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Comprehensive Pain Medicine

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Sanford M Silverman, M.D.
President, Florida Society of Interventional Pain Physicians

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Comprehensive Pain Medicine

Under the direction of Dr. Sanford M. Silverman, MD, our comprehensive pain program provides relief from most forms of chronic intractable pain. Our goal is to alleviate or ease your pain and to teach you how to manage it so you can return to a normal, productive life as soon and as much as possible. Although some patients seek our services for short-term or acute pain, usually caused by an injury or surgery, most of our patients suffer from intractable chronic pain, which does not always have an easily identifiable cause.



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Cervical Dystonia Treatment - Botulinum Toxin

Headache Treatment Botulinum Toxin

Opioid Addiction Treatment

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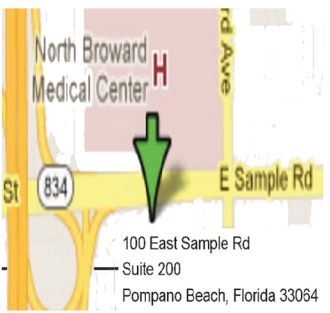


SANFORD M. SILVERMAN, M.D.

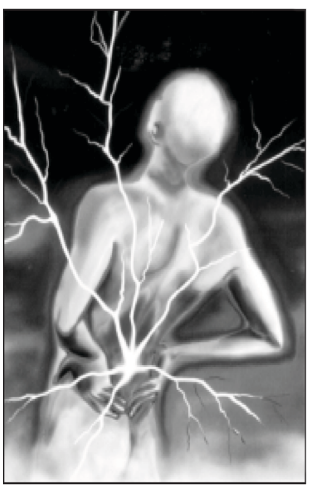
Comprehensive Pain Medicine

PAIN MANAGEMENT NEWSLETTER • JUNE 2006

In 2002 over 2 million people in the United States abused the drug Oxycontin and that number is most likely double today.

Pain and Addiction

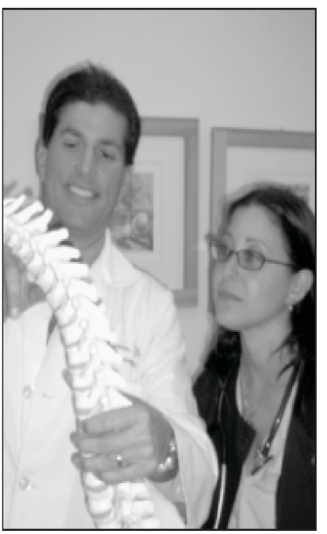
Pain and addiction can often coexist. Approximately 33% of the population has tried illicit drugs, and about 6.5% actively abuse illicit drugs. It is also estimated that 21% of the population has taken at least once, prescription drugs for non-prescribed uses. In 2002 over 2 million people in the United States abused the drug Oxycontin and that number is most likely double today. The incidence of addiction in the general population is 6-15% and in the chronic pain population is most likely higher.



Many physicians prescribe opioid pain medications with good intentions. However, it has become increasingly evident that opioids as monotherapy for chronic pain may be problematic. Rational polypharmacy with the use of antidepressants, anti-epileptics, interventional pain management, and behavioral therapy should be utilized as well.

Opioid hyperalgesia

Some patients when being treated with moderate to high doses of opioid medications develop a syndrome of hyperalgesia, which is a state of increased pain. It is counterintuitive to believe that powerful medications that are designed to treat pain can actually create more pain. However, there is neurobiological basis for this which involves the down regulation of opioid receptors by other neurotransmitters. When patients are detoxified from opioids, their pain often diminishes and they can then be treated with non-opioid medications and interventional techniques.



At Comprehensive Pain Medicine we evaluate patients and determine if they suffer from opioid hyperalgesia. We are able to initiate medically supervised withdrawal with the use of buprenorphine, (Suboxone) a partial agonist which prevents hyperalgesia and allows detoxification from opioid medication. Suboxone has been approved by the government and DEA for the treatment of opioid addiction. However, it is also used

to treat pain in the complex pain patient, with a history of addiction or opioid hyperalgesia.

At Comprehensive Pain Medicine we are trained and credentialed to offer Office Based Opioid Detoxification and Stabilization Utilizing Buprenorphine. Patients who suffer from opioid hyperalgesia as well as addiction can be safely detoxified in the comfort of an office environment without the need for inpatient rehab. Furthermore, we offer psychological therapy based in our office to provide the full complement of pain and opioid addiction treatment.

Botulinum Toxin Type A for the Treatment of Headache and Cervical Dystonia

The treatment of migraine headache can be expensive and problematic for certain patients.



SANFORD M. SILVERMAN, M.D.

100 E. Sample Rd., Suite 200

Pompano Beach, FL 33064

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"At Comprehensive Pain Medicine we utilize Botulinum toxin type A (Botox) frequently for chronic migraine, cervicogenic headache and cervical dystonia"

Botulinum toxin type A (BOTOX) has been found to be effective for the treatment of migraine. The basic principle of this treatment is based on the fact that migraine headache is in fact mediated through the trigeminal system. This can be treated by injecting certain areas in the face and head with Botulinum toxin type A. Patients who are resistant to pharmacologic treatment of migraine, or using excessive amounts of triptan medications may be candidates for this therapy.

Cervicogenic Headache

Often patients will develop a migraine syndrome after injury to the cervical spine or after the development of chronic cervical pain or cervical dystonia. This can often occur after awakening after a night of sleeping in the wrong position. The migraines generated by these cervical pain syndromes can be as devastating as primary migraine headaches. Botulinum toxin type A can be effectively used to treat the pain from cervical dystonia as well as the headache generated by the syndrome. Various muscles of the cervical spine can be injected with small quantities of botulinum toxin type A. This can eliminate muscle spasm, myofascial pain and headache.

At Comprehensive Pain Medicine we utilize Botulinum toxin type A (Botox) frequently for this chronic migraine, cervicogenic headache and cervical distonia. This is a safe and effective treatment for this debilitating chronic pain syndrome.

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RSB DERMATOLOGY

Skin Cancer

by
Robert S. Bader, M.D.



In the past few decades, the amount of skin cancer seen has increased. In fact, it seems that everyone in South Florida knows of someone who has been treated for skin cancer.

The most common skin cancer is basal cell carcinoma, which usually appears as an acne-like bump or open sore that often bleeds. Luckily, this tumor is usually slow-growing and rarely spreads. Unfortunately, people often neglect this tumor and delay treatment.

The second most common skin cancer is the squamous cell carcinoma, which most often appears as a bump or white, rough, wart-like growth. Although this tumor does have the capacity to spread to the lymph nodes and other organs, squamous cell carcinoma that is caused by the sun is not as aggressive as other causes.

The third most common skin cancer is malignant melanoma, which often appears as an irregularly shaped, irregularly pigmented spot. There are several different types of melanoma, some being more aggressive than others. As there is no highly effective treatment for the disease once it has spread (metastasized), early surgical removal is the best chance of cure. Unfortunately, as with other tumors, diagnosis and treatment is often delayed by patients, which can have grave consequences.

In general, it is recommended that one have a complete skin examination/skin cancer screening once every one to three years. If one has a history of skin cancer, then more frequent screenings may be recommended. These screenings are not time consuming and usually only take a few minutes. For high risk patients, full-body photography may be recommended to document existing moles and assist in monitoring for change.

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Dr. Arnold Needleman on Diabetes



1 What is the difference between Type I and Type II diabetes?

People with Type I diabetes (about 10% of diabetics) have an absolute deficiency in insulin and require insulin survival.
People with Type II diabetes (about 90% of diabetics) are either insulin resistant or have a relative insulin deficiency. While Type II diabetics may ultimately require insulin, they are not dependent on it for survival.

2 How can you treat diabetes?

Diabetes is treated initially with lifestyles modifications that include regular exercise, a diet with moderate carbohydrates, low saturated fats and high fiber. When these changes are not sufficient to control blood glucose then medications are warranted, which may be oral or injectable.

3 What is insulin?

Insulin is a polypeptide hormone secreted by beta cells of the pancreas and is central to regulating carbohydrate and fat metabolism. Manufactured insulin comes in short, intermediate and long acting formulations.

4 What are some long-term effects of diabetes?

Long-term effects of diabetes can involve many organ systems. It increases the risk of myocardial infarction and stroke. It is a major cause of end-stage renal disease (requiring dialysis), blindness, and limb amputation from foot ulcers caused by peripheral neuropathy.

5 What are risk factors for developing diabetes?

Risk factors for developing diabetes include a Body Mass Index > 25 kg/m2, physical inactivity, hypertension (BP>140/90 mm/Hg), a first-degree relative with diabetes as well as certain ethnic groups (e.g. African Americans, Latinos, Native Americans, Pacific Islanders). Also, women with gestational diabetes or delivering a baby > 9lbs are at risk.

6 What are some ways to prevent getting Type II diabetes?

The best way of preventing diabetes is a healthy lifestyle, including regular physical activity, minimal alcohol consumption, and eating a diet low in saturated fats with moderate carbohydrate consumption.

7 Is there a cure for diabetes?

Certainly in some obese individuals, weight loss can eliminate the need for medication and get glucose levels into a normal range. In people with Type I diabetes, transplantation of beta cells holds great promise in correcting the metabolic abnormalities associated with insulin deficiency.

8 How many people have diabetes?

According to a 2011 Centers for Disease Control and Prevention (CDC) report, nearly 26 million Americans have diabetes and an additional 79 million people > 20 years old have pre diabetes. The estimated total cost of diabetes care approaches $200 billion.

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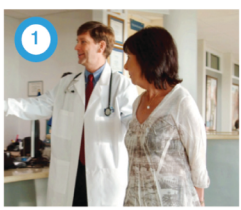

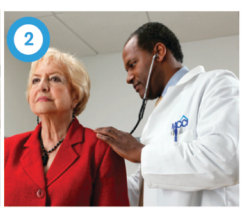





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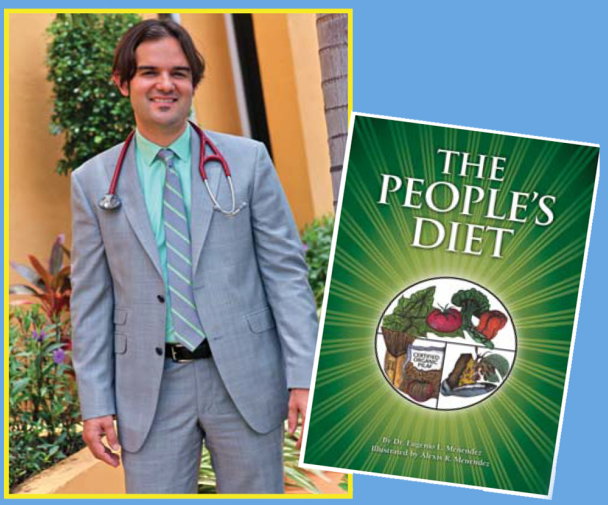

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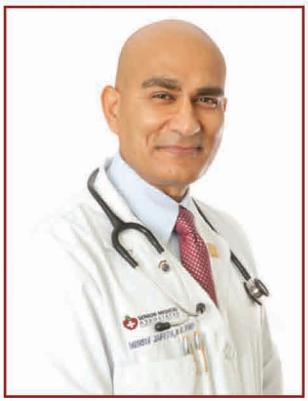

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Mohsin Jaffer M.D., FAAFP

Dr. Jaffer has specialized in Geriatric health care in the South Florida area for over 25 years. He believes that he and his patients are partners in achieving optimal health and wellness and that most people have the capacity to live long healthy lives with vitality and vigor. Dr. Jaffer is the founder of Senior Medical Associates and is dedicated to the medical care of seniors in Broward. All Senior Medical Associates primary care centers focus on the ease and convenience of patients 65+. Dr. Jaffer welcomes new patients at all locations and thanks existing patients for their confidence in his TEAM.

SENIOR MEDICAL ASSOCIATES

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Dehydration in the Elderly

Dehydration is the most common fluid and electrolyte disturbance among the elderly population. Many unnecessary hospitalizations are associated with dehydration and the consequences can be detrimental. The elderly are especially at risk due to many physiological changes associated with age, medications such as diuretics, and other chronic diseases. Diarrhea, blood loss, and excessive sweating can also increase water loss. Staying hydrated, especially in Florida's hot summer weather where the temperatures can reach close to 100 degrees, is the key to prevention.

The body is composed of 70% water. Dehydration, or negative water balance, occurs when more water is lost than is retained. Negative water balance results in a decrease in all secretions. This "drying out" of tissues and organs, including muscles and joints, may also lead to premature aging. Severe dehydration can cause decreased level of consciousness, weak/rapid pulse, low blood pressure, convulsions, and other symptoms. All of which can be life threatening.

Causes of Dehydration.

The primary cause of dehydration in the older adult is inadequate water intake. As we age, our body becomes less aware of thirst. Our bodies feel thirst less keenly and our ability to be aware of thirst becomes blunted. This increases the chances of consuming less water and consequently suffering from dehydration. Another cause of dehydration in the elderly is decrease muscle mass. Muscle contains more water than fat and after age 60 our muscle/fat proportion decreases by 50%. Our kidney function also decreases as we age. This means the kidneys become less efficient in removing toxins, retaining water, and concentrating urine. Also, chronic conditions such as uncontrolled hypertension and diabetes cause damage to the kidneys. That is why it is so important to maintain diabetes and blood pressure control.

Recognize the symptoms. It is important to recognize the symptoms of being dehydrated. Mild dehydration will cause dryness of the mouth, dry tongue, and thick saliva. You may be unable to urinate or have a small amount of urine. You may also have cramping of the limbs, headache, weakness, fatigue, and irritability.

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Tips to staying Hydrated.

-Drink five 8 oz glasses of water per day (1 bottled water =16oz). A good formula you can use is to drink one-third your body weight. For example, a 150 lbs. person should drink about 50 oz of water a day (or about six 8 oz glasses).

-Have water by your side at all times.

-Don't wait until you're thirsty. The thirst sensation means the body is already dehydrated. Remember thirst gets blunted as we age!

-Sports drinks can be helpful for a quick replenishment of fluid and electrolytes, but be careful of the added sugars.

-Your urine should be close to clear. Dark concentrated urine can be a sign of dehydration.

-Severe dehydration requires medical attention. If you see signs or suspect severe dehydration, call your doctor.

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About Us

PALM REHABILITATION CENTER, INC. is an outpatient rehabilitation company that has been providing a full range of physical therapy services to the Pembroke Pines community for the past 30 years. Palm Rehabilitation treats all types of patients with orthopedic, neurological, work related, athletic injuries as well as various conditions affecting our senior community. The registered and licensed physical therapists along with the Center's state of the art equipment enable us to treat a wide range of medical disabilities and return our patients back to their daily living activities and social functions.

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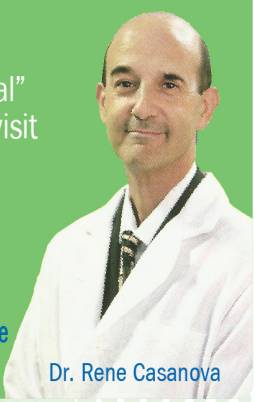

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AARP
Real Possibilities

Top Ten Things You Should Know about the Affordable Care Act

By Nicole Duritz, Vice President, Health, AARP Education & Outreach

Now that the Affordable Care Act (ACA) is the law of our land, you may wonder, "How does this impact my life?" Here are ten things to know about the law's protections and benefits:

1. **Breathe easy. You are now protected against unfair treatment due to an illness or disability.**

   Health insurance companies can no longer drop your health coverage if you become sick or disabled.

2. **Insurance companies cannot discriminate against you because of your health condition or gender.**

   Health insurance companies can no longer charge you more simply because of your health condition or gender.

3. **Our children are better off now that insurers cannot deny health insurance to anyone under age 19 because of a pre-existing condition, such as cancer, diabetes, or heart disease.**

   In 2014, Americans of all ages will have this protection.

4. **The days when insurance companies could stop paying for your health care—if you spent a certain amount during a year or over your lifetime—are over.**

   Insurance companies can no longer limit how much they will pay for your medical benefits. Now you never have to worry about your benefits going away when you need them most.

5. **Staying healthy just got easier! Preventing illness with the right vaccinations and screenings is simpler and less expensive.**

   Most insurance plans, including Medicare, now must cover preventive benefits such as immunizations and screenings for diabetes, and certain cancers. Be sure to check with your insurance plan about what preventive services are covered with no out of pocket cost to you.

6. **Finding affordable health coverage is simpler in Health Insurance Marketplaces if you are uninsured.**

   It's like an online shopping mall. You'll be able to compare the benefits and costs of health plans side by side and pick the plan that works best for you and your family in the Health Insurance Marketplace. Information about coverage options

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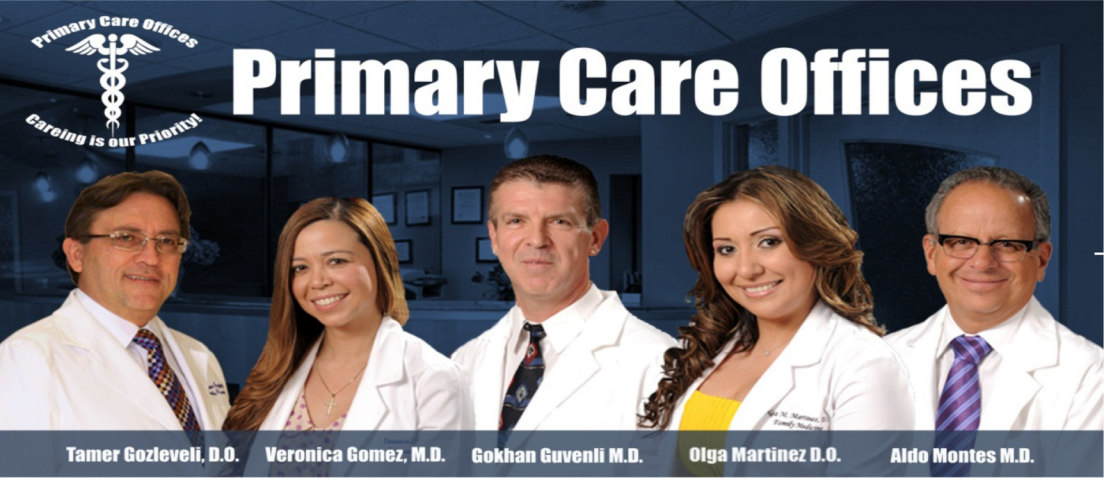

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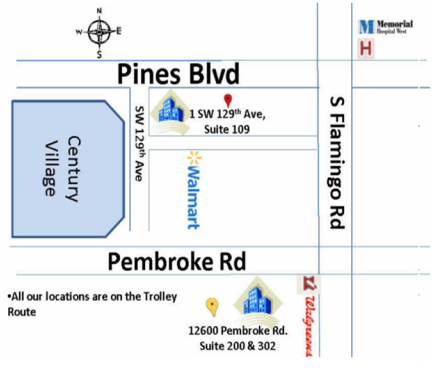

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Many Floridians 50+ delay complete retirement

For older Americans, complete retirement can raise scary possibilities, and for many it isn't a possibility at all. A recent survey conducted by AARP shows that only one in five adults would completely retire when the time comes.

"This survey underscores what's a growing reality: The dream of a financially secure retirement is slipping away for many, just as Washington is weighing plans to further cut retirement benefits," said Jeff Johnson, AARP Florida state director.

Most Floridians age 50+, both those who are working and those looking for work and out of labor force for other reasons, say it is likely they will continue working as long as possible, according to a recent AARP survey. More than half of those say it's very likely. They cite needing the money, enjoying their job, and saving for retirement as the largest factors in not retiring.

The survey also indicates that the majority of Floridians say it is very important they can stay in their current homes as they age. Climate, quality of health care services, convenience to retail, friends and neighbors, and local taxes are the top reason cited for wanting to stay.

The survey also found:

- 83 percent of those surveyed indicated they felt certain they can count on Social Security when the time comes to retire.
- Of 880 Floridians 50+, only 52 percent are retired and not working at all.
- 19 percent of those surveyed are employed full time.
- Out of 281 Working Florida residents 50+, 79 percent says their current jobs utilize their skills and talents a lot.
- 52 percent of those surveyed indicate it is not likely at all they will move to a different home in Florida.
- 71 percent of those surveyed indicate it is very important they stay in their current home as they age.

Johnson noted that the survey results underscore the financial pressure that many older Floridians will face if Washington follows through with plans to cut Social Security and Medicare benefits to curb the federal deficit. To learn how much your benefits could be cut and to raise your voice about these cuts, please go to www.aarp.org/whatyoulose .

To see the full survey results, please visit:
http://www.aarp.org/content/dam/aarp/research/surveys_statistics/general/2013/Summary-of-AARP-Survey-of-Floridians-50-Opinions-on-Work-Retirement-Community-AARP.pdf

If you have questions about Social Security retirement benefits, please visit:

http://www.aarp.org/work/social-security/social-security-question-and-answer-tool/



Value isn't always measured in dollars and cents.

AARP is well known for the variety of discounts we make available to members through various providers. But our true value goes far beyond saving money. We also create social change in the marketplace by setting high standards, and encouraging companies to create innovative, high quality and uniquely tailored offerings that meet the wants and needs of people 50+.



Regents Park
OF BOCA RATON

Maximizing Recovery with Short-Term Rehab at Regents Park Boca Raton

It happens. Age creeps up. One day you realize you can no longer put off that hip replacement or knee surgery. Or maybe you suffer an unexpected cardiac event or fall ill with something else requiring hospitalization.

Hospitals, of course, can get you through the surgery or a crisis. In most cases, you're out in about three days. But rarely are adults ready to just go home and pick up where they left off. They're weakened and often uncertain about how best to get stronger again. Depression and setbacks are not uncommon.

That's where Regents Park of Boca Raton comes in. As a short-term rehabilitation and skilled nursing center, Regents Park has top-of-the line equipment, certified therapists and a compassionate nursing staff to help maximize recovery and a safe return home. In fact, most short-term rehab patients receive at least five days of therapy a week and go home in about 20 days.

