

Healthy Lifestyles

Five-star health and wellness news from LeConte Medical Center | 865.453.9355 | www.lecontemedicalcenter.org

Cardiac Calcium Scoring Could Save Your Life

Exam Now Available at LeConte Medical Center

LeConte Medical Center is always concerned about early detection and treatment of heart disease to prevent devastating or life-altering cardiac events.

Coronary artery disease is another name for heart disease. Coronary artery disease (CAD) is

scoring using the most advanced technology: an ultra-fast and accurate 64-slice CT scanner.

“Our 64-slice CT is an amazing piece of equipment,” explained Teresa Huskey, radiology manager at LeConte Medical Center. “The speed and accuracy of the images is

vessels that supply oxygen-containing blood to the heart muscle. Calcified plaque results when there is a build-up of fat and other substances under the inner layer of the artery. This material can calcify which signals the presence of coronary artery disease.

The images are analyzed to determine the amount of calcium present, and the findings are converted into a numeric cardiac calcium score.

Coronary artery calcium scoring cannot determine how blocked a particular artery is; however, it can accurately detect the presence of atherosclerosis and assess the subsequent risk of heart attack. The score is of no benefit to someone who has already had a heart attack, coronary bypass surgery, or a coronary artery stent. These events already indicate the patient is at high risk.

“This calcium scoring screening is used mostly for middle-aged patients with some heart risk factors. Those who have extensive risk factors might likely be treated without testing. It’s the patients with one or two risk factors who should be screened,” said Stephen Dill, MD, LeConte Cardiology Associates. “This is an appropriate

screening beginning at age 40 for men and 50 for women. Because coronary artery disease is so common, even without obvious risk factors it’s frequently present. It is the most common cause of death in both women and men, and it usually doesn’t cause any symptoms until there is a real problem. So by the time people become symptomatic, they usually have a very serious disease.”

Who should consider scheduling coronary artery calcium scoring

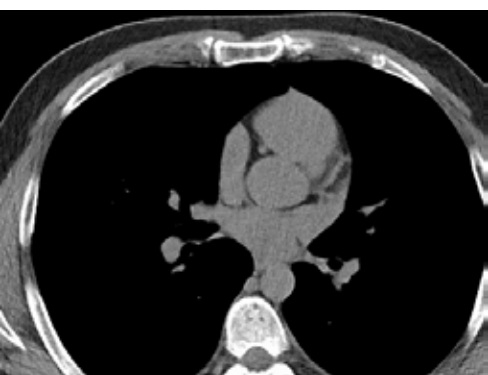
If any of the following apply to you, then CACS may help.

- Men age 40 or over
 - Diabetes
 - Women age 50 or over
 - High cholesterol
 - Smoker
 - High blood pressure
 - Family history of heart disease
 - Sedentary lifestyle
- Coronary artery calcium Scoring is quick

and painless, generally taking 15 minutes or less to complete. There are no injected dyes or invasive procedures. The results of your scan will be reviewed by a radiologist, your Cardiac calcium score will be determined, and the detailed final report will be sent to your referring physician’s office for review. The test is currently not covered by insurance, but costs only \$125.

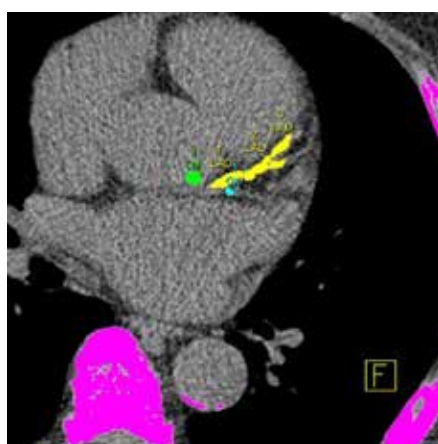
If the results of your exam indicate the need to be seen by a cardiologist, appointments with the physicians at LeConte Cardiology will be available for your convenience.

A physician order is required to schedule this screening at LeConte Medical Center. Discuss cardiac calcium scoring with your doctor to see if it would be a useful screening for you or your family.



Above: Calcium Scoring study showing no obvious signs of calcium buildup in the coronary arteries.

Below: A calcium scoring study with significant calcium buildup (shown in green and yellow) in the coronary arteries.



caused by a narrowing or blockage of the arteries that supply blood to the heart. CAD is easily detected by arterial calcium deposits and can be present long before a patient experiences chest pain or heart attack, allowing time for early treatment and prevention of heart attack. LeConte Medical Center is excited to now offer coronary artery calcium scoring (CACS) that provides a numeric score showing your risk of coronary artery disease.

LeConte Medical Center is the only location in Sevier County to offer coronary artery calcium

an absolute benefit to our patients. We’re excited about this new capability to provide cardiac calcium scoring as a tool for our patients and physicians. This technology will absolutely help save lives.”

CACS is a very effective way to tell you if you are at risk for heart disease.

Using computer tomography (CT) coronary artery calcium scoring provides detailed computer images of your heart and arteries, and can show the presence, location and extent of calcified plaque in the coronary arteries – the

People with this disease have an increased risk for heart attacks. In addition, over time, progression of plaque buildup can narrow the arteries or even close off blood flow to the heart. The result may be chest pain, sometimes called angina, or a heart attack.

CT is one of the safest and most reliable examination methods available. CT works with an X-ray system that rotates around you, taking cross-section pictures of your body. These pictures are then converted by a computer into a complete picture, making a precise exam possible.

Cardiac Calcium Scoring Guide

Calcium Score	Implication	Risk of Coronary Artery Disease
0	No identifiable plaque	Very low, generally less than 6 percent
1-10	Minimal identifiable plaque	Very unlikely, less than 10 percent
11-100	Definite, at least mild atherosclerotic plaque	Mild or minimal coronary narrowings likely
101-400	Definite, at least moderate atherosclerotic plaque	Mild coronary artery disease highly likely, significant narrowings possible
401 or higher	Extensive atherosclerotic plaque	High likelihood of at least one significant coronary narrowing

Congratulations to Our New Patient Navigators!

Congratulations to Candace Wedlock and Dottie Cole at the LeConte Comprehensive Breast Center for becoming certified patient navigators! Patient navigators play a unique role for women diagnosed with breast cancer. They work with members of the healthcare team to facilitate and coordinate patient care to ensure patients receive timely diagnosis, treatment, support, and education. We’re proud to be able to provide this service to our community.



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Miracle Workers

PNRC Therapists Help Woman Beat Guillain-Barre Syndrome

Her legs had “melted” beneath her, she couldn’t hold a fork to feed herself, and it felt as if she had been in that hospital bed forever. What was to have been a routine trip to her primary care doctor suddenly took on an unexpected urgency when Mary Lynn Long, still recuperating from a recent knee replacement surgery, took two steps on her walker out of her bedroom and toward her front door.

“I was ready to go, and I fell right there in that hallway,” she said. “My husband was behind me, and my legs, it was just like they melted, like I had no legs. I couldn’t stand up. They couldn’t hold my weight. My knee was fine. I knew something else was wrong and the doctor did, too.”

Thus began Long’s 54-day battle against a crippling disