HEALTHY HOLIDAYS TO YOU!

THE TRUE NON-SURGICAL FACELIFT: Introducing the Scarlet SRF

VARICOSE AND SPIDER VEINS 101

TIME TO QUIT SMOKING

10 WARNING SIGNS OF ALZHEIMER'S

DENTAL CARE During Pregnancy
The True Non-Surgical Facelift

INTRODUCING THE SCARLET SRF

Previously, the only solution for skin sagging is a procedure called the surgical face lift. In this procedure, the skin of the face is tightly pulled up, the excess skin is cut away, and the skin is sutured together. Patients who have gone through this procedure struggle to hide the scars left over from the extremely invasive procedure. However, the scars can always be felt and often upset patients who find that they do not fade away. The Scarlet SRF was originally invented to cleanly remove the scar so that it is not noticed.

Skin tightening is a treatment unique to the Scarlet SRF. This painless procedure allows for patients to undergo the whole process without numbing cream. Three hours after the procedure, patients are able to wash their hair as normal, and their scalp will be fully restored to its original youthful state.

SRF is Short pulse Radio Frequency technology TM is FDA cleared and revolutionary safe skin treatment. This revolutionary skin tightening treatment provides a painless non-surgical facelift with no downtime or side effects. Developed by the researcher behind the Na Effect, Scarlet SRF is the first and original short pulse microneedling RT treatment using the phenomenon of alternating bipolar signal energy. The technology is patented not only in America but in 70 other countries.

Scarlet SRF targets scalp skin tightening, face skin tightening and lifting, double chin, neck, and body skin tightening. Recently, Short pulse Radio Frequency technology TM of the Scarlet SRF was clinically proven to improve rosacea, acne, vulgaris, melasma, and mottled telangiectasia. And needless to say, the Scarlet SRF improves common issues such as skin texture, pores, photo-aging, and scars.

Visible tightening results come immediately, and the results of dermal remodeling appear over time in the course of new collagen, elastin fibers re-genesis and vascular rejuvenation. For most patients, measurable results appear gradually in 2 to 3 months.

Scarlet SRF treatment delivers results in a single treatment for most patients. More treatments give more results. We recommend 3 treatments during a year to maximize skin rejuvenation.

Scarlet SRF treatment takes about 20 minutes for the face and 10 minutes for the neck. The time needed for a body treatment depends on the size and condition of the area to be treated. The Scarlet SRF treatment is both time-efficient and revolutionarily effective.

Our Scarlet SRF procedure is like a 30-minute facelift with no healing time. The microneedling device restores collagen and elastin in the skin helping to remove impurities and signs of aging. You are left with skin that appears tighter, smoother, and younger.

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This Month’s American Heart Association
Heart Healthy Recipe

Pumpkin Spice Smoothie
This simple cooking with Heart Recipe is the taste of American pumpkin pie in a glass, with fewer calories, and a great option to offset the holiday temptations!

Ingredients: Serving 6
- 1/2 cup canned pumpkin (not pie filling)
- 1/3 cup fat-free, plain yogurt
- 1/3 cup skim milk
- 2 Tbsp. rolled oats
- 2 tsp. honey
- 1/2 tsp. pumpkin pie spice
- 3-4 ice cubes

Directions:
1. Into a blender, add pumpkin, yogurt, milk, oats, honey, pumpkin pie spice, and ice cubes.
2. Blend until smooth and frothy, about 1 minute. Pour into a glass and serve.

Quick Tips:
Cooking Tip: Keeping the can of pumpkin in the fridge before using isn't necessary but helps make a colder smoothie.

Keep it Healthy: Make sure to buy 100% pure pumpkin and not pumpkin pie filling or mix, which looks similar but can have added sugar.

Tip: Plain nonfat Greek yogurt, which has more of a tangy taste as well as more protein, can be substituted for the light plain yogurt.

Get involved locally in the mission of the American Heart Association, go to www.westtnheartwalk.org or call 731-267-8479 for more information!
Varicose and Spider Veins 101

Presented by West Tennessee Vein Center at the Cardiovascular Clinic of West TN

What are varicose veins and spider veins?
Varicose veins are enlarged veins that can be blue, red, or flesh-colored. They often look like cords and appear twisted and bulging. They can be swollen and raised above the surface of the skin. Varicose veins are often found on the thighs, backs of the calves, or the inside of the leg. During pregnancy, varicose veins can form around the vagina and buttocks.

