



Anchorage Medical Guide

Coming out of Covid Edition

Spring/Summer 2021



Alaska
dentist
Dr. Jerry Hu,
DDS
discusses the
importance of
dental health and
treating sleep
disorders
coming out
of Covid.
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"A healthy and beautiful smile is such an important asset. It is amazing how it changed my life -- feeling confident about my smile has opened many doors for me -- both professionally and personally.
Thank you Dr. Hu!"
- Amanda

• Opening a new practice during a global pandemic

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• Is telemedicine here to stay?

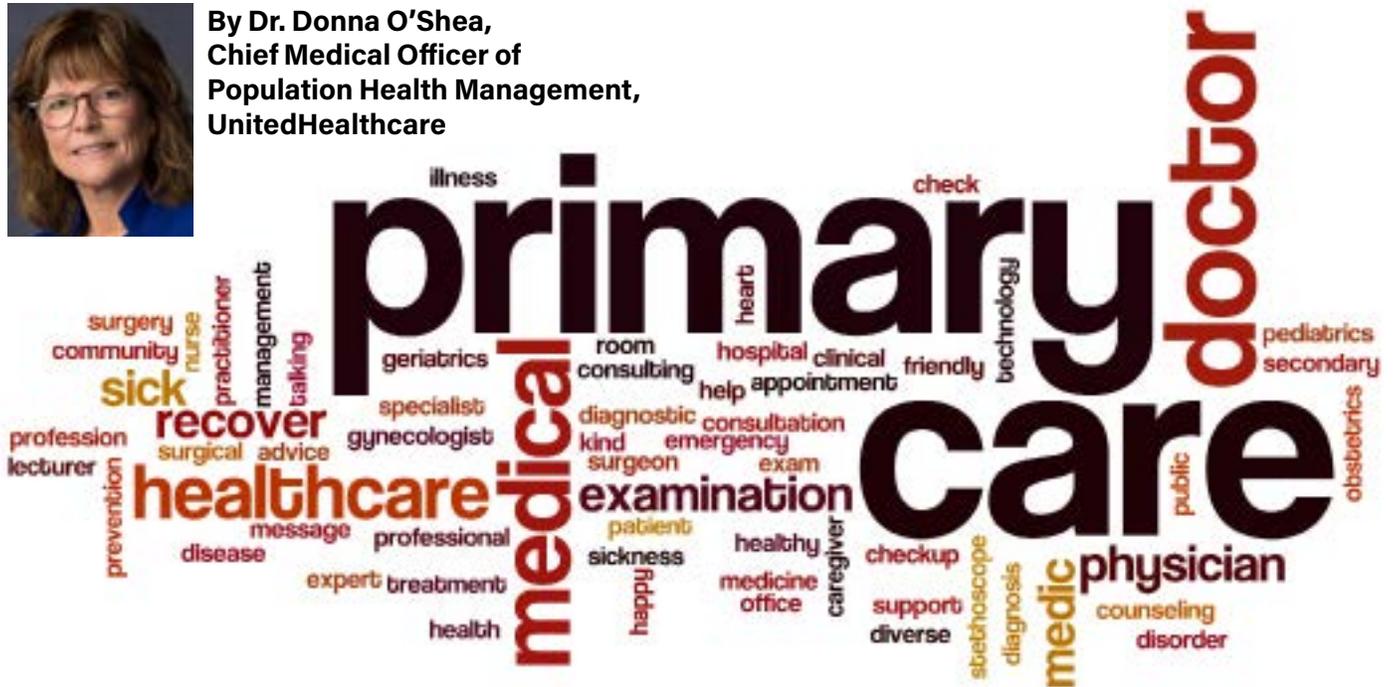
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By Dr. Donna O'Shea,
Chief Medical Officer of
Population Health Management,
UnitedHealthcare



Think You Don't Have Time to Start Seeing a Primary Care Doc? It's Time to Think Again

As many Americans make health a focus amid COVID-19, one potentially overlooked priority is to establish a relationship – or re-engage – with a primary care physician. Whether you have employer coverage or benefits through Medicare or Medicaid, a primary care physician can be a key resource to help you maintain or improve your well-being, including to help prevent illness and detect diseases as early as possible.

While the number of primary care physicians in Alaska is trending upwards, the state ranks 4th in the country at 3211 providers per 100,000 residents, according to a report from America's Health Rankings. Unfortunately, the number of Americans overall who have a relationship with a primary care physician is on the decline, with an estimated 25% of people lacking this type of ongoing relationship with a care professional. Reversing that trend is important, as research shows strengthening pri-

mary care may contribute to improved access to health care services, better health outcomes, and a decrease in hospitalizations and emergency department visits.

If you think you're healthy enough that you don't need a primary care physician, or maybe you've been rationalizing that you are too busy to establish a relationship with one, consider the following:

Recognize the Value of Primary Care. Primary care physicians can be a convenient and more affordable way for people to address their day-to-day health care needs, such as annual checkups, preventive screenings, routine care and chronic condition management (if needed). Typically, primary care physicians serve as a first contact for people as they navigate the health system, helping identify risk factors for disease, more effectively manage chronic conditions, and coordinate with specialists. All of this may add up to improved well-being and

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731 I Street, Suite 102
Anchorage AK 99501
(907) 561-PRES
anchoragepress.com

ROBIN THOMPSON
Magazine Manager/Co-Editor Alaska
Native Quarterly
robin.thompson@anchoragepress.com

MATT HICKMAN
General Manager/Managing Editor
Anchorage Press
matt.hickman@anchoragepress.com

DENNIS ANDERSON
Group Publisher,
Wick Communications Alaska
dennis.anderson@montrosepress.com

PETRA ALBECKER
Multimedia Sales Consultant,
Mat-Su Valley Frontiersman
petra.albecker@frontiersman.com

DIANE KARALUNAS
Graphic designer
dkaralunas@gmail.com

BRIDGET MACKEY
Multimedia Sales Consultant,
Anchorage Press
bridget.mackey@anchoragepress.com

quality of life. In fact, people with a relationship with a primary care physician may be more likely to receive high-value care services, such as preventive screenings, and report better care access and experiences with the health care system as compared to people without this type of care professional. The result is a 33% reduction in annual health care costs for people with access to a primary care physician.

Find the Right Doctor and Care Setting for You: Finding the right physician and care setting may be a challenge for many people, in part because some individuals may not be aware of their options or how to compare the quality and cost of health care professionals. Importantly, there is often wide variation in the quality and cost of health care services, even though there is often little or no corresponding improvement in health outcomes for services performed by higher-priced care professionals. To help find the right health care professional, people can compare publicly available online patient-posted reviews to help research primary care professionals in their local areas. For a more detailed analysis, some health plans offer online search capabilities that identify quality care professionals, as determined by national standardized measures for performance and local geographic area benchmarks for cost-efficiency. More broadly, some health plans and hospitals make cost estimate information available online, including actual contracted rates for hundreds of “shoppable” medical services.

When it comes to evaluating the right setting for care, a doctor’s office is not the only way to access in-person care. For instance, people enrolled in some Medicare Advantage plans may have access to programs that provide annual health and wellness visit from the convenience and privacy their homes.

Go Virtual: Smartphones and computers are making it possible to access various types of care virtually, including with local physicians who are increasingly embracing this technology to “see” patients. This is especially important amid COVID-19, as many people continue to practice social distancing. Importantly, there’s been a more than 10-fold increase in the use of virtual care since the emergence of COVID-19, including for urgent, preventive and chronic condition management (according to a 2020 UnitedHealthcare internal analysis). Other studies have shown that some people who see a doctor virtually report no difference in the quality of the visit, compared to an in-person appointment, and that some patients “vastly preferred” a virtual experience, due to the convenience and the elimination of travel time.

More broadly, a growing number of Americans are relying on virtual care for urgent care needs

and remote patient monitoring programs to help manage more serious illnesses or chronic conditions, such as type 2 diabetes. People can check with their health plan or local care professional to determine what types of virtual resources may be available to them.



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Vital catch

Preventive screening during COVID-19 pandemic leads to early diagnosis of treatable breast cancer

By DeeDee Stiepan

Throughout the COVID-19 pandemic, health care providers have been concerned about a growing number of patients delaying or skipping preventive screenings because they have been hesitant to see their health care provider. Experts have stressed that it's not only safe to come in for preventive screenings, but also it's important to avoid future health problems or catch them early when they are easier to treat.

That's particularly true when it comes to cancer. No one knows that better than Andrea Beckendorf, a musician and professor from Iowa whose decision not to delay her breast cancer screening led to an early diagnosis of treatable breast cancer.

"The bass is sort of the foundation of the orchestra," explains Andrea Beckendorf. "It provides in a lot of cases the harmonic support for the entire ensemble, especially for the string section."

Much like the role the bass plays in an orchestra, one could say regular health screenings provide a foundational role in a person's lifelong health and well-being.

"I talked with my primary care physician back in September. Part of my thinking was: 'Well, it is COVID. Should I do this? Should I not do this,'" says Andrea.

Much like the role the bass plays in an orchestra, one could say regular health screenings provide a foundational role in a person's lifelong health and well-being.

At 49 years old with no known risk factors for breast cancer, she decided to schedule a regular mammogram during a global pandemic a decision that may have saved her life.

"They saw an area where they wanted me to come back and take another look. And they took a biopsy, and the biopsy revealed that it was cancerous."

Because of the cancer's small size, location and the density of her breast tissue, Andrea's doctors told her there's no way she would have found it on her own with a regular self-exam.

"She had stage 1 breast cancer," says Dr. Daniela Stan, a physician in Mayo Clinic's Breast Diagnostic Clinic.

After getting a biopsy at her local clinic in Iowa, Andrea came to Mayo Clinic and started a care plan with Dr. Stan.

"Getting mammograms early to discover these cancers when they are small is important because the treatments are shorter and not as invasive," says Dr. Stan.

Because the cancer was caught early, Dr. Stan says the prognosis is good, and Andrea's treatment was very straightforward. In January, she had a lumpectomy.

"She was fortunate as well to have normal lymph nodes, so that makes it a stage 1. She received a very brief course of radiation based on the tumor size. Usually, if the tumor is less than 2 centimeters, we can do partial breast radiation,"

The importance of preventive health care during pandemic

By Jason Howland

Preventive health care helps you maintain your health. Screenings are important to avoid future health problems or catch them early when they are easier to treat. But the COVID-19 pandemic has led to a decrease in preventive screenings because some patients have been hesitant to see their health care provider.

"People are driven to seek medical care by pain. Pain is a strong driver to get relief. And since prevention is when you are without symptoms, people tend to put that on the back burner or they may feel unsafe to come in because of the uncertainty about COVID-19," says Dr. Cindy Kermott, a Mayo Clinic preventive medicine physician. "We know enough now about COVID-19, and we have personal protective equipment. We also have vaccines that have been available for health care workers now, and essentially all have been offered it. And it is safe to come in to get these preventive screens and vaccines done."

The U.S. Preventive Services Task Force recommends many evidence-based preventive screenings. The most common for older men are prostate cancer and abdominal aortic aneurysmscreenings. Women should schedule Pap smears to check for cervical can-

cer and mammograms to detect breast cancer.

Other important preventive health measures for every adult include:

- Vaccinations
- Colorectal cancer screening
- Checking cholesterol levels
 - Blood pressure screening
 - Testing blood glucose levels for diabetes

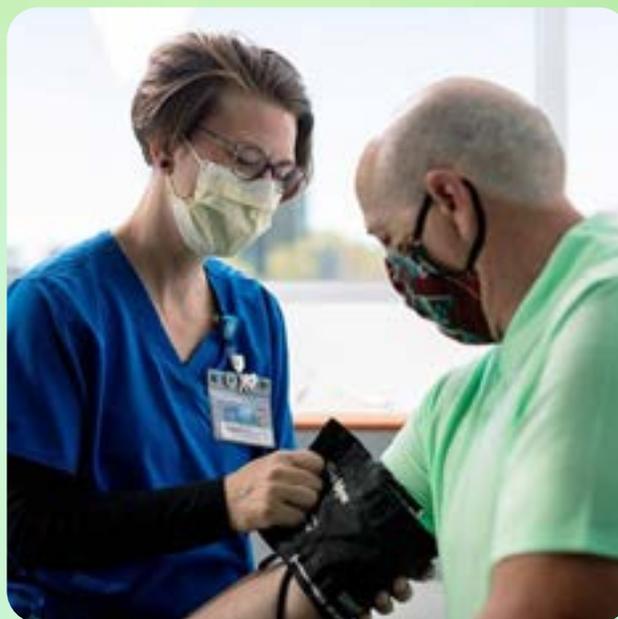
The timing and frequency of these screenings depend on your age and risk factors, and most are covered by your insurance.

"A screen is just a tool to detect the disease earlier," says Dr. Kermott. "It could be a lab. It could be vital signs. It could be questions — a survey instrument for depression, for example. It could be taking a family history and finding clues for genetics because some genetic testing is covered as a screen. And sometimes we do imaging, such as bone density or

colonoscopy and endoscopy to detect things."

Whether you're nervous about COVID-19 safety or simply putting off your next trip for care, don't delay in talking to your health care provider about scheduling your preventive health screenings.

"If we pick it up too late, then we don't have as good of a leg up on the situation. And we're hoping to intervene so that you can live longer and have more quality life years as a result of these screens," says Dr. Kermott.



says Dr. Stan.

Partial breast radiation means Andrea only needs five days of radiation versus 15 days. She also won't need chemotherapy.

Because of the quick diagnosis and straightforward treatment, Andrea has been able to get back to her music much faster.

"It's given me something to look forward to. I've gone through the treatments to be able to play with my students, and be able to practice and perform again," says Andrea.

"My message would be for folks to have a conversation with their primary care physician and talk with their family if they need to about the importance of getting screened, and then to encourage people to please get screened."

Dr. Stan says Mayo Clinic follows the American Cancer Society's criteria for breast cancer screening recommendations. These criteria encourage people to start having discussions with their primary care provider between ages 40 and 50 about the risks and benefits of screening, and consider yearly mammograms.



Teeth and sleep

Dentistry is one of the medical services most put off during pandemic, but it should be among the first addressed coming out of Covid

By Robin Thompson

Whether it's clinical or cosmetic, a healthy smile is a big part of people's happiness. Coming out of Covid, Dr. Jerry C. Hu, DDS reminds us good dental care is about more than a pretty smile — neglecting your dental care can have serious health consequences.

Now that the pandemic has reached manageable levels, Dr. Hu encourages people to get back in to see their dentists, for general dentistry as well as to treat their sleep disorders.

"We are passionate about sleep and sleep related breathing disorders. Get in if you have sleep apnea or have a sleep disorder or snoring, get in, get a diagnosis and get

treatment," Hu said. "Your whole immune system is tied to how much oxygen you get while sleeping. An ounce of prevention really goes a long way."

The extra safety mandates due to Covid required for health practitioners didn't change the day-to-day operations much for Dr. Hu and his team.

"In dental school you're trained every day that you have to use universal precautions," Hu said. "So everything that we do already hasn't been different — we always had a mask on, we screen patients, we sterilize equipment after each use, et cetera."

But the uniqueness of the Covid pandemic made even those standards problematic.

"When the mandates came out in March 2020 it was mandatory that unless the patient had an emergency, you hold off on everything else," Hu said. "I feel it was a little controversial because we didn't want dental emergencies to inundate the hospitals, create hospital work, because if you have a tooth abscesses, or dental infection, they should be at the dentist, not with an ER physician where everybody's worried about capacity."

Dr. Hu's own personal struggles before losing 110 pounds and addressing his own untreated obstructive sleep apnea changed his approach to dentistry.

"I was heavy and overweight all my life," Hu said. "It was after this experience with utilizing dental sleep medicine on myself that I knew my calling in life is not just changing lives, but saving them. I still do cosmetic and implant dentistry, but my deepest passion in dentistry is sleep medicine."

Hu graduated from the University of Michigan School of Dentistry in 1998,

Dr. Hu recently was invited to Hong Kong to teach 2 separate Hands-on Seminars in Cosmetic Full mouth Reconstruction and Hands on Dental Sleep Medicine with equipment such as Playmavator! Rochester, July 5-8, 2018



then immediately returned to his hometown in Soldotna and took over the Smiles of Alaska, a well-known and respected practice from Dr. Calvin Fair. Now, along with wife, Sharon, three children, and his improved health, Hu is able to continue to enjoy Alaska activities such as hiking, fishing, and winter sports and has even earned his black belt in Karate from Okamoto's (Jinen Ryu style Karate).

While Soldotna continues to be Dr. Hu's family and home base for his practice, he has expanded his practice in Anchorage and travels

the world teaching and doing clinic research. Hu also has a startup company, O2&U, in Melbourne Australia to expand his research.

"I do clinical research because I want to be at the latest in most advanced possible in dental medicine," Hu said. "I also have five medical and dental IP patents in sleep medicine."

Dr. Hu and his experienced staff not only provide traditional dental services but addresses overall health issues including nutrition and exercise into their assessments and patient follow-ups.

Don't Ignore Sleep Apnea

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Tips to help make women's health a priority all year long



Dr. Anne Docimo,
Chief Medical
Officer,
United
Healthcare

Springtime is a season of renewal, with this year's transition bringing added significance given Alaska's continued reopening amid the COVID-19 pandemic.

As more people become vaccinated and some families start to gather in person again, it may be an ideal time to think about ways to help improve the health of women in Alaska and honor the important role they play in their families' well-being. Promoting the health of women should continue to be a priority for our country, especially because some mothers may now be coping with more stress while managing additional work and family responsibilities.

In fact, recent research concludes that COVID-19 has affected maternal health in multiple ways, including reducing access to prenatal visits, increasing the frequency of depression and anxiety, and challenges related to child care. Here are three tips to consider to help support the health of women, including expectant and new mothers:

Consider Vaccine Options. Some pregnant or lactating women may be concerned about the safety of COVID-19 vaccines currently authorized for emergency use. Importantly, the Centers for Disease Control and Prevention (CDC) now recommends that pregnant people receive the COVID-10 vaccine, in part because they are at elevated risk for severe illness from this disease. Other research indi-



cates that vaccinated mothers may pass along to their babies antibodies against COVID-19 through breast milk, potentially offering protection to infants. To help find vaccine locations in your area and address potential concerns, talk with your primary care physician, check local pharmacies or review publicly available websites.

Take Advantage of Technology. While some people may have postponed routine medical appointments due to risk of exposure to COVID-19, it is important women stay connected to their health care providers, especially for recommended prenatal and well-baby appointments, routine care and the management of chronic conditions. If possible, check for available virtual care resources to connect with local or national health care professionals, including through some health plans that enable 24/7 access to medical advice via a smartphone or computer.

Focus on Your Health. This means eating well, staying active, getting enough sleep, continuing to take prescribed medications and limiting stress as much as possible – something that may be especially important during the COVID-19 situation. Walking at home or outside may be an option to help encourage physical and emotional well-being, so consider giving a loved one a smartwatch or fitness tracker to help promote daily movement.

For expectant mothers, it is important early on during pregnancy to access recommended prenatal care, which reduces the risk of preterm labor and low birth weight. For support, your employer or health plan may have telephonic programs and online resources that may help you adopt a healthier lifestyle, more effectively handle stress or, if needed, help with the management of chronic conditions.*

Pregnancy and COVID-19 vaccines

A recent data review by the Advisory Committee on Immunization Practices shows that over 30,000 women who are pregnant have been safely vaccinated for COVID-19. The preliminary safety study, which took place between December 2020 and January 2021, compared women who were pregnant and not pregnant, and who received the Pfizer or Moderna COVID-19 vaccines.

The advisory committee found that one day after vaccination, local reactions in both study groups were similar. In nearly all cases, no significant differences in reactions were experienced, such as localized pain, redness, fatigue, headache or fever.

Women who are pregnant and participate in V-Safe — a Centers for Disease Control and Prevention safety monitoring program following COVID-19 vac-

ination — are being followed at these intervals to monitor for longer-term adverse effects:

Once per trimester.

After delivery.

When the infant is 3 months old.

“Now we have some data that shows they haven’t had any increased risk of bad outcomes from their pregnancies. Their babies have been just as healthy as their counterparts who weren’t vaccinated,” says Dr. Melanie Swift, co-chair of Mayo Clinic’s COVID-19 Vaccine Allocation and Distribution Work Group.

Approximately 2,000 pregnant patients have been enrolled in the V-Safe monitoring program and nearly 300 of those patients have completed pregnancies to date. Pregnancy outcomes, such as miscarriage, stillbirth, pregnancy complications and infant

outcomes, among participants are no different than general rates in women who are pregnant and have not been vaccinated for COVID-19.

“Pregnant women are at increased risk for bad outcomes when they get COVID-19. And even if they’re healthy, the pregnancy itself makes them susceptible to some of the complications of COVID-19. So pregnant women are more likely to have severe COVID-19 and more likely to be hospitalized,” says Dr. Swift. “And any severe illness in pregnancy increases the risk to the outcome of the pregnancy. So that’s one reason — despite the lack of controlled trials in pregnant women — why experts who take care of pregnant women do encourage them to be vaccinated because they really want to protect pregnant women from having these severe outcomes from COVID-19.”

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125 N. Birney St.
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Denali Healthcare ahead of the Covid curve on telemedicine

By Matt Hickman

For many medical practitioners, the pandemic forced a sudden, unexpected and unwanted reliance on telemedicine.

But for the doctors and staff at Denali Health Care Specialists, telemedicine was something they had been advancing for years in their treatment of neurology, pulmonology and sleep therapy.

"For three years we'd already been moving toward telemedicine and during the pandemic it became a way to see a lot of patients. It was not a big switch for us since we had already started moving in that direction," said Mike Baker, President of Denali Occupational Health. "We didn't have to make huge changes in our operation, but we did have to make some, more as it relates to neurology than pulmonology. Now that we're coming out of (the pandemic) we're seeing more patients coming in to the clinic, but we don't do a lot of elective. If you have a pulmonology or neurology problem, it's probably not elective."

With operations in Texas as well as multiple sites within Alaska, necessity may have been the mother of telemedicine advancement for Denali.

"Telemedicine had kind of already made its presence known in our Texas operations," Baker said. "We kind of knew what the rules were, maybe a little better than what some other places did — we had already filed to do tele-



medicine through the state and HHS, so that was helpful."

Baker said the COPD patients are the most common on the pulmonology side and traumatic brain injury patients seen on the neurology side, while a condition curiously common to Alaska, Baker sees is multiple sclerosis.

"Alaska has one of the highest rates of multiple sclerosis because we're closer to the magnetic pole — or that's the theory, anyway," Baker said. "We've started doing the earlier diagnoses because there are some medications — both oral and intravenous that have been very helpful in slowing down the progressing of the disease. It's chronic, but if you can slow it down it can be helpful."

Baker said that while it hasn't been proven that proximity

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to the poles causes multiple sclerosis, cases in northern climates are undoubtedly more common.

"In place like Norway, Finland, Sweden, they have higher MS rates than Guatemala or El Salvador," Baker said. "We have basically no multiple sclerosis cases in Texas — there's some, but not a per capita volume like you have in Alaska."

Baker said treating MS starts with a prompt diagnosis.

"Normally patients will have pain all over. We'll do an MRI and usually find lesions on the spinal column and it's the lesions that are causing the issue," Baker said. "If the patient takes their meds as prescribed, we can kind of keep the outbreaks to a minimum, but it's a progressive disease. You're not going to make it go away."

In addition to being ahead of the curve on telemedicine, Denali Healthcare Specialists

are also advancing early self-diagnostic technologies through the smartphones we all carry.

"If you drag a foot, the iPhone has a nice little feature on it that will tell you if you're walking symmetrically," Baker said. "What happens sometimes is people don't realize when they're picking up and putting a foot down that they might be dragging one and that could be a serious problem. It could indicate all kinds of neurological and/or muscular issues, including balance."

Baker urges all people, when they encounter discoveries like these, to insist upon seeing a neurology specialist as soon as possible.

"Normally there's a general rule that if you need a neurologist or pulmonologist, nobody else will work," he said. "It's like when you need a cardiologist, you need a cardiologist."

What causes multiple sclerosis, or MS, in people who don't have it in their family?

The exact cause of MS isn't known. But it's clear that a variety of factors can increase a person's risk of developing this disease. Along with genetics, those risk factors include age, sex, a medical history of certain infections or diseases, race, and the climate where you live.

MS is a potentially disabling disease of the central nervous system, which includes the optic nerves; the white matter of the brain and back of the brain, called the cerebellum; the brainstem, which is the lowest part of the brain; and the spinal cord. The nerves that travel from the spinal cord out to the muscles are the peripheral nervous system. MS does not affect those nerves.

MS is an autoimmune disease, where the body's immune system mistakenly attacks and damages the protective sheath called myelin that covers and protects the central nervous system's nerve fibers. That damage leads to communication problems between the brain and the rest of the body. Eventually, the disease can cause the nerves to deteriorate and become permanently disabled.



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A passion for shoulders

By Matt Hickman

Dr. Kevin Paisley lists three things above all others that he loves in this world — his daughter, his Denver Broncos and the human shoulder.

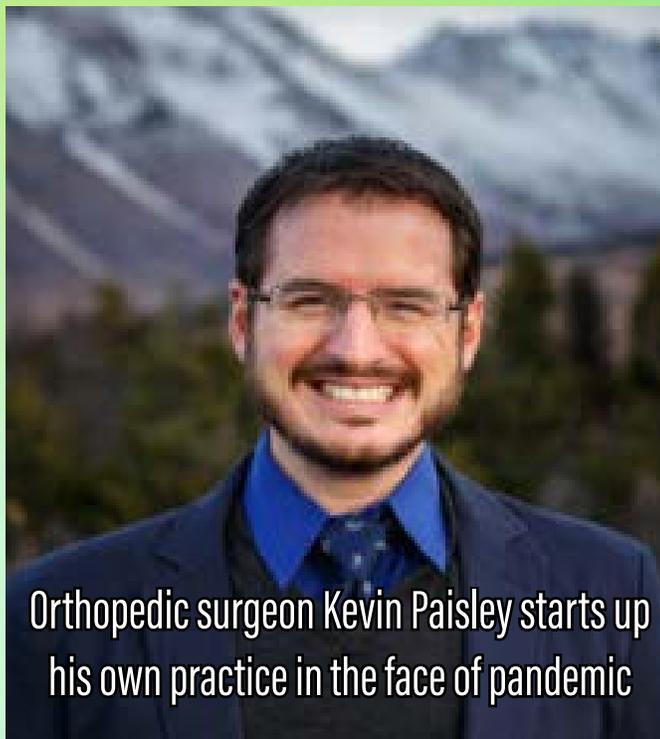
“The thing that gravitated me to shoulders the most, to start with, was the complexity of the anatomy and how it’s such an amazing composition of parts that have no inherent stability whatsoever, and yet it has the most motion of any joint, and the complexity around the cuff, as well as the labrum,” Paisley said. “I also love surgeries and how you can do everything from minimally invasive small surgical procedures, all the way to full joint replacements and trauma where people have fractures. There’s not a lot of sub-specialties where you get the full gamut like that.”

A two-time Press Picks winner for Best Orthopedic Surgeon, and one of Alaska’s only shoulder fellowship-trained surgeons, Paisley has been practicing in Alaska since 2014. In 2020 he ventured out from his previous partnership to start Alaska Shoulder Orthopaedic Institute, located on the campus of Alaska Regional Hospital. Starting a new business is never easy, and during a pandemic it’s doubly hard, as Paisley found out last spring.

“Before COVID hit I had about a two-month wait list for surgery and when COVID hit that jumped up to about four months. I had something like a 70-shoulder operation wait list, which is a lot,” he said. “Most people who operate on shoulders, they might have maybe five or six that need surgery and get to them in a week or two.”

Whether because of municipal Emergency Orders halting non-emergency surgeries, or patients’ reluctance to venture out during the pandemic, putting off medical attention is potentially damaging to a patient’s ultimate recovery, Paisley said.

“If you had a delay for, say, six months, there may be some negative changes you couldn’t reverse,” Paisley said. “With rotator cuff tears and muscle and tendon ruptures the main reason delaying care is that the muscle can begin to atrophy; you could get fatty infiltration and that could lead to a form of arthritis. If it was dealt with in a more timely fashion, it would lessen the likelihood of a re-tear and potentially arthroplasty, which is the fancy way of saying joint replace-



Orthopedic surgeon Kevin Paisley starts up his own practice in the face of pandemic

ment.”

Like all doctors during the pandemic, Paisley relied heavily on telemedicine.

“I believe (telemedicine) is here to stay to a certain extent, but it’s just not enough to rely on telemedicine 100% for all pre-op care,” Paisley said. “A huge component in orthopedics is to ask, ‘where does it hurt?’ You need to be able to feel and touch in the area for points of pain or dysfunction. It’s also difficult if you’re doing strength testing, test their resistance and restrain their movement and motion.”

In an effort to improve the telemedicine experience for patients and physicians alike, Paisley began developing an app to mitigate

telemedicine’s shortcomings.

“The way I was thinking was potentially using an iPhone, which already has sensors built into it, and to generate software that could recognize those sensors,” Paisley said. “For example, a bear hug test. For that a patient raises their right shoulder and pins it against their chest on the left side — almost like they were reciting the Pledge of Allegiance. If someone has pain doing that then that would be a positive bear hug test. You can’t reproduce that in telemedicine, but maybe the sensor in the phone could apply pounds per square inch.”

A Florida native, Paisley did his residency at the University of Missouri where he discovered a new passion of his craft from the patient’s vantage point of an operating room.

“I was training for a triathlon and I was on a bike on a small, backcountry road and a Chevy Silverado came out of nowhere at 55 mph, hit me and smashed my arm. I had an open Olecranon fracture, a rib fracture, and thank God I was wearing my helmet,” Paisley recalled. “I was banged up pretty badly and had emergency surgery, but I healed up from that and was able to compete three months later. Unfortunately, the next year I was snowboarding and went down awkwardly. Because of the surgery I’d had, my triceps was a little weakened, so I was vulnerable and wound up partially tearing my triceps. That took surgery and screws

PAISLEY, CONTINUED ON PAGE 19

The future of orthopedic health care in the aftermath of COVID-19



By Ju Zhang

As the founder in the orthopedic pre-operative planning space, I'd like to share some perspectives on the near, medium, and long term effects that COVID-19 pandemic may have on the field.

The current COVID-19 outbreak has impacted virtually every industry on earth, and orthopedics is no exception. There has been a significant and sudden decline in the volume of elective joint replacements world-wide as health systems rightfully prioritize their COVID-19 response. However, as the need for telehealth technologies becomes clear to health systems large and small, online digital technology for orthopedics is well-positioned to help with recovery once hospital utilization returns to normal.

Moving forward, we would anticipate several key changes for orthopedics and digital health, as all efforts are made to reduce transmission risk and improve efficiency. These include:

- A high uptake of remote-work and distributed solutions for patients, clinicians, and suppliers

- Optimization of the implant supply chain

- Efforts by regulators to streamline market approval for digital health technology, enabling the above

Here are some of the challenges and opportunities facing us over the next 12 months and beyond.

Immediate Impact

Around the world, non-urgent, elective surgeries have been prioritized, putting most joint replacements on hold. While clinical staff may be rede-

ployed to the COVID-19 response, patients must cope with delays in treatment, while implant suppliers are facing material declines in revenue over the next two or more quarters.

As a side effect of the re-prioritization of hospital resources, non-vital clinical research has also largely halted. As a result, we expect delays in clinical trials to hold up the development and release of a wide range of medical technologies over the next 12-24 months.

On the regulatory side, the US Department of Health and Human Services (HHS) has relaxed HIPAA enforcement to give medical providers more telehealth options. While currently aimed at tools like FaceTime

FUTURE, CONTINUED ON PAGE 23

Taking off that COVID 15

Alaska Fitness owner says she's seeing a rush of returning and new members

By Robin Thompson

If you gained weight during the Covid pandemic, you're not alone. On average, Americans have gained an additional 15 pounds due to stress, lack of movement, or eating more convenience foods or take-out, often to support local restaurants. Alaskans can rest assured that locally owned and operated, Alaska Fitness on the corner of Benson and A Street, is back open and safety-committed to help you get back into the gym and back into shape.

"During our re-opening of everything it's gone very well," owner Jennifer Novak said. "We did everything the Mayor asked us to do and the CDC recommended. Everything was completely shiny and we had Covid sanitation stations, mask requirements, and everything — people were very happy."

During the shutdown, Novak took the opportunity to remodel the women's locker room, kept some employees working, and overall made the place clean and Covid ready for the anticipated reopening, using



anti-bacterial spray and detailing the fitness center from the top to bottom.

Like many businesses during shutdown, Alaska Fitness received a PPP loan, which was used for paying employees, remodeling the gym, rent, and purchasing new equipment. Older equipment was offered and sold to individuals, supporting those who wanted to continue or begin to work out from home and offered people flexible options to retain their memberships.

"We still lost about 400 members, but now we are getting all of these

members back," Novak said. "There has just been a lot of people that are all in just realizing that it didn't work out very well for them to work out from home. And I'm not saying it doesn't work out for some, it just takes a lot of motivation to continue that energy at home. People are ready to be consistent."

Novak said that she is now seeing about 6 to 8 new memberships and people are ready to fully commit each day.

"People have normally hunted us down on the internet, they come in and are like 'we want to join,'" Novak said. "They're just ready even though we have an advertisement out for a free in-body scan and a free 3-day pass, these people will come in and

GYM, CONTINUED ON PAGE 19



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HEPA filter reduces airborne respiratory particles generated during exercise that can transmit viruses

By Terri Malloy

A pair of Mayo Clinic studies shed light on something that is typically difficult to see with the eye: respiratory aerosols. Such aerosol particles of varying sizes are a common component of breath, and they are a typical mode of transmission for respiratory viruses like COVID-19 to spread to other people and surfaces.

Researchers who conduct exercise stress tests for heart patients at Mayo Clinic found that exercising at increasing levels of exertion increased the aerosol concentration in the surrounding room. Then also found that a high-efficiency particulate air (HEPA) device effectively filtered out the aerosols and decreased the time needed to clear the air between patients.

"Our work was conducted with the support of Mayo Cardiovascular Medicine leadership who recognized right at the start of the pandemic that special measures would be required to protect patients and staff from COVID-19 while continuing to provide quality cardiovascular care to all who needed it," says Thomas Allison, Ph.D., director of Cardiopulmonary Exercise Testing at Mayo Clinic in Rochester. "Since there was no reliable guidance on how to do this, we put a research team together to find answers through scientific testing and data. We are happy to now share our findings with everyone around the world." Dr. Allison is senior author of both studies.

To characterize the aerosols generated during various intensities of exercise in the first study, Dr. Allison's team set up a special aerosol laboratory in a plastic tent with controlled airflow. Two types of laser beam particle counters were used to measure aerosol concentration at the front, back and sides of a person riding an exercise bike. Eight exercise volunteers wore equipment to measure



their oxygen consumption, ventilation and heart rate.

During testing, a volunteer first had five minutes of resting breathing, followed by four bouts of three-minute exercise staged with monitoring and coaching to work at 25%, 50%, 75% and 100% of their age-predicted heart rate. This effort was followed by three minutes of cooldown. The findings are publicized online in CHEST.

The aerosol concentrations increased exponentially throughout the test. Specifically, exercise at or above 50% of resting heart rate

showed significant increases in aerosol concentration.

"In a real sense, I think we have proven dramatically what many suspected that is why gyms were shut down and most exercise testing laboratories closed their practices. Exercise testing was not listed as an aerosol-generating procedure prior to our studies because no one had specifically studied it before. Exercise generates millions of respiratory aerosols during a

HEPA, CONTINUED ON PAGE 23



The surprising connection between hearing health and COVID-19

By Diane Nens

Audiologist and Senior Clinical Director, UnitedHealthcare Hearing

While COVID-19 most frequently affects the lungs, other parts of the body may also be impacted, such as a loss of taste and smell. For a smaller number of people, instances of hearing loss are emerging, according to the International Journal of Audiology.

Of equal or greater concern is that some people with hearing loss may be opting to delay treatment, in part due to COVID-19 exposure concerns with in-person medical appointments for testing and care. While hearing aid sales reached nearly 3.5 million in 2020, that represents a significant decline compared to the previous year, which may be attributed to the fact that the average person with hearing loss waits seven years before seeking treatment.

Hearing loss is the third most common chronic condition among older Americans, affecting more than 48 million people nationwide. Hearing loss may become even more widespread in the future, in part because of an aging population and the frequent use of earbud headphones, which can contribute to noise-induced hearing loss.

Here are five tips to consider related to hearing loss during the COVID-19 pandemic and in the future:

Prevent Hearing Loss Before It Starts. Our ability to hear declines naturally as we age, especially among people over 65. But exposure to loud sounds – both one-time and cumulatively – can contribute to noise-induced hearing loss. To help reduce your risk, consider limiting exposure to loud sounds and the use of earbud headphones, especially when listening to music or movies on a mobile device. Consider over-the-ear headphones – especially models with

noise-canceling properties – as those are generally considered a better option than earbuds. When using earbuds, follow the “60/60 rule”: listen for no more than 60 minutes at a time and at no more than 60% of the player’s maximum volume.

Look for Signs of Hearing Loss. For some people in the early stages of hearing loss, there is an expectation – and hope – the problem will resolve itself or improve eventually. The reality is hearing loss tends to gradually worsen over time without treatment. Unlike a broken bone or other physical injury, hearing follicles don’t regrow or repair themselves. Once someone has hearing loss, the most effective treatment is usually hearing aids. Common signs of hearing loss include turning up the volume on the TV or radio to levels that others find too loud, having trouble hearing people on the phone, and difficulty following conversations in noisy environments.

Evaluate Testing Options. Online hearing screeners can help people identify potential signs of hearing loss and start the process for accessing care. Meanwhile, some primary care physicians are starting to offer hearing testing, making it more convenient to follow recommended guidelines, which include being screened at least every decade through age 50 and then at three-year intervals thereafter. Consider checking with your employer-sponsored or Medicare Advantage health plan, which may be able to connect you with an audiologist or hearing health professional for testing.

Recognize the Risks of Avoiding Treatment. While some people may think diminished hearing is merely a nuisance or a sign of aging, it can have a significant impact on peo-

HEARING, CONTINUED ON PAGE 23

Sexually transmitted infections and COVID

By Deb Balzer

One in 5 Americans has a sexually transmitted infection, according to the Centers for Disease Control and Prevention (CDC). During Sexually Transmitted Diseases Awareness Week, April 12–17, the CDC encourages discussion, testing and help to remove the stigma surrounding sexually transmitted infections and diseases.

During the early months of the COVID-19 pandemic reports of sexually transmitted infections decreased due to disruptions to health care and sexually transmitted infections testing services, reports the CDC. Reduced access to testing and diagnoses may have led some people to unwittingly spread infection. As clinics reopen, infections rates are again on rise.

Dr. Abinash Virk, a Mayo Clinic infectious diseases physician, says rates of infection are rising, especially in younger populations.

“The biggest concern with these sexually transmitted infections is that they occur in people between 15 and 24 years. That’s the biggest age group that continues to have new and emerging infections. But the problem is that many of these infections are without symptoms. That means that people can transmit diseases to their sexual partner if they don’t take precautions like wearing a condom or other protection to prevent transmission.”

Sexually transmitted infections, including HPV, chlamydia, gonorrhea and syphilis, are transmitted person to person through sexual activity, including vaginal, oral and anal sex. Left untreated, sexually transmitted



Reduced access to testing and diagnoses may have led some people to unwittingly spread infection. As clinics reopen, infections rates are again on rise.

infections can lead to larger health problems.

“For women, which is the other group that had higher risk of sexually transmitted infections, it also has an impact on reproduction and fertility,” says Dr. Virk. “Along with infertility, sexually transmitted diseases may cause HPV-associated cancers, such as cervical cancer in women or penile cancers in men.”

There are more than 100 types of HPV. Certain strains of HPV also can contribute to cancers of the genitals, anus, mouth and upper respiratory tract.

“About 42 million people in the U.S. in 2018 were diagnosed with HPV,

which can cause cancer,” says Dr. Virk. “There’s a vaccine for HPV that is very effective in preventing cervical cancer, cancer of the penis, other types of HPV-related cancers.”

Treating sexually transmitted infections, especially gonorrhea, is a growing concern due to antibiotic resistance.

“There is emerging resistance, particularly among the gonorrhea bacteria. This has received international attention because there have been cases where the gonorrhea bacteria were completely resistant to antibiotics. We want to prevent that from happening. It’s really important again for people to prevent gonorrhea from happening by using condoms and other precautions,” Dr. Virk says.

When it comes to sexually transmitted infections, Dr. Virk urges everyone to have conversations with their sexual partners, use condoms and get tested regularly. “It’s really important for people to be aware of their own health and to take precautions.”



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What to know about youth summer camps during COVID-19 aftermath



By Deb Balzer

The Centers for Disease Control and Prevention (CDC) has released guidelines to reduce the risk of COVID-19 infection at youth summer camp. But what do those guidelines mean for families and children who look forward to the ritual of attending overnight or day summer camp?

"There not one strategy that's going to completely eliminate risk. But using multiple strategies can reduce the risk for everyone who's attending," says Dr. Nipunie Rajapakse, a pediatric infectious diseases physician.

Some of the strategies include trying to limit the size of the camp as much as pos-

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sible so that it's a smaller group of children — maybe with one camp counselor or supervisor rather than having large groups of children mixing.

"Testing prior to attending camp one to three days before camp starts is another strategy that can help reduce the risk of someone coming to the camp who's infected and going on to transmit to others," says Dr. Rajapakse. "And, certainly, if anyone is feeling ill or having symptoms in any way, they should not be attending."

Masking

"The great thing about summer camps is that most of the activities have been outdoors. And we know that outdoors presents much lower risk of transmission. For indoor settings, masking is encouraged, as well as adhering to the physical distancing recommendations to further reduce the risk of transmission," Dr. Rajapakse says.

High-risk activities

"Certain activities in camps can pose more high-risks. Those include eating meals together. These are especially times where people really need to adhere to the physical distancing recommendations since you can't be masked, obviously, while you're eating. Additional kind of supervision and education for kids around those times is going to be important."

Considerations

Dr. Rajapakse says each situation for a family and child will be unique. Taking stock of who is in your family and who is at high risk for illness is an important consideration.

"If you have a healthy child who doesn't have any known risk factors for more severe illness, then, certainly, that might be a lower-risk situation to send your child to camp. Whereas if you have a child who has underlying health conditions, who may be at a higher risk for illness, if they were to get infected, it might not be the best situation to send them into a camp type or group-type setting."

Gather information about the camp's safety protocols and how they plan to ensure a safe experience for your child.

"It's also important to understand what the camp is doing, what precautions they are putting in place, what guidance your local public health organizations have given them and how closely they're (the camp) planning to follow those instructions. (This informa-

GYM, from page 14

not even want the pass, and they're ready to personal train, sign-up for sessions and join the gym."

Novak, along with business partners, purchased in the gym in 2010 when World's Gym (and before that Gold's Gym) in its present location was about to close. They changed the name, refurbished it and took on a functional training approach that the fitness industry nationally had begun to embrace.

