit yourself to those two; there's a whole garden of options that can add variety and flavor your meals.

What's in plant oils?

Plant oils are made of fatty acids. A small portion is saturated fat — the kind that can raise LDL (bad) cholesterol. The rest is a combination of polyunsaturated fats (famous for lowering LDL) and monounsaturated fats (such as oleic acid), which may have some ability to increase HDL (good) cholesterol. Both types of healthy unsaturated fat help fight inflammation.

The ratio of polyunsaturated and monounsaturated fat varies among oils. For example, olive, avocado and safflower oils are high in monounsaturated fats; corn and soybean oils are high in polyunsaturated fats.

Some oils — such as soybean, canola, walnut, and flaxseed — are rich in a plant-based omega-3 fatty acid called alpha-linolenic acid (ALA), which may promote brain and heart health.

Which oil is healthiest?

The FDA allows oil makers to adver-

tise the claim that daily consumption of oils containing 70% oleic acid, when substituted for oils high in saturated fat (like butter or coconut oil), may reduce the risk of heart disease. Similar health claims are allowed for soybean oil, because of its ALA content.

But you don't need to consider a particular nutrient makeup when choosing a plant oil. "It's not going to make a difference in terms of health, especially if you eat a healthy diet that includes nuts and fish; you're already getting a mix of polyunsaturated and monounsaturated fats," says Teresa Fung, adjunct professor in the Department of Nutrition at the Harvard T.H. Chan School of Public Health.

Keep in mind, though: Plant oils are healthy fats, but like all fats, they're high in calories. One gram of fat has more than twice the number of calories as one gram of carbohydrates or protein. For each tablespoon of olive or canola oil you're getting about 120 calories per tablespoon, so calories can add up quickly.

Cooking stability

One thing that differentiates various plant oils is their stability when used in cooking.

High heat causes molecules in oils to break apart, burn, become bitter, lose nutrients and release smoke. Most oils have a "smoke point" between 400 and 500 degrees. "You won't reach that point unless you are heating oil very high to deep-fry food. You lose the oil's health benefit when the high temperature breaks down fatty acids. Also, deep-fried foods absorb oil and add more calories to your meal," Fung says.

Sturdy oils good for sauteing, stir-fry-

ing or roasting foods include avocado, canola, corn, grapeseed, regular or light olive oil (not virgin or extra-virgin), peanut, rice bran, safflower, soybean and sunflower oils.

Oils that have a low smoke point can lose flavor and structure quickly at high heat, so they're better for drizzling on food or using in a salad dressing. These include flaxseed oil, extra-virgin or virgin olive oil, certain nut oils (almond, hazelnut, macadamia, pistachio or walnut) and sesame oil. "Sesame oil is fragile. When I grew up in Hong Kong and we'd make noodle soup, we'd add sesame oil on top just before we ate it — not during cooking. That way the oil retained its flavor," Fung says.

Understanding olive oils

Olive oil is high in antioxidants and monounsaturated fats. The oil comes in several grades. You can tell them apart only by their names.

■ Unrefined olive oils, extracted from the paste of pressed olives, are the most flavorful. The highest grade is called "extra-virgin olive oil" or EVOO. "Virgin"

olive oil is a lower grade with some impurities.

■ Refined olive oils, treated with heat and chemicals to remove impurities, have less flavor than unrefined olive oil. They are called simply "olive oil" or "light olive oil" — the latter named only for its light color. Refined olive oils are sturdiest for cooking.

When should you use each one?

The type of plant oil you use depends on the dish and your preference. Some cuisines rely on certain oil flavors. For example, use

■ almond, peanut, or sesame oil in Asian food;

■ olive or sesame oil in Middle Eastern food;

■ olive oil in Mediterranean food.

If you want a neutral oil that won't overpower food, use avocado, canola, grapeseed, safflower or sunflower oil. For a stronger flavor, try flaxseed or nut oil. A good way to experiment: try various oils in a salad or on bread.



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GREEN SHOOT MEDIA

Ultimately, however, you play the biggest role. Here's a look at the risk factors that lead to this increasingly common health issue, and what you can do to combat it.

YOUR HEALTH

Maintain your weight. Pay attention to the doctor's recommendations when it comes to your body mass index, or BMI. This determines if a person is in a healthy weight range. If not, they join millions of other overweight and obese patients who are at risk for heart disease. Avoid smoking. If you already do, talk to your physician about quitting, since cigarette smoking is also risk factor in heart disease. Encourage others to stop smoking, too.

YOUR DIET

Eat plenty of vegetables and fruit, since your diet can play such a huge role in high blood pressure. Don't add salt; there's already lots of it in the foods we eat. Look for foods that are low in saturated and trans fats, and watch your cholesterol. Exercise, if only just for a few minutes each day. The recommendation from the surgeon general is at least 30 minutes on most

days, but any regular activity can help you lower your blood pressure; it can help you maintain weight, too.

YOUR NUMBERS

Keep a close eye on your blood-pressure levels. Buy an at-home monitor, and take your reading at local pharmacies and grocery stores between doctor's visits. Also, watch your cholesterol and glucose numbers. Cholesterol should be checked by a simple blood test at least once every five years. Discuss monitoring glucose with your physician, especially if you have diabetes.

YOUR NEXT MOVE

Talk to your doctor, and be honest about where you are with heart wellness — including habits that put you at risk. They'll discuss diet and exercise tips that are shaped by your specific medical and family history. Consider widening your care-giving team beyond your general practitioner. A multi-faceted approach that also includes a pharmacist, nurse, dietitian and/or a community health worker can help you manage risk factors from a variety of critical angles. Keep a journal, so you can better monitor blood-pressure numbers, medication schedules and future appointments.

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HEIDI GODMAN
Harvard Health Letter

It's warm outside, yet you're grabbing a sweater because you frequently feel cold. Is it in your head, or are you really experiencing a personal permafrost? Don't worry; lots of older people feel cold, and it could reflect any of a number of potential causes.

A sophisticated thermostat

We all need to maintain a certain core temperature — about 98.6 F — to keep the body's many systems and biological processes (like chemical reactions) in good working order. The body has a way to protect this temperature.

If the core temperature rises, such as during activity when the working muscles produce heat, the body gives off steam: we sweat, and our blood vessels widen, allowing body heat to radiate away from our skin.

If the core temperature falls, the body conserves heat in its core. "A network of very small blood vessels narrows, and less blood is delivered to the skin surface, where heat escapes," explains Dr. David M. Nathan, director of the Diabetes Center and Clinical Research Center at Massachusetts General Hospital and professor of medicine at Harvard Medical School.

The aging effect

We don't really know why some older adults feel cold all the time. Dr. Nathan says it's unlikely that our core temperature changes as we age. But there could be other age-related explanations for why we feel cold.

One theory is related to inactivity. "You're moving less, even walking slowly, and your muscles aren't producing as much heat as they used to, so you feel cold," says Dr. Suzanne Salamon, associate chief of gerontology at Harvard-affiliated Beth Israel Deaconess Medical Center.

Another theory is tied to age-related changes in appetite and weight. "If with aging you have a smaller appetite and don't eat as much, you might lose fat or insulation," Dr. Nathan says.

Underlying conditions

Sometimes you can feel cold because of an underlying condition, such as one of the following.

- **Anemia.** "If you have anemia, you have fewer red blood cells to carry oxygen throughout the body, and that sometimes makes you feel cold," Dr. Salamon says.

- **An underactive thyroid.** The thyroid gland in the neck releases thyroid hor-

mone, the master regulator of our metabolism (the biochemical processes in our body). "When thyroid hormone levels are low, the thermostat gets turned down and makes a person feel cold," Dr. Nathan says.

- **Peripheral artery disease.** Narrowed arteries in the limbs, which can occur in diabetes, result in reduced blood flow, which may cause the arms or legs to feel cold.

- **Raynaud's phenomenon.** In this condition, the reaction to cold gets exaggerated. "Blood vessels in the extremities — especially the fingertips — constrict, causing the fingertips to feel cold and turn blue or white because blood flow is reduced," Dr. Nathan says.

Crossed wires

Another possible reason for feeling cold all the time is that your nervous system has changed a little, making the brain perceive that you're cold. "Some conditions impair the autonomic nervous system, which controls your temperature reflexes. You can have abnormal periods of sweating and then cool arms and legs, because somewhere in your nervous system, the autonomic nerves are giving the wrong signals to the brain," Dr. Nathan says.

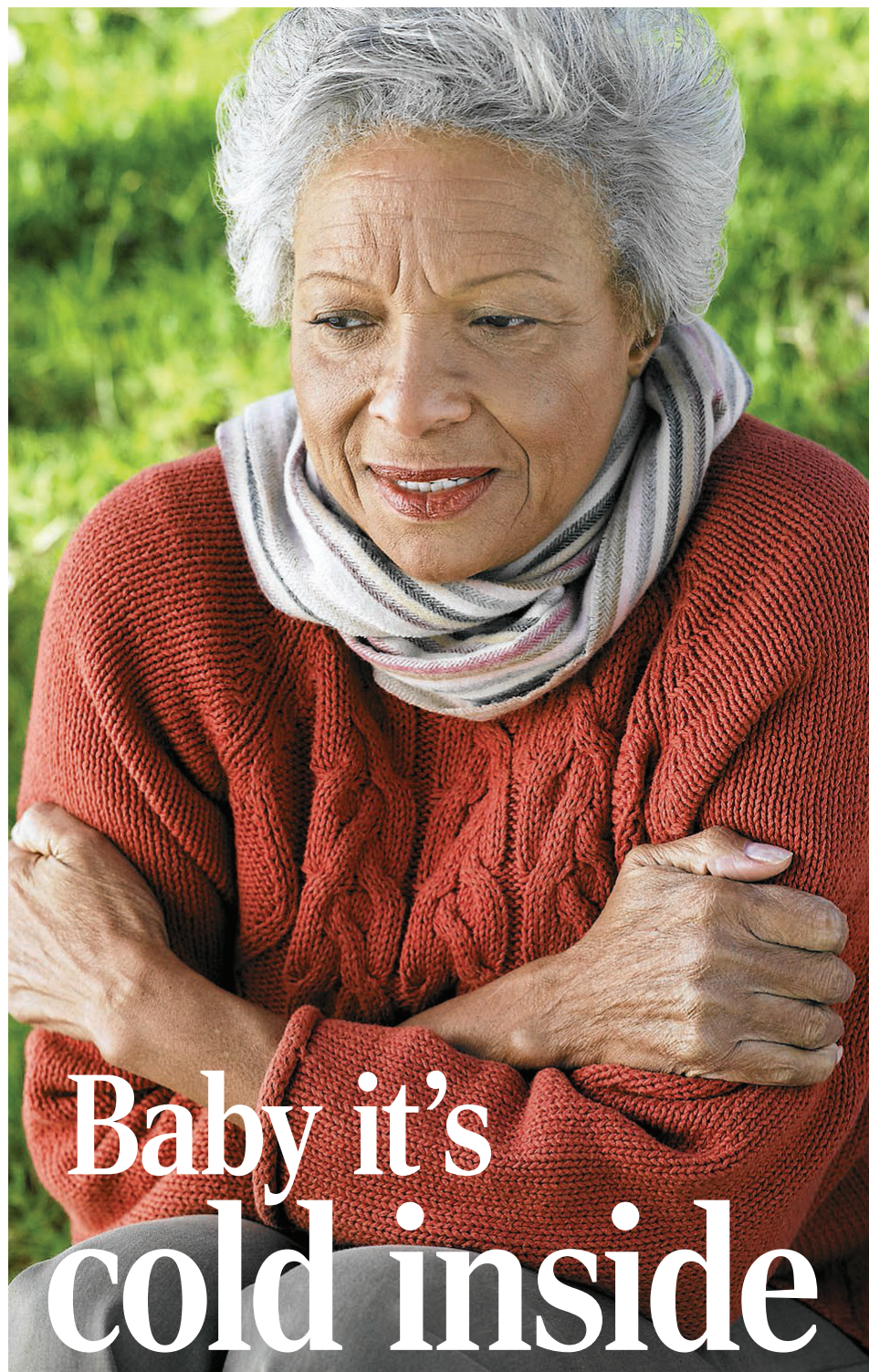
An example is diabetic neuropathy, in which diabetes damages nerves, causing tingling in the legs and feet. It can also make you feel cold. "If nerves that control the small blood vessels don't function normally, you may not be able to regulate the skin temperature in your feet and legs," Dr. Nathan says.

Other conditions that can cause mixed temperature signals include chronic fatigue syndrome, multiple sclerosis, or Parkinson's disease. But Dr. Nathan stresses that just because you feel cold, it doesn't mean you have any of those conditions.

What you should do

If you experience coldness that interferes with your daily activities or sleep, talk to your doctor about it at your next appointment. "I might check for an underactive thyroid or anemia, just to make sure nothing is wrong," Dr. Salamon says. "But it's rare for an older person to say they're hot all the time. It's much more common to hear that they're cold."

What's the prescription for warming up? Treating underlying conditions and being more active. "Walk as much as you can, if it's safe for you, and exercise regularly if you don't already," Dr. Salamon says. "In the meantime, keep that sweater handy."



Baby it's cold inside

BANANASTOCK/GETTY IMAGES VIA HARVARD HEALTH LETTER/TRIBUNE NEWS SERVICE

Why are you cold, even when it's hot out? Older age and underlying conditions can affect your thermostat.

The benefits of giving blood

Superheroes walk among us, but you won't find them in capes or masks. Instead, they donate life-saving blood to help others.

GREEN SHOOT MEDIA

According to the American Red Cross, a single blood contribution can save as many as three lives. Donations are allowed five times a year, meaning you could potentially end up impacting hundreds and hundreds of people over the course of your lifetime. Here's more information on how to become a super hero, too.

INSIDE THE NUMBERS

You might not know, but blood donations are seasonal. The numbers plummet during the busy travel season each summer; inclement weather plays a role, too. But even on sunny spring days,

fewer than 10 percent of those who are eligible actually donate blood, according to the American Red Cross. The non-profit conducts more than 200,000 annual blood drives in an effort to combat this critical shortfall. Some 80 percent of their donations come from mobile sites set up in local communities. The Red Cross provides blood to some 2,700 hospitals across America.

WHY YOU SHOULD

Depending on your blood type, you might be providing a critical resource for patients who don't have ready access to a badly needed transfusion. (For instance,

only seven percent of Americans are O-negative, the so-called universal blood type that can be used by anyone.) In times of crisis,

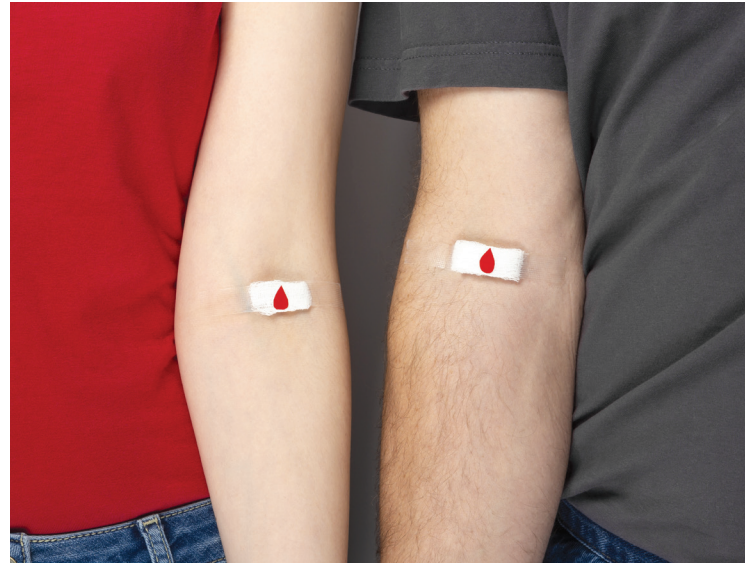
these donations are particularly important.

Medical institutions can be overwhelmed by patient emer-

gencies or surgery-related infusions, requiring a large amount of donor blood. But blood is actually always needed. If you don't know your type, helpful technicians at your hometown blood bank can provide a test.

BUILDING TRUST

Hospitals, blood banks and organizations like the Red Cross take precautions when collecting, processing, testing and distributing blood. This ensures your good health through the procedure, but also the safety and effectiveness of the donation once it arrives. Blood is comprehensively analyzed in labs to establish a definitive type, since they can't be mixed, but also to check for infectious diseases. Provided information is kept strictly confidential; none of it can be released without your permission, unless directed by a judge. So whether you're giving blood at in the offices of an area health-care provider or at a Red Cross mobile drive, you can be confident in the process.



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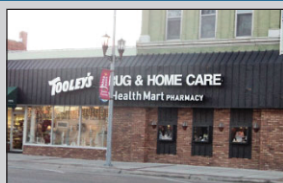
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