Spider veins are like varicose veins but smaller. They also are closer to the surface of the skin than varicose veins. Often, they are red or blue. They can look like tree branches or spiderwebs with their short, jagged lines. They can be found on the legs and face and can cover either a very small or very large area of skin.

What causes varicose veins and spider veins?
Varicose veins can be caused by weak or damaged valves in the veins. The heart pumps blood filled with oxygen and nutrients to the whole body through the arteries. Veins then carry the blood from the body back to the heart. As your leg muscles squeeze, they push blood back to the heart from your lower body against the flow of gravity. Veins have valves that act as one-way flaps to prevent blood from flowing backwards as it moves up your legs. If the valves become weak, blood can leak back into the veins and collect there. When backed-up blood makes the veins bigger, they can become varicose.

Spider veins can be caused by the backup of blood. They can also be caused by hormone changes, exposure to the sun, and injuries.

How common are abnormal leg veins?
About 50 to 55 percent of women and 40 to 45 percent of men in the United States suffer from some type of vein problem. Varicose veins affect half of people 50 years and older.
What factors increase my risk of varicose veins and spider veins?

Many factors increase a person’s chances of developing varicose or spider veins. These include:

• **Increasing age.** As you get older, the valves in your veins may weaken and not work as well.

• **Medical history.** Being born with weak vein valves increases your risk. Having family members with vein problems also increases your risk. About half of all people who have varicose veins have a family member who has them too.

• **Hormonal changes.** These occur during puberty, pregnancy, and menopause. Taking birth control pills and other medicines containing estrogen and progesterone also may contribute to the forming of varicose or spider veins.

• **Pregnancy.** During pregnancy, there is a huge increase in the amount of blood in the body. This can cause veins to enlarge. The growing uterus also puts pressure on the veins. Varicose veins usually improve within 3 months after delivery. More varicose veins and spider veins usually appear with each additional pregnancy.

• **Obesity.** Being overweight or obese can put extra pressure on your veins. This can lead to varicose veins.

• **Lack of movement.** Sitting or standing for a long time may force your veins to work harder to pump blood to your heart. This may be a bigger problem if you sit with your legs bent or crossed.

• **Sun exposure.** This can cause spider veins on the cheeks or nose of a fair-skinned person.

What are the signs of varicose veins?

Varicose veins can often be seen on the skin. Some other common symptoms of varicose veins in the legs include:

• Aching pain that may get worse after sitting or standing for a long time

• Throbbing or cramping

• Heaviness

• Swelling

• Rash that’s itchy or irritated

• Darkening of the skin (in severe cases)

• Restless legs

Are varicose veins and spider veins dangerous?

Spider veins rarely are a serious health problem, but they can cause uncomfortable feelings in the legs. If there are symptoms from spider veins, most often they will be itching or burning. Less often, spider veins can be a sign of blood backup deeper inside that you can’t see on the skin. If so, you could have the same symptoms you would have with varicose veins.

Varicose veins may not cause any problems, or they may cause aching pain, throbbing, and discomfort. In some cases, varicose veins can lead to more serious health problems. These include:

• **Sores or skin ulcers** due to chronic (long-term) backing up of blood. These sores or ulcers are painful and hard to heal. Sometimes they cannot heal until the backward blood flow in the vein is repaired.

• **Bleeding.** The skin over the veins becomes thin and easily injured. When an injury occurs, there can be significant blood loss.

• **Superficial thrombophlebitis,** which is a blood clot that forms in a vein just below the skin. Symptoms include skin redness; a firm, tender, warm vein; and sometimes pain and swelling.

• **Deep vein thrombosis,** which is a blood clot in a deeper vein. It can cause a “pulling” feeling in the calf, pain, warmth, redness, and swelling. However, sometimes it causes no significant symptoms. If the blood clot travels to the lungs, it can be fatal.

Should I see a doctor about varicose veins?

You should see a doctor about varicose veins if:

• The vein has become swollen, red, or very tender or warm to the touch

• There are sores or a rash on the leg or near the ankle

• The skin on the ankle and calf becomes thick and changes color

• One of the varicose veins begins to bleed

• Your leg symptoms are interfering with daily activities

• The appearance of the veins is causing you distress

If you’re having pain, even if it’s just a dull ache, don’t hesitate to get help. Also, even if you don’t need to see a doctor about your varicose veins, you should take steps to keep them from getting worse.

West Tennessee Vein Center’s staff is here to answer any questions and help you along in this journey to better vascular health. Call us today for your consultation. Our toll free number is 866-995-9772.

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Healthy Holidays to You!

By Karina Hammer, Certified Holistic Wellness Coach
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It’s that time of the year again! It’s time to celebrate the holidays with parties, get-togethers, corporate dinners, and of course the endless family celebrations.

While the holidays can sneak up on us, every year doesn’t mean the pounds have to follow. The average American will gain 7-10 pounds between Thanksgiving and New Year’s Day. Now, don’t let that happen to you this holiday season. Temptations will be knocking at every door. Friends giving you boxes of chocolate or bottles of wine, Grandma’s homemade warm apple pie (and don’t forget the ice cream), Aunt Martha’s cheesy potato casserole, and even grocers putting out their array of colorful and mouth-watering cookies, pies, and exquisite holiday pastries are just the beginning. However, there is no need to deprive your taste buds this holiday season. Instead, try something new this year. Make your New Year’s resolution before the holidays even begin.

Resolution: Making this holiday season, a season full of making compromises and better choices for a healthier you.

Follow these healthy eating tips and look and feel your best during the holidays.

3. If you’re the host, send your guests away with some leftovers. This lets them enjoy something at home and save you from eating all of the leftovers yourself.

4. On average, it takes your stomach 20 minutes to produce hormones that tell your brain you’re full. So, eat slowly and you’ll feel full faster with less food. This is a good tip for any meal, not just during the holidays.

5. Socialize away from the buffet, dessert table, or even the candy dish. We tend to eat more if the temptation is right in front of us.

6. Keep moving. Take your family or dog for a nice brisk walk before or after dinner.

7. Stay hydrated with the legendary H2O. Limit your soda, alcohol and caffeine consumption. Alcohol can lessen inhibitions and induce overeating; non-alcoholic beverages can be full of calories and sugar.

8. Take the focus off food. Turn candy and cookie making time into non-edible projects like making wreaths, dough art decorations or a gingerbread house. Plan group activities with family and friends that aren’t all about food. Try serving a holiday meal to the community, playing games or going on a walking tour of decorated homes.

9. Bring your own healthy dish to a holiday gathering.

10. Practice Healthy Holiday Cooking. Preparing favorite dishes with more fresh fruits and vegetables, and making it from scratch will help promote healthy holiday eating.

Enjoy the holidays, plan a time for activity, incorporate healthy recipes into your holiday meals, and don’t restrict yourself from enjoying your favorite holiday foods. In the long run, your mind and body will thank you.

Karina Hammer is dedicated to educating and empowering busy women to honor and nourish themselves so they can have more energy, lose weight and live a happier, healthier and more fulfilling life.

To learn more about staying healthy during the holidays or to decide if health coaching is right for you, I invite you to schedule a complimentary 30 minute consultation with me. During this session, we will discuss how I can best support you in achieving your goals. Available for in-person or phone consultations to carefully design and develop an individualized wellness program that will change your life. Please contact me at health@karinahammer.com if you have any questions or would like to schedule an appointment.

Top 10 Healthy Holiday Tips:

1. Don’t make a meal with the appetizers. Remember that appetizer is “any small portion that stimulates a desire for more”. Take one or two and wait for the second course, which will help you avoid overeating.

2. Plan ahead. Eat lighter meals on the days you have a holiday party to attend. Snack on nuts, fruits and vegetables before heading out the door.
Dental Care During Pregnancy

By Dr. Randall LeDuke, DDS

Pregnancy is often a difficult and uncomfortable experience. Discomfort from dental problems, however, is one problem that can usually be avoided with minimal maintenance help from your dental professionals.