But people aren't made from cookie cutters, so at Regents Park Boca individual care plans are developed to take into account each patient's specific needs and any underlying medical conditions. Family members are also involved so that everyone is educated and comfortable with progress and understands how to optimize recovery.

Meanwhile, recovery in a facility need not be dull. When not in therapy, patients can visit the facility's tropical gardens — which are viewable from every patient room — and engage in a variety of activities to keep them energized and entertained.

No one wants to think about prospects after surgery, but if you find yourself in need of therapy to hasten your recovery, stop by anytime for a tour. We're always here to explain how we can get you back home with confidence.

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through the Marketplace will begin in October 2013. Visit the Health Law Guide at www.aarp.org/healthlawguide to find more information.

7. **Your children can stay on your family policy until they reach age 26.**

   Before the law passed, health insurance providers could force young adults off their parents' policies once they reached 18 or 21, or graduated from college. Now your kids can stay on your family policy until age 26, even if they do not live with you or are married.

8. **You can sleep well knowing that your guaranteed Medicare benefits are safe.**

   Medicare got stronger and your guaranteed Medicare benefits are protected. This includes doctor and hospital visits, and rehabilitation services.

9. **The doughnut hole is going away and your out-of-pocket costs for prescription drugs will be lower if you have Medicare.**

   If you reach the Medicare Part D doughnut hole this year, you will get a 52.5% discount on brand-name prescription drugs and a 21% discount on generic prescription drugs. Visit the Doughnut Hole Calculator at www.aarp.org/doughnuthole. This calculator provides medication options that may reduce your costs or help you avoid the coverage gap entirely.

10. **There's help to pay for insurance coverage.**

    Starting in 2014, if your job does not offer health coverage and you have a limited income, you may be able to get a tax credit to help pay for insurance coverage purchased through a Health Insurance Marketplace.

More Protections and Benefits

In addition to this list, the law also provides more protections for people in nursing homes and if you are a small business owner, you will have more insurance choices and opportunities to qualify for tax credits. You can learn more about these and other protections and benefits available today and in the future with AARP's Health Law Guide, www.aarp.org/healthlawguide.

Nicole Duritz, is Vice President of Health at AARP, leads the Association's member and consumer health education and outreach program, which includes work on issues such as Medicare, new health care law, prescription drug affordability, long-term care, prevention and wellness, and wise use of medications.

The 2013 hurricane season could be the eighth one in a row that Florida lucks out and escapes unscathed without a major storm making landfall. Then again, it could not be. That's why AARP Florida urges Floridians to be prepared just in case Florida isn't so lucky this time around.

With a hurting economy, the rising price of fuel, food and prescription drugs, AARP Florida members have enough to worry about without the potential of a big storm affecting their lives as well. Now is not the time to let your guard down. Older Floridians, especially, must be prepared for a major storm.

Here are some important tips to consider:



- Prepare to be able to manage for at least three days until government responders and volunteers can deliver supplies in the event of a major disaster. A week would be better.
- Recognize that your health is at risk if you lose air conditioning, fresh water, sewage service or other services. If you may need assistance during and after a storm, register with your local special needs shelter. To register, call your county Emergency Operations Center. The phone number can be found in the Blue Pages of your phone book or at http://www.floridadisaster.org/fl_county_em.asp .
- Have two survival kits on hand – one for an evacuation and one to help you be self-sufficient for several days when you return home. Your kit should include a flashlight, first aid kit, batteries, food, water and any medications you may need.
- Make a plan for your pets. Because many of us consider pets to be family members, we can hesitate to evacuate when necessary for fear of leaving our animals at risk.
- Prepare your home against hurricane damage. Have a licensed professional install hurricane shutters on your windows.
- Review your insurance policy.
- Floridians 50+ with special health needs should register with a special needs shelter. For registration information, visit the Florida Department of Elder Affairs website at http://elderaffairs.state.fl.us/english/disaster.html, or call 1-800-96-ELDER (1-800-963-5337).

Not only is it important to prepare yourselves in case of a disaster, but you should also consider helping those who may not be able to prepare for themselves. If you're in good health, your fellow older Floridians can use your assistance. Join others in helping your friends, neighbors and communities prepare for storms. To help, we have compiled several hurricane-preparedness resources online that are specifically tailored to Floridians 50+. To learn more, go to http://www.createthegood.org/diy-toolkits and look for Operation Hurricane Prepare. Using AARP's Operation Hurricane Prepare toolkits, you can make a positive difference in the lives of others.

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Calendar of Events

8/29/13: 10am - 1pm August Birthday Celebrations
Free goodies and give-aways!
501 NW 179th Ave. Pembroke Pines

9/25/13: 10am - 1pm September Birthday Celebrations
Free goodies and give-aways!
501 NW 179th Ave. Pembroke Pines

10/11/13: 12pm - 2pm
Diabetes seminar with a nutritionist
Reviews on 2013 Medicare Advantage benefits
Free goodies and give-aways!
4204 N. State Road 7 Lauderdale Lakes

10/12/13: 1pm - 3pm
Diabetes seminar with a nutritionist
Reviews on 2013 Medicare Advantage Benefits
Free goodies and give-aways!
501 NW 179th Ave. Pembroke Pines

10/26/13: 1pm - 3pm
Diabetes seminar
Review of Medicare Advantage benefits for 2014
Free goodies and give-aways!
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11/9/13: 1pm - 3pm
Choice of your Medicare Advantage Health Plan
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11/30/13: 1pm - 3pm
Diabetes, Your Medication and Your Health
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Dwight Lauderdale,
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As a retired news anchor, getting the facts about any subject is second nature to me. So the closer I get to Medicare age, the more I've been researching what's available. And the plan that stands out for me is **AvMed Medicare HMO**. AvMed is a **not-for-profit organization**, so their only interest is the health and well-being of their members. And they have an extensive network of **over 5,000 doctors where you get to choose.**

To me, the clear choice — the only choice — is AvMed. The **deadline to sign up is December 7, 2013**. So why not sign up today?

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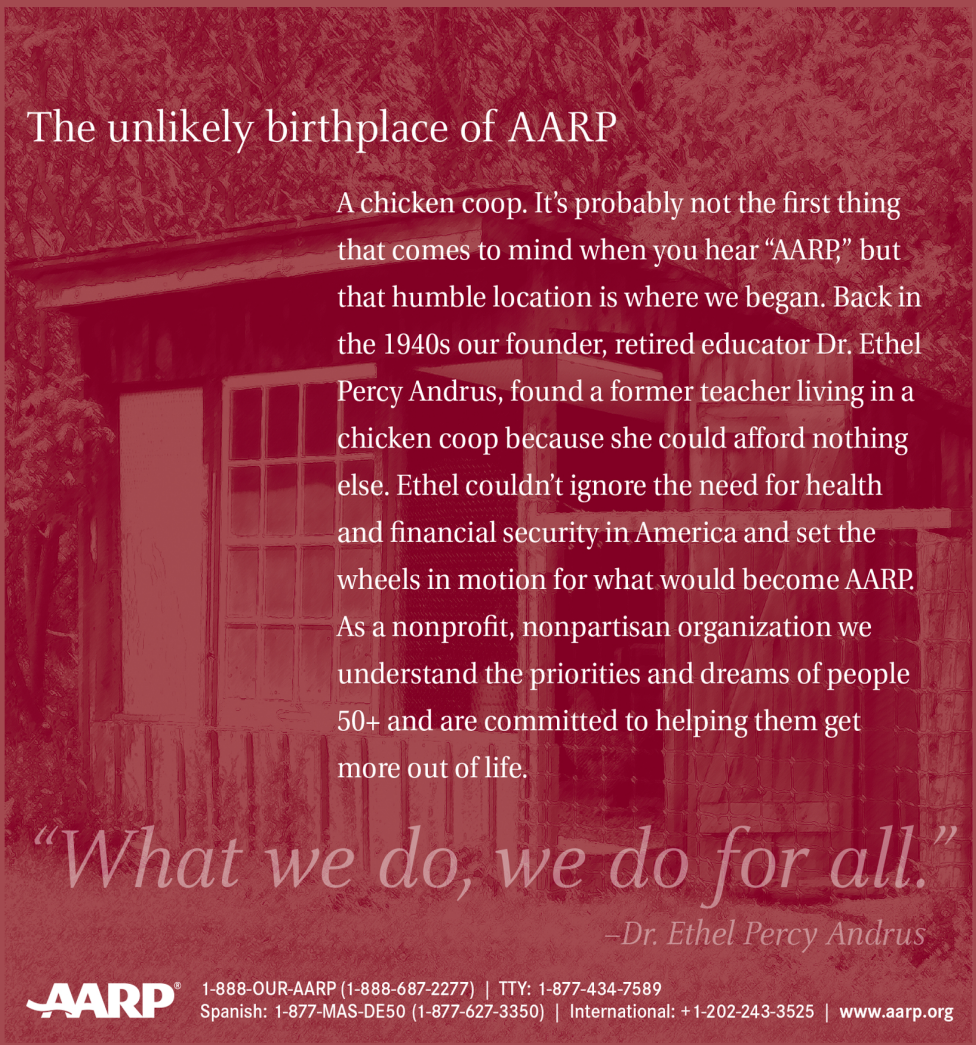

The unlikely birthplace of AARP

A chicken coop. It's probably not the first thing that comes to mind when you hear "AARP," but that humble location is where we began. Back in the 1940s our founder, retired educator Dr. Ethel Percy Andrus, found a former teacher living in a chicken coop because she could afford nothing else. Ethel couldn't ignore the need for health and financial security in America and set the wheels in motion for what would become AARP. As a nonprofit, nonpartisan organization we understand the priorities and dreams of people 50+ and are committed to helping them get more out of life.

"What we do, we do for all."

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How America's change-leading generation has redesigned aging

America's baby boomers first came on the scene in 1946. They've been turning the world on its head ever since.

Known as the country's greatest generation for leading change, baby boomers make up roughly 26 percent of the United States' total population - at about 78 million people. Over the years they've reinvented almost everything about the way America lives - from the music we listen to, to the cars we drive, to the technology we rely upon, to the way we age.

The oldest baby boomers have already begun crossing the threshold into their golden years - and as expected, they're redesigning what's on the other side.

Never known as an understated generation, baby boomers have already made it clear that they won't be fading quietly into retirement. On the contrary, they're all about staying active and engaged. Chronologically they may be aging, but their spirits aren't. So whether it's finding a new career, rock-climbing, volunteering, adventure travel or online dating, baby boomers are embracing life's second act with gusto.

More than any generation before them, baby boomers have adopted lifestyles that help them stay healthy and fit. And they're embracing modern technologies that enable them to stay connected to the world around them and involved in it. An important way in which active baby boomers are keeping up their youthful pace is by taking care of their hearing.

This generation understands that in order to fully enjoy the experiences of life, you need to stay connected to it. So rather than deny a hearing loss and suffer the negative social, cognitive and professional consequences that inevitably result from leaving it unaddressed, baby boomers are increasingly dealing with hearing loss head on.

Boomers in their 40s, 50s and 60s are getting their hearing tested. And they're benefitting from the technological revolution taking place in the hearing aid marketplace. Simply put, the generation has caught onto the fact that today's state-of-the-art hearing aids are highly effective, sleek and sophisticated wearable electronics that can help them stay actively connected to life - not to mention to all their other prized electronics.

America's baby boomers have been shaking the place up for decades. It's no wonder, then, that they're now redesigning the golden years. For more information on hearing loss, visit HearUSA at www.HearUSA.com.

Five trending facts about today's hearing aids:

1. They're virtually invisible. Many of today's hearing aids sit discreetly and comfortably inside the ear canal, providing both natural sound quality, and discreet and easy use.
2. They automatically adjust to all kinds of soundscapes. Recent technological advances with directional microphones have made hearing aids far more versatile than ever before - and in a broad range of sound environments.
3. You can enjoy water sports and sweat while wearing them. Waterproof digital hearing aids have arrived. This feature is built into some newly designed hearing aids for those concerned about water, humidity and dust. This feature suits the active lifestyles of swimmers, skiers, snowboarders, intensive sports enthusiasts and anyone working in dusty, demanding environments.
4. They work with smartphones, home entertainment systems and other prized electronics. Wireless, digital hearing aids are now the norm. That means seamless connectivity - directly into your hearing aid(s) at volumes that are just right for you - from your smartphone, MP3 player, television and other high-tech gadgets.

They're always at the ready. A new rechargeable feature on some newly designed hearing aids allows you to recharge your hearing aids every night, so they're ready in the morning. It's super convenient - and there's no more fumbling with small batteries.

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Doctor of Audiology

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coverage gap, or "donut hole." In previous years, beneficiaries who fell into the gap had to pay the full price of their medications until they reached the catastrophic coverage limit. Because of the health reform law, people are paying less in the coverage gap than ever before. In 2013, they'll pay 47.5 percent of the cost of brand-name medications and 79 percent of the cost of generics. The goal is to reduce the coverage gap every year until it is eliminated in 2020.

For more information about Medicare Part D, visit MedicareMadeClear.com or call 1-800-MEDICARE (TTY users should call 1-877-486-2048), 24 hours a day, seven days a week. The Florida State Health Insurance Assistance Program (SHIP) provides free counseling and support to help beneficiaries understand their Medicare coverage options, including prescription drug coverage. To contact the SHIP office in Florida, call 1-800-963-5337.

Giancarlo Salvo is the sales director for UnitedHealthcare Medicare & Retirement in Palm Beach and Broward counties. Serving nearly one in five Medicare beneficiaries,UnitedHealthcare Medicare & Retirement is the largest business dedicated to meeting the health and well-being needs of seniors and other Medicare beneficiaries. To learn more about UnitedHealthcare Medicare Advantage, Part D and Medicare supplement plans, visit www.UHCMedicarePlans.com.

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Member may use any pharmacy in the network but may not receive Preferred Pharmacy pricing. Pharmacies in the Preferred Pharmacy Network may not be available in all areas. Copays apply after deductible.

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Other pharmacies are available in our network.

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About Us

Neurological Testing Centers of America, Inc. is a multi specialty practice under the director of Eddie Sassoon, MD. Dr. Sassoon is Board Certified in Physical Medicine and Rehabilitation and has successfully treated thousands of patients in South Florida over the past 25 years.

Dr. Sassoon combines his professional expertise in acute and chronic pain management, neuromuscular disorder/abnormalities and electrodiagnostic testing, along with other experienced physicians on staff, registered diagnostic technicians, certified physical therapists and the latest state-of-the-art medical equipment to diagnose, treat, care for, and reduce pain for patients suffering from:

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* Migraine Headaches
* Peripheral and Diabetic Neuropathy
* Muscle Weakness
* Low Back Pain
* Fibromyalgia
* Radiculopathy
* Herniated Discs

OFFICE LOCATION

Pembroke Pines

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Pembroke Pines, FL
33024

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FX: (954) 741-4427
FX: (954) 748-7772

Neurological Testing Centers of America, Inc participates with Medicare and most insurance plans

Administrative and Medical Personnel are fluent in English, Spanish, French, Creole and Russian

Visit our Website at:
http://ntcainc.com

Neurological Testing Centers of America, Inc. (NTCA)

"Where caring is part of the cure"

Our Team

Eddie Sassoon MD, Medical Director: Dr. Sassoon is Board Certified in Physical Medicine and Rehabilitation. He received his medical degree from the University of South Florida, College of Medicine; and his post-doctoral training and internship at Nassau County Medical Center, New York. Since 1988, Dr. Sassoon has practiced medicine in the State of Florida and has provided quality medical care to thousands of patients in the South Florida area. Dr. Sassoon has served in many administrative/medical capacities, including medical director of the Burn Unit at Sunrise Rehabilitation Hospital. He is also a medical staff member at Westside Regional Medical Center, North Shore Medical Center (FMC Campus), HealthSouth Sunrise Outpatient Center, and is a member of the Academy of Physical Medicine and Rehabilitation. He currently holds the position of Medical Director at Neurological Testing Centers of America, Inc. He has been their Chief Medical Officer and Medical Director for the past 25 years.

Our Medical Staff Members Include:

- **Paul Wand, MD (Neurology)**
- **Victoria Gaus, MD (Physical Medicine and Rehabilitation)**
- **Herbert Pardell, DO (Internal Medicine)**
- **Vicente Salcedo, RPT**
- **Vinod Thakar, RPT**
- **Linda Bobillo, RPTA**
- **Thomas Clark, RPTA**
- **Yuriy Kozyr (Registered Neurological Technician)**
- **Roger Hagelberger (Neurological Technician)**
- **Thelma Rosa (Licensed Medical Assistant)**



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Medicare Part D Editorial
South Florida Byline

Maximize Prescription Medication Savings with Medicare Part D

Most Medicare beneficiaries rely on the Medicare Part D program for coverage of their prescription medications[1], and on average, people with Part D coverage take eight prescription medications each week[2]. For the vast majority of these individuals, the Part D program is meeting their needs. A recent survey conducted by Medicare Today and KRC Research found that 90 percent of Medicare beneficiaries are satisfied with the Part D program.[3]

While it's encouraging that so many people have found Part D coverage that works for them, they should keep in mind that there could be ways to maximize their benefits and save hundreds—or even thousands—of dollars on prescription medications in 2013.

Medicare beneficiaries should review their plan's benefits to see if they can take advantage of money-saving opportunities on their medications in 2013.

1. **Stick with preferred and in-network pharmacies.** People should make sure they understand their plan's network. Part D plans generally have a network of pharmacies where members can access their medications for reduced copays. Some plans also offer what's called a preferred pharmacy network, which is a subset of pharmacies within the plan's total network where members can purchase their medications for even lower costs.

   For example, people enrolled in UnitedHealthcare's AARP MedicareRx Part D plans may save money on some of the most commonly used generic medications when they buy them from one of the more than 14,600 pharmacies included in the preferred pharmacy network. Some medications are available for a copay as low as $1. In South Florida, the UnitedHealthcare Preferred Pharmacy Network includes Walgreens, Target and Publix.

2. **Consider mail-order pharmacy services.** Some Part D plans allow members to order their medications through the mail, which may save them money—and a trip to the pharmacy. Some mail-order pharmacy services provide the convenience of ordering a three-month supply of medications that are delivered to a member's home for a lower cost than purchasing the same quantity at a retail location.

3. **Switching to generic or lower-tier medications** may also help people save a significant amount of money. Part D plans have a formulary, or list of medications that the plan covers, which is typically sorted into tiers. Medications on lower tiers generally cost less. People should review their plan's formulary and check with their doctor to see if a medication on a lower tier is suitable to treat their condition.

Beneficiaries who take the time to review their Part D benefits can reap the reward of savings on their medications throughout the year. And all Medicare enrollees should keep in mind that additional cost-savings will be available in 2013 for those people who fall into the

---

[1] http://www.medpac.gov/documents/Mar10_PartDDataBook.pdf
[2] http://news.walgreens.com/article_display.cfm?article_id=5740
[3] http://www.krcresearch.com/pdfs/PART-D-R.pdf

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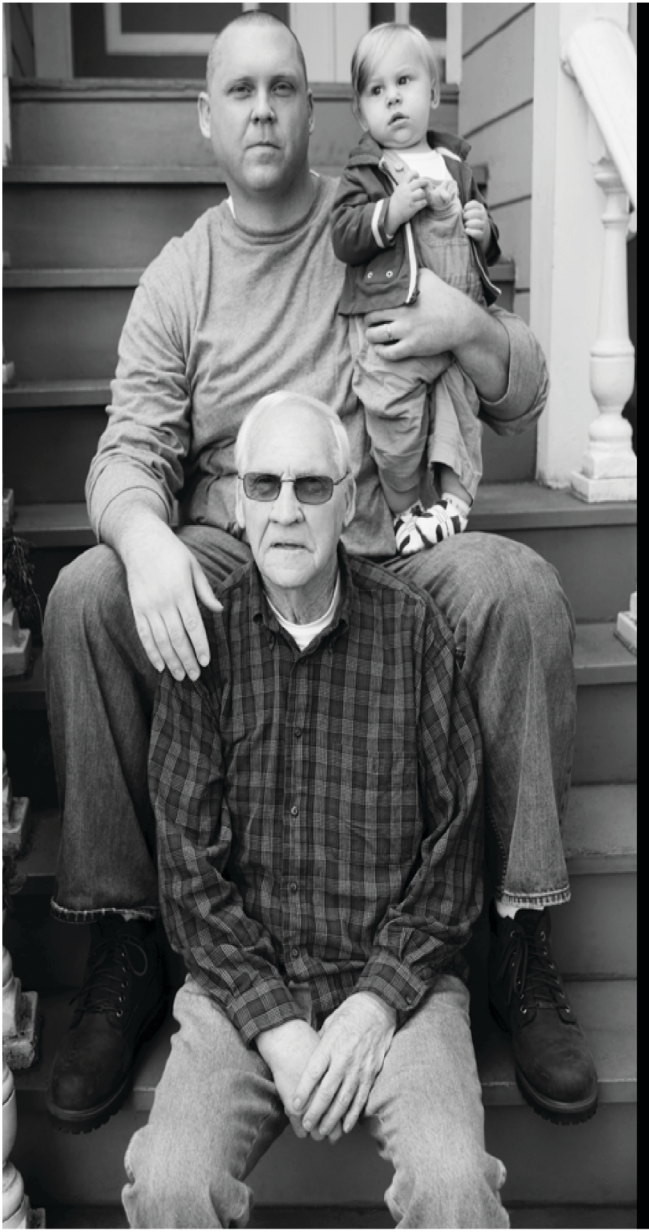

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Humana is a Medicare Advantage organization with a Medicare contract. Enrollment in this Humana plan depends on contract renewal. The benefit information provided here is a brief summary, not a comprehensive description. For more information contact the plan. Limitations, copayments, and restrictions may apply. Benefits and premiums may change on January 1 of each year. You must continue to pay your Medicare Part B premium. If you are a member of a qualified State Pharmaceutical Assistance Program, please contact the program to verify that the mail-order pharmacy will coordinate with that program. Medicare beneficiaries may enroll in the plan only during specific times of the year. Contact Humana for more information. A sales person will be present with information and applications. For accommodation of persons with special needs at sales meetings, call Humana sales at 1-866-824-5964 (TTY: 711), 8 a.m. to 8 p.m., 7 days a week. Applicable to Humana Gold Plus® (HMO) H1036-065C plan.

Y0040_GHHHL4YHH Accepted BRO 10/13

Para personas con Medicare

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Sudoku #1

35					12	49	50	51
33	52	53	2	9		17	16	
14			7	15	10		34	25
	41	54	19		18	55	42	13
6	56	43		26		44	57	45
36	46	47	20		11	48	37	
27	28		8	1	22			23
	29	4		21	3	30	24	31
38	39	40	32					5

Sudoku #2

	51	52	53	54	39	26	12	
	27	55		56	40		22	
9	41	35	36	42	43	1		28
23		11			15		16	19
5	2		37	44	45		4	3
20	13		14			17		18
8		29	38	46	6	47	30	24
	10		31	32		25	21	
	7	33	57	48	49	50	34	

Sudoku #3

25	26		8	15		21	22	
1		14	23	45	46	32		
27	28	29		16	33	9	30	11
31	47	48		2	38			39
17	49			40			41	42
3			24	36		34	10	37
7	18	56	19	50		35	51	12
		57	20	52	53	4		5
	6	54		55	43		44	13

Sudoku #4

42	33		7	27		21	17	
43	34	35	4	16	28	10		
44	11	45				22	46	47
57	48	49	8	36	50		51	
13	37			12			38	39
	14		9	29	52	30	15	40
53	54	55				31	32	23
		24	1	5	2	19	56	41
	18	25		6	3		20	26

Sudoku #5

51	52	14	45		2	18	46	
13	21			39	36	34	40	29
	47	15	16	41	30	22		
53	57	54		4	5		3	
	23		48	42	37		6	
	7		24	8		31	32	1
		38	27	9	17	35	33	
12	55	56	49	43			10	20
	25	50	44		26	28	19	11

Sudoku #6

42	56		11	43	44	45	15	28
46	47	48		2		49		3
34		50	29	12	35		25	
8	57	51	30		52	17		
	16		1	53	54		18	
		36	4		13	37	31	26
	5		9	55	38	24		23
19		6		21		32	33	27
39	40	41	10	20	14		7	22

Sudoku #7

		43	33			44	24	34
45	35	46		47	36	57		48
49		50	51	37	25		10	52
18	26	27		4	12	53		54
	19		3	1	2		20	
55		56	38	39		40	9	41
13	14		16	28	21	17		5
7		6	29	15		42	30	11
31	22	32			23	8		

Sudoku #8

32	33	34	1	8			27	
	28	29		9	2	10		3
41	35	30	11				20	17
	52	36		46	42	53	54	47
37	43		12	44	38		39	45
40	55	31	13	48		56	49	
21	22				18	23	24	14
4		15	5	6		7	16	
	25			26	19	57	50	51

For people with Medicare

What helps you choose the right Medicare Advantage Plan?



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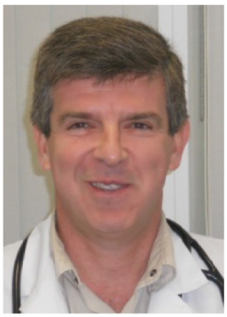

Arthritis
A Public Health Problem?

By: Dr.Gokhan Guvenli
1 SW 129th Ave, Ste. 109
Pembroke Pines, FL 33027
954-450-9595

An estimated 50 million U.S. adults (about 1 of 5) report doctor-diagnosed arthritis. As the U.S. population ages, the number of adults with arthritis is expected to increase to 67 million by the year 2030 and, as a result, more than one-third of these adults will have limited activity. Arthritis comprises more than 100 different rheumatic diseases and conditions, the most common of which is osteoarthritis. Other forms of arthritis include rheumatoid arthritis, lupus, fibromyalgia and gout. Common symptoms include pain, aching, stiffness, and swelling in or around the joints. Some forms of arthritis, such as rheumatoid arthritis and lupus, can affect multiple organs and cause widespread symptoms. Although arthritis is more common among adults aged 65 years or older, people of all ages, including children, can be affected. Nearly two-thirds of people with arthritis are younger than age 65. It is more common among women than men in every age group and it affects people of all racial and ethnic groups. It is also more common among adults who are obese than among those who are of normal weight or underweight.

Arthritis is the nation's most common cause of disability, limiting the activities of 21 million Americans and causing 1 of 3 working-age adults to work with limitations. Research estimates that the lifetime risk of developing knee osteoarthritis serious enough to cause painful symptoms is 45%. That risk increases to 57% among people with a past knee injury and goes up to 60% for people who are obese. So, what can you do? First and foremost; be physically active. For people with arthritis, physical activities such as walking and swimming have been shown to have significant benefits, including reducing pain and improving physical function, mental health, and quality of life. Also, maintain a healthy weight and protect your joints. Weight control and injury prevention can lower a person's risk of developing osteoarthritis. Weight loss can also reduce symptoms for overweight or obese people with knee osteoarthritis. Finally, talk to your doctor. Early diagnosis and management are especially important for people with inflammatory arthritis. Consulting your doctor is also important because recommendations from health care providers are the most influential in convincing patients to be physically active.

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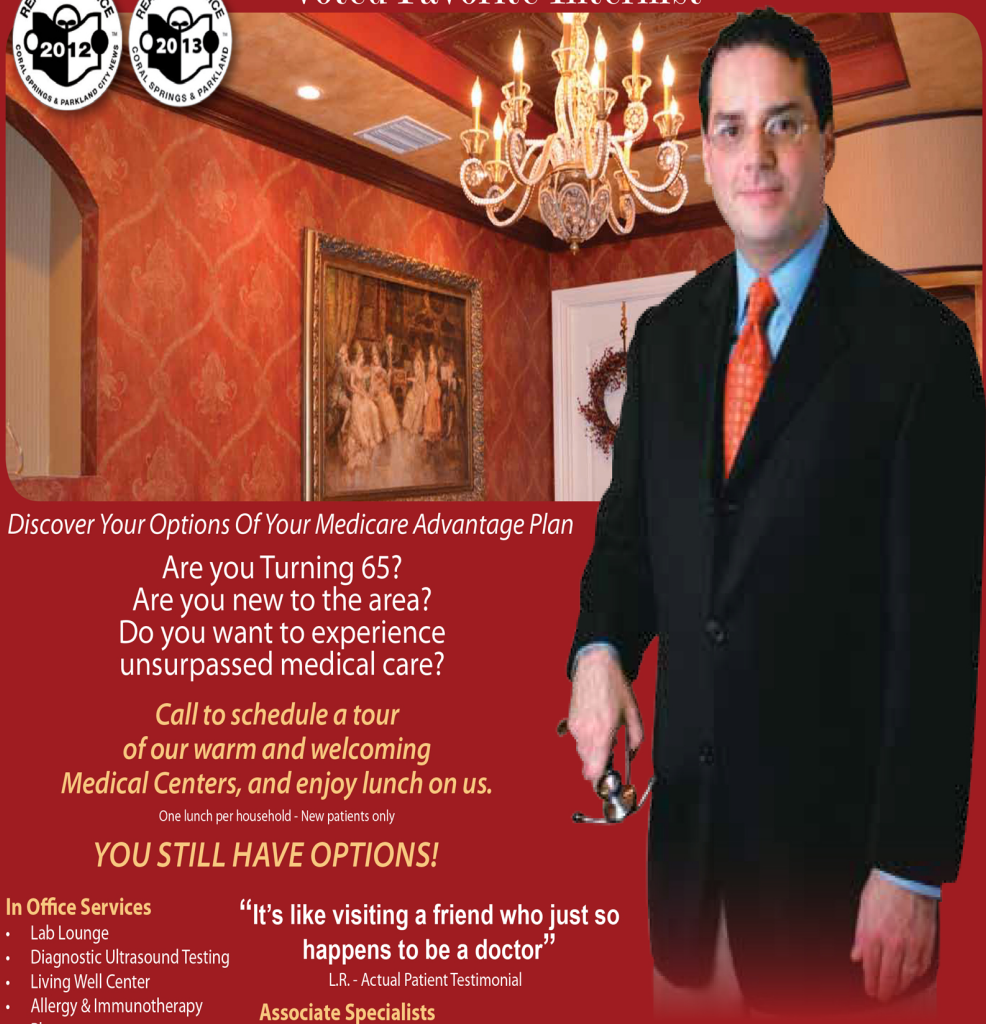

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¿Qué es incontinencia urinaria? Es la pérdida involuntaria de orina. Algunas personas pueden perder unas cuantas gotas de orina mientras está funcionando o tos. Otros pueden sentir una fuerte y repentina urgencia de orinar antes de perder una gran cantidad de orina. Muchos pacientes experimentan ambos síntomas. Para algunos hombres y mujeres, el riesgo de vergüenza pública les impide disfrutar de muchas actividades con sus familiares y amigos.

¿Cuáles son los tipos de incontinencia urinaria?

Incontinencia urinaria de esfuerzo: Si toser, reír, estornudar u otros movimientos que ejercen presión sobre la vejiga puede causarle un escape de orina, puede tener incontinencia. En las mujeres, cuando se debilitan los músculos del suelo pélvico, la vagina y los ligamentos que soportan la vejiga, la vejiga puede moverse hacia abajo, empujando ligeramente fuera de la parte inferior de la pelvis hacia la vagina. Como resultado, la orina puede escaparse en la uretra durante momentos de estrés físico. En los hombres, incontinencia puede suceder cuando se extirpa la glándula prostática.

Incontinencia

Si pierdes orina sin motivo aparente después de repente sentir la necesidad o ganas de orinar, puede tener incontinencia de urgencia. Una causa común de incontinencia es contracciones de la vejiga inadecuado. Señal del nervio anormal puede ser la causa de estos espasmos en la vejiga. La incontinencia imperiosa puede significar que la vejiga se vacía durante el sueño, después de beber una pequeña cantidad de agua, o al tocar agua o escuchar funcionando. Ciertos medicamentos como diuréticos o estados emocionales, como ansiedad, pueden empeorar esta condición. Algunas condiciones médicas, tales como hipertiroidismo y diabetes no controlada, también pueden provocar o empeorar incontinencia de urgencia.

Vejiga hiperactiva

Ocurre cuando los nervios anormales envían señales a la vejiga en el momento equivocado, causando que sus músculos se apriete sin previo aviso. Los síntomas incluyen: frecuencia urinaria (8 o más veces al día), urgencia urinaria (necesidad repentina y fuerte de orinar inmediatamente) y nocturia (despertarse durante la noche para orinar).

Incontinencia funcional

Personas con problemas de salud que interfieren con el pensamiento, movimiento o comunicación pueden tener problemas para llegar a un inodoro. Una persona con enfermedad de Alzheimer, por ejemplo, no puede



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Eternal Light Memorial Gardens is proud to present our newest project –

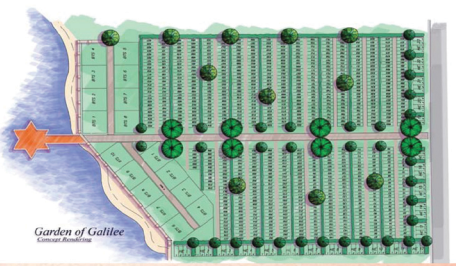


Galilee

Galilee is our latest proposed interment garden designed with single and double Upright Memorial spaces and Family Estate options, both in-ground and mausoleum. Plush landscaping, hedges, and poured concrete sidewalks will be throughout to ensure no one has to walk across gravesites to reach other sites.

We at Eternal Light have taken great pride in months of meticulous planning and design, to meet the burial demands and preferences of the Jewish community of South Florida.

We are in process for permitting this project and will be offering pre-construction opportunities very soon!



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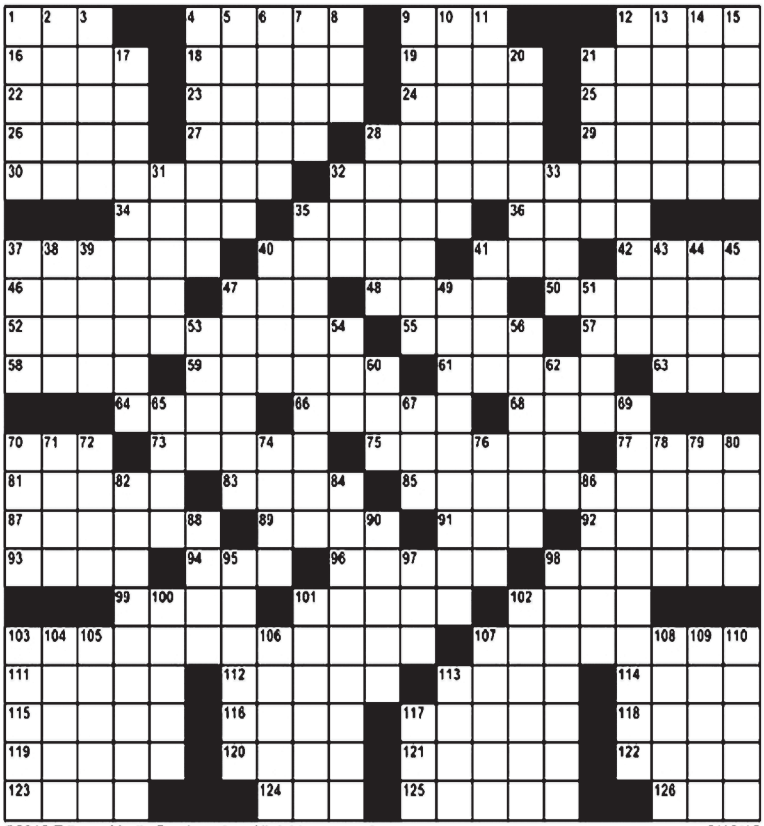
Hues



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9/16/12

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98 Ill-fated
99 Wisp
101 Swagger
102 Clay mixture
103 18th century literary club
107 Colorful cocktail
111 Flexible
112 Small quantities
113 Ladder level
114 Dies ___
115 More frigid
116 Movable barrier
117 Musical direction
118 ___ bene
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120 Smooth
121 Boring tool
122 Donates, in Glasgow
123 Editor's notation
124 N.Y.S. wintertime
125 Requirements
126 Banned insecticide

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3 Fencing ploy
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6 Unfunded
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11 Surface coat
12 Novice
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15 Jargon
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28 Tommyrot!
31 Lovesick
32 Transgression
33 Roman moon goddess
35 Notoriety
37 Voucher
38 Gad
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