"The three components of fitness are strength, endurance and flexibility. So we bring all of those into our gym instead of just strength," Novak said. "So it's more women-friendly, and we have classes that are free and we also have sessions called 'alloy' that are similar to CrossFit and designed by physical therapists."

Alaska Fitness employs personal trainers along with providing

'There has just been a lot of people that are all in just realizing that it didn't work out very well for them to work out from home.'

— Jennifer Novak
Owner, AK Fitness

alloy sessions and studio classes, Zumba, deep stretch, yoga, boot camp, kick boxing, and group cycling that are included with membership.

"Whatever you're looking for we have it here for you. Every membership is started with a meeting with a director of fitness that can roadmap your goals," Novak said. "If you come into this gym we will take you to your goals, this is our mission, to teach you the tools to get in shape."

PAISLEY, from page 12

and a year later I was snowboarding and fractured my clavicle. My third, fourth and fifth year of residency I had injuries and surgeries."

The third injury cut short his vacation, and after undergoing surgery on a Sunday, he was back in the operating room, his arm in a sling.

"As a chief orthopedic resident, you have a junior resident or two with you, so they were able to essentially be my left hand," he said.

After residency at Mizzou, Paisley did a year's fellowship at the University of Texas-San Antonio, which is where he found his calling in shoulder surgery.

"I love shoulder replacement surgery and one of the reasons I spent an extra year in San Antonio was to really master the skill set for doing shoulder replacement surgery. Most of the research is shoulder replacement surgery, but I view myself more as a shoulder preser-

vationist," Paisley said. "If there are technologies that could potentially preserve someone's shoulder joint I will go the extra mile in order to go on a treatment plan with a patient that will allow them to maintain their normal anatomy for as long as possible."

Paisley's passion for shoulder surgery has him traveling all around the country regularly on speaking and teaching engagements.

"I love teaching whether it's shoulder anatomy, surgical procedures — it's something I do on a national basis, whether it's to present some of my research or different teaching techniques, it's very rewarding for me and fulfilling," Paisley said. "One thing that's for certain is that I am 100 percent doing what I was meant to do — there's not another thing in the realm of medicine I would rather be doing. This is it for me — shoulders are an absolute passion."



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HEPA, from page 15

son focused on how to mitigate the aerosols generated during exercise testing by filtering them out of the air immediately after they came out of the subject's mouth. Researchers used a similar setup with the controlled airflow exercise tent, particle counter and stationary bike, but added a portable HEPA filter with a flume hood.

Six healthy volunteers completed the same 20-minute exercise test as the previous study, first without the mitigation and then with the portable HEPA filter running.

Also, a separate experiment tested aerosol clearance time in the clinical exercise testing laboratories by using artificially generated aerosols to test how long it took for 99.9% of aerosols to be removed. Researchers performed the test first with only existing heating, ventilation and air conditioning, and then with the addition of the portable HEPA filter running.

"Studying clearance time informed us of how soon we could safely bring a new patient into the laboratory after finishing the test on the previous patient. HEPA filters cut this time by 50%, allowing the higher volume of testing necessary to meet the clinical demands of our Cardiovascular Medicine practice," says Dr. Allison.

"We translated CDC (Centers for Disease Control and Prevention) guidelines for aerosol mitigation with enhanced airflow through HEPA filters and showed that it worked amazingly well for exercise testing. We found that 96% plus or minus 2% of aerosols of all sizes generated during heavy exercise were removed from the air by the HEPA filter. As a result, we have been able to return to our practice of performing up to 100 stress tests per day without any recorded transmission of COVID in our exercise testing laboratories," says Dr. Allison.

FUTURE, from page 13

and Skype, this may signal a willingness toward a more flexible regulatory path for digital tools in the future.

Preparing for the Recovery

There will be opportunities in the coming months for digital health technologies to position themselves for the COVID-19 recovery. Once COVID-19 responses ease, there will be a backlog of elective surgeries in hospitals. Indeed, we are already seeing the resumption of elective surgeries in many parts of the world, including Australia, New Zealand, and parts of the United States. Pre-operative planning software can help streamline the preparation, provision, and delivery of the backlog of joint replacements.

The current lull in joint replacement procedures offers a rare opportunity for a large number of cases to be planned in advance using pre-op planning solutions. Cloud-based platforms have a special advantage in allowing the clinician and their rep to plan cases remotely while travel and hospital access restrictions are in place. With the surgical plans and implants selected ahead of time, implant suppliers and hospitals have the opportunity to optimize their inventory and production (in the case of patient-specific custom parts) to efficiently address the backlog of cases once the situation allows.

The New Normal

It's possible that social distancing practices remain in place over the longer term as we await a vaccine. However, the fundamental need for and value of joint-replacement surgery will also remain, continuing with current trends in aging and mobility. To meet this demand, changes in patient-sur-

geon-rep interactions and inventory management practices that are already happening are likely to accelerate.

The frequent movement of orthopedic sales reps between many different sites may no longer be tenable in a post-COVID world. As such, telehealth tools that allow surgeons and reps to plan, assist, and execute joint replacements remotely will be crucial. We already know that cloud-enabled pre-op planning software helps with the former. The need for remote execution could accelerate the integration of pre-op planning with surgical guidance and robotics along with the appearance of "virtual" attendees in the operating theater.

The existing practice of shipping consignments of dozens of implants between hospital sites for surgeries is not only hugely inefficient, but can also now be seen as a transmission risk. In reducing this risk, implant suppliers will look to streamline the orthopedic supply chain; delivering just the right implant to the right surgery at the right time. Pre-operative planning is crucial to this mission, accurately determining the right implants well in advance.

Conclusions

There is still much to do in the fight against COVID-19 and lasting changes to public health and clinical practice are a given. Despite necessary short term pains, joint replacement surgery is not going anyway. However, the challenges we now face have created a huge impetus toward the acceleration and integration of telehealth technologies into current orthopedic practice, both clinically and commercially.

HEARING, from page 16

ple's overall health and well-being. For instance, people with hearing loss are 32% more likely to be hospitalized and have a 300% greater risk of falling, according to the Better Hearing Institute. For people in the workforce with hearing loss, the condition reduc-

es household income by an average of \$12,000 per year; the use of hearing aids can mitigate up to 50% of that loss. Importantly, people with hearing loss who obtain treatment experience a lower risk of falls, dementia and depression, as compared to individu-

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