During pregnancy, oral hygiene is particularly critical. Gingivitis, (gum tissue inflammation), often becomes more of a problem since the hormonal changes that are part of pregnancy can cause an exaggerated tissue response to oral irritants and bacterial plaques. The gum tissues of pregnant women often become red, swollen and tender, referred to as “pregnancy gingivitis”. Dental decay may become more likely during pregnancy due to changes in diet caused by food cravings. Oral acidity levels may elevate due to vomiting, dry mouth or poor oral hygiene stemming from nausea. A gum tissue tumor called pyogenic granuloma that is frequently associated with altered hormone levels is often seen in pregnant females. And dental erosion stemming from vomiting as a result of morning sickness may cause decay problems around the roots of teeth.

Due to the increased risk of gingivitis and caries, the importance of good daily oral hygiene should be emphasized. Brushing twice a day with a soft-bristled brush for two minutes, using a fluoride containing toothpaste, and careful cleaning between the teeth once a day is encouraged. If it is determined that topical fluoride treatment is needed to minimize the effects of erosion, fluoride varnish may be preferred over gel treatments due to pregnancy nausea. Much research has been established in recent years regarding the relationship between chronic gum disease and pregnancy outcomes. While findings of individual studies have been mixed, a systematic review of research published through 2012 concluded that associations exist between gum disease, (periodontitis) and premature, pre-term births, low birth weight babies and the development of dangerously high blood pressure problems, (preeclampsia).

Although all elective medical and dental procedures should probably be deferred until after delivery, preventive dental care and dental infection control should be emphasized from the time of pregnancy confirmation. The American Congress of Obstetricians and Gynecologists says that emergency dental treatments, such as extractions, root canal therapy or restorations for at risk teeth can be safely performed during pregnancy, if delaying treatment may result in more complex medical problems. Active dental infection and the accompanying stress of pain, create an immediate need for treatment intervention. If dental treatment procedures are warranted, it’s always a good idea for the dental office to reach out to the patient’s obstetrician to inform him/her of their patient’s condition and indicated therapies. Questions that should be discussed with the pregnant patient’s obstetrician are:

• When is the expected delivery date, (how far along is the pregnancy)?
• Is this a high-risk pregnancy? If so, are there any special concerns or contraindications?
• Are there medication recommendations for infection and pain control?

Questions often arise about the use of local anesthetics or antibiotics. Options considered safe for anesthesia in these situations include Lidocaine or Prilocaine. Antibiotic options include Penicillin, Amoxicillin, Cephalosporins, Clindamycin or Metronidazole. Consultation with the patient’s obstetrician to weigh risks and benefits should precede use of any medications prescribed by your dentist. Likewise, decisions concerning medications for pain relief should be made in consultation with the obstetrician, although, emergencies might call for immediate implementation of standard emergency protocols. The commonly used sedative gas, nitrous oxide, is classified as a pregnancy risk. It is recommended that pregnant women, both patients and staff, avoid exposure to nitrous oxide.

Routine x-rays are always deferred during pregnancy unless a diagnostic x-ray image is determined to be a necessary part of competent diagnosis and treatment for a condition requiring immediate attention that cannot be postponed until after delivery. Necessary x-rays are considered safe for the pregnant patient at any stage during the pregnancy when proper abdominal and thyroid shielding is used.

During pregnancy, women may be at increased risk for oral conditions such as gingivitis and dental caries, and should be counseled by both their obstetrician and dentist on the importance of good oral hygiene and preventive dental care throughout the pregnancy. Necessary dental care, including the use of local anesthetics, antibiotics and radiographs, is safe at any stage during pregnancy. And, as always, regular preventive dental hygiene attention is important.

Your dentist is the primary source for reliable information regarding your dental health during pregnancy and your baby’s dental development and health, postpartum.

Dr. Randall LeDuke, DDS, MAGD
is a graduate of the University of Memphis and the University of Tennessee College of Dentistry.
He is a past president and a Master of the Tennessee Academy of General Dentistry, (www.agd.org). He is a Life Member of the American Dental Association.

For more information or a consultation appointment with Dr. LeDuke, please call:

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November is Alzheimer's Awareness Month

10 Warning Signs of Alzheimer's

Did you know that memory loss that disrupts daily life may be a symptom of Alzheimer’s or dementia?
Alzheimer's is a brain disease that causes a slow decline in memory, thinking and reasoning skills. According to the Alzheimer's Association, there are 10 warning signs and symptoms that you should be aware of. We have listed them below. Please keep in mind that every individual may experience one or more of these signs in different degrees. If you notice any of them, please see a doctor.

1. Memory loss that disrupts daily life
One of the most common signs of Alzheimer’s is memory loss, especially forgetting recently learned information. Others include forgetting important dates or events; asking for the same information over and over; increasingly needing to rely on memory aids (e.g., reminder notes or electronic devices) or family members for things they used to handle on their own.

What’s a typical age-related change?
Sometimes forgetting names or appointments, but remembering them later.

2. Challenges in planning or solving problems
Some people may experience changes in their ability to develop and follow a plan or work with numbers. They may have trouble following a familiar recipe or keeping track of monthly bills. They may have difficulty concentrating and take much longer to do things than they did before.

What’s a typical age-related change?
Making occasional errors when balancing a checkbook.

3. Difficulty completing familiar tasks at home, at work or at leisure
People with Alzheimer’s often find it hard to complete daily tasks. Sometimes, people may have trouble driving to a familiar location, managing a budget at work or remembering the rules of a favorite game.

What’s a typical age-related change?
Occasionally needing help to use the settings on a microwave or to record a television show.

4. Confusion with time or place
People with Alzheimer’s can lose track of dates, seasons and the passage of time. They may have trouble understanding something if it is not happening immediately. Sometimes they may forget where they are or how they got there.

What’s a typical age-related change?
Getting confused about the day of the week but figuring it out later.

5. Trouble understanding visual images and spatial relationships
For some people, having vision problems is a sign of Alzheimer’s. They may have difficulty reading, judging distance and determining color or contrast, which may cause problems with driving.

What’s a typical age-related change?
Vision changes related to cataracts.

6. New problems with words in speaking or writing
People with Alzheimer’s may have trouble following or joining a conversation. They may stop in the middle of a conversation and have no idea how to continue or they may repeat themselves. They may struggle with vocabulary, have problems finding the right word or call things by the wrong name (e.g., calling a “watch” a “hand-clock”).

What’s a typical age-related change?
Sometimes having trouble finding the right word.

7. Misplacing things and losing the ability to retrace steps
A person with Alzheimer’s disease may put things in unusual places. They may lose things and be unable to go back over their steps to find them again. Sometimes, they may accuse others of stealing. This may occur more frequently over time.

What’s a typical age-related change?
Misplacing things from time to time and retracing steps to find them.

8. Decreased or poor judgment
People with Alzheimer’s may experience changes in judgment or decision-making. For example, they may use poor judgment when dealing with money, giving large amounts to telemarketers. They may pay less attention to grooming or keeping themselves clean.

What’s a typical age-related change?
Making a bad decision once in a while.

9. Withdrawal from work or social activities
A person with Alzheimer’s may start to remove themselves from hobbies, social activities, work projects or sports. They may have trouble keeping up with a favorite sports team or remembering how to complete a favorite hobby. They may also avoid being social because of the changes they have experienced.

What’s a typical age-related change?
Sometimes feeling weary of work, family and social obligations.

10. Changes in mood and personality
The mood and personalities of people with Alzheimer’s can change. They may become confused, suspicious, depressed, fearful or anxious. They may be easily upset at home, at work, with friends or in places where they are out of their comfort zone.

What’s a typical age-related change?
Developing very specific ways of doing things and becoming irritable when a routine is disrupted.

Article provided by the Alzheimer’s Association.
CARING FOR A SPECIAL NEEDS CHILD

By Richard K. Smith, Esq.

In Tennessee, a parent is charged with the care and support of a child until age 18 or the child graduates high school. But what of a special needs child who may need some or total care and support after the age of 18? A parent is not legally required to provide the support nor may a parent make medical and financial decisions for a child over the age of 18. What must a parent do to ensure that they can continue to care for a special needs child after the age of 18?

Conservator

In order for a parent to continue to make medical and financial decisions for a child after age 18, who cannot make those decisions himself/herself, the parent needs to be appointed conservator for their child. Parents with a special needs child should begin to plan several months prior to the child’s eighteenth birthday. The parents will need to obtain a statement from the child’s physician which states what the child’s condition is and that it disables the child from making decisions on her/his behalf. The report should also state to what extent a conservator is needed, whether a conservator is needed to make medical decisions and/or financial decisions for the child.

Once the parents have the medical report, they need to meet with an attorney who practices in this area. The attorney will prepare a petition to have the parents appointed the conservator for the child. Notice will be given to other interested parties, as an example, if the parents of the child are divorced, the non-petitioning parent will need to be notified of the petition. With the petition and the medical report, the attorney will file a property management plan. A property management plan lists all the child’s assets and income (i.e. social security disability). The plan will also include the child’s monthly expenses and how those expenses will be paid from the child’s assets or if necessary to be supplemented by the parent.

Guardian Ad Litem

Once the petition is filed, a guardian ad litem will be appointed by the court. The guardian ad litem is the eyes and ears of the court and will investigate the petition. The guardian ad litem will meet the child and parents and anyone of interest and will review the child’s finances and medical records. The guardian ad litem will then prepare a report for the court. The court will set a date for a hearing and at the hearing review the petition, medical report, property management plan and hear the report of the guardian ad litem. At the hearing, the court will hear any objections to the petition, made either by the child, if she/he does not think they need a conservator, or filed by any other interested party (i.e. a parent of the child who is divorced from the petitioning parent). If there is an objection to the petition or if the guardian ad litem determines an attorney needs to be appointed to represent the child (an attorney ad litem), the court will usually set the matter for a hearing in the future and appoint a temporary guardian, if needed. There will then be additional proceedings but there is not space to address that here.

If at the hearing there is no objection to the petition and the guardian ad litem states a conservator is needed and the petitioning parents should be appointed, then the court will order that a conservator be appointed for the child, will appoint the parents as conservators of the child and determine what powers to be given the conservator over the child. The court will then have an order issued making the parents conservators of their child.

Parents Deserve All the Support We Can Give

This is a daunting task to care for a special needs child and the parents who want to continue to care for their child deserve all the support we can give them. One of the judges often states that we hear a lot of what is bad in this world, but never hear about the good like parents who continue to care for their child long after they are legally required.

If you have a special needs child and need to talk to an attorney, give me a call at Parker, Lawrence, Cantrell & Smith. (615) 255-7500.
November is Epilepsy Awareness Month

What is Epilepsy?
Epilepsy is a neurological disorder that causes people to have recurrent seizures. A seizure is a brief disruption of electrical activity in the brain. Epilepsy is not contagious, not a mental illness and not mental retardation.

What Causes Epilepsy?
More than half the time, the cause is unknown. Where a cause can be determined, it is most often one of these: head injury, infections that affect the brain, stroke, brain tumor, Alzheimer’s disease, or genetic factors.

Who has Epilepsy?
Approximately 3 million Americans have epilepsy, and over 200,000 cases are diagnosed in the United States each year. One in 10 people will have a seizure at some point in their lives.

Epilepsy doesn’t discriminate. It affects children and adults, men and women, and people of all races, religions, ethnic backgrounds, and social classes. While epilepsy is most often diagnosed either in childhood or after the age of 65, it can occur at any age.

How is Epilepsy Diagnosed?
Patient history, neurological examination, blood work and other clinical tests are all important in diagnosing epilepsy. Eyewitness accounts of patients’ seizures may also be important in helping the physician determine the type of seizures involved. The electroencephalograph (EEG) is the most commonly used test in diagnosing epilepsy. An EEG provides a continuous recording of electrical activity in the brain during the test. Some patterns of activity are unique to particular forms of seizures. In some situations, physicians may also use CT scans, MRIs, and Pet scans to look at the internal structure and function of the brain. These tests may help pinpoint causes of seizures.

How is Epilepsy Treated?
Medication. Most people achieve good seizure control on one or more of the variety of medications currently approved for the treatment of epilepsy.

Surgery. Several types of surgery may be used for patients whose seizures do not respond to medication. The most common are lobectomy and cortical resection. These may be used when a seizure focus can be determined and removal of all or part of the affected lobe of the brain can be performed without damage to vital functions.

Vagus Nerve Stimulation. A small pacemaker-like device is implanted in the left chest wall with a lead attached to the vagus nerve. The device is then programmed to deliver electrical stimulation to the brain at regular intervals. Up to two-thirds of patients whose seizures do not respond adequately to medication see improvement with this method.

Ketogenic Diet. Used primarily in children, this medically supervised high fat, low carbohydrate, low protein diet has been shown to benefit as many as two-thirds of the children who can maintain it.

Types of Seizures
Seizures can take many different forms, often not resembling the convulsions that most people associate with epilepsy. Common types of seizures include:

• Generalized Tonic Clonic (Grand Mal): Convulsions, muscle rigidity, jerking.
• Absence (Petit Mal): Blank stare lasting only a few seconds, sometimes accompanied by blinking or chewing motions.
• Complex Partial (Psychomotor/Temporal Lobe): Random activity where the person is out of touch with his surroundings.
• Simple Partial: Jerking in one or more parts of the body or sensory distortions that may or may not be obvious to onlookers.
• Atonic (Drop Attacks): Sudden collapse with recovery within a minute.
• Myoclonic: Sudden, brief, massive jerks involving all or part of the body.

How to Handle a Seizure
• Don’t panic!
• Note time when seizure starts.
• Direct the person away from hazards or remove objects that may present a danger.
• If the person is having a convulsive seizure, turn him on his side and cushion his head.
• Remove glasses and loosen tight clothing.
• Do NOT put anything in the mouth.
• Do NOT give liquids or medication.
• Do NOT restrain.
• Remain present until the person regains conscious awareness of his surroundings.

When to Call 911
• The seizure lasts longer than 5 minutes or one seizure immediately follows another.
• The person does not resume normal breathing after the seizure ends.
• There is no medical ID and no known history of seizures.
• There is an obvious injury.
• The person is pregnant or has diabetes.
• The seizure happens in water.
• The person requests an ambulance.
HOLIDAY SURVIVAL 101

By Rachel Robertson

It’s the beginning of the holiday season and with it comes more than just visions of sugar plums. For many of us, visions of stress, fatigue, and anxiety are at the forefront of the season. Here are some tips to help you avoid the holiday blues!

• Can’t stand the thought of going to the mall? Between the fights for the last remaining parking spot, to the crowds of exhausted shoppers, to the budget slamming bills, shopping can be one of the most stressful parts of this time of year. It may sound simple, but it’s true. Just don’t do it! Shop online or shop locally. Most websites offer coupon codes for free shipping and comparison shopping is made simple by shopping online. If you prefer to do your spending out of the house, then shop locally. Go to your local small shops or flea markets. You can find great deals, smaller crowds, and you help your local economy. Make a list of what you are looking for before you leave or log on.

• It never fails. There’s always that one person that you forgot to pick something up for. Suddenly, there you are, holding their thoughtfully wrapped gift in your hands, and you go into panic mode. “I HAVE NOTHING TO GIVE HER IN RETURN! HELP!” This year, keep a couple of small ticket items wrapped in a closet. A simple candle or a bottle of wine or even a basket of bath soaps, set aside just in case, can help ease your mind if nothing else. In fact, keeping a small amount of “go to” items year round is a great stress reliever. Whether it’s a forgotten birthday or a last minute holiday emergency, if you know it’s there, you can relax.

• No matter how much we love our families, sometimes those family get-togethers bring more than just overeating and hugs. If you tend to find yourself feeling stress around your loved ones, try these ideas. Have a few responses in mind for those stress-inducing questions that you know are coming. Use humor when possible. And when all else fails, have a few “get away” options at your disposal. Take a walk. Run an errand. Sometimes just having “an out” if needed can relieve anxiety.

• Anxiety can be at its highest while deciding where to spend the holidays. Trying to please everyone usually leads to pleasing very few. Women especially tend to feel the pressure to please. So, if you are drowning in a sea of invitations and expectations, sit down with the one or two people who need to make the decisions as soon as possible. Take a realistic look at your schedule and what is and is not possible. If needed, schedule a dinner on an optional date. Many families have started celebrating the holidays in the weeks prior or following the day itself in an effort to simplify and ease some of the tension of the holiday itself.

• Delegate! If you are hosting the big family dinner this year, ease the stress on your plate by hosting a potluck. Or, if that’s not an option, buy a few prepared dishes before so that you aren’t focused on the cooking when you could be focused on the fun.

• Take some time for you. Read a book. Watch a movie. Order a pizza one night. Take some of the pressure off yourself. Think about perspectives. Look back on your holidays in years past. How many times can you remember any major disappointments because you didn’t get the “right” gift or eat the “perfect turkey?” It’s doubtful that any of your family members will look back in 10 years with disappointment. Breathe. Laugh. Let go of some of that self-induced pressure to be perfect. Remember that it will be ok, and sometimes being ok is a gift in and of itself.
The Great American Smokeout is an annual event sponsored by the American Cancer Society (ACS). It is held on the third Thursday of November. This social engineering event focuses on encouraging Americans to quit tobacco smoking. People are challenged to stop smoking for at least 24 hours assuming that their decision not to smoke will last longer, hopefully forever. Today, more than 43 million people in the United States smoke cigarettes, that is about 1 in 5 adults. The Great American Smokeout evolved from a number of smaller-scale events that took place in the 1970s. The first Great American Smokeout occurred in California on November 18, 1976. According to the California division of the ACS, nearly 1 million people stopped smoking cigarettes that day. In 1977, the event was taken nationwide. Different people quit smoking in different ways. There are those who quit abruptly and completely and those who cut back gradually. Some people need substitutions and distractions to suppress cravings and others need special medicines. No matter which approach you choose, the Great American Smokeout is the perfect occasion to make the first step. Of course, if you have already decided to quit smoking, you don’t have to wait till November.

Depression ranks first and Anxiety ranks fifth as the most costly disorders in terms of healthcare costs and loss of productivity. In our Biblical counseling model at Rock House Center, we see that fear about provision is one of the most common causes of those emotions.

Most of us have experienced at least a hint of worry about money or financial provision, and many have suffered greatly from it. Disputes about money destroy marriages and financial stress creates physical and emotional symptoms that medicine can never fully resolve at the root level. That’s because it is a matter of trust.

How would it change your life today, right now, if you actually believed that God is trustworthy to take care of your every need? Let’s be honest, it would be a complete transformation of the quality of your life if you were to never fear for financial provision and you never allowed money to become an idol.

The problem is that we are addicted to the broken promises of this world for our peace, and we are ignoring the promises of the loving, perfect Creator of the universe. You may respond with the thought that you trust God, thinking back on all the times you have prayed to Him for the things you need. But praying for something that we believe will bring us peace is not trusting. That is praying your will and God’s power. That is you making your peace contingent on His performance at your “dance.” That is not trust. That is not peace.

It is our calling as Christians to believe that God is trustworthy and that His promises are real. It is our choice.

Heavenly Father, I proclaim that only You are trustworthy. Please forgive me for trusting in the world and being satisfied with counterfeit well-being. Forgive me for trusting in myself and trying to control my circumstances in a vain attempt to acquire Your promises through my strength. Forgive me for depending on money and other things in the world to reach a place of peace that only You can give me. Father, I proclaim that You are the only true God, and I ask You to give me the faith and the courage to disregard what the world trusts in for peace and to completely rely on You, cleave to You and rest the whole personality of who I am on You. Lord, please remove from me the ways I have suffered from depending on the world and my own control to attain peace in my life. I ask You to fill me with a supernatural peace in the midst of the circumstances of my life. Father, I ask for Your strength to hold on to my trust in You despite the pull of my flesh and the wisdom of the world that rejects You and challenges my faith. Lord, open my eyes to see and my heart to embrace how You will work every difficult situation in my life for my good. I pray this in the name of Your precious Son, Jesus.

Source: Loeppke R, et al., pp 140-152. Results of survey of 10 companies with 144,000 employees from the following business sectors: manufacturing, telecom, hospitality, energy, consulting and insurance.
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With its convenient location and extended hours, Lift Health Clinic offers easy access to everything from urgent care to primary care, and everything from physicals and immunizations to the prevention and management of chronic diseases. Plus, we recently added a few more friendly experts. Each one provides the personal care and expertise you expect from Lift Health Clinic—a part of the region’s most trusted healthcare system.

To schedule an appointment, call 731-425-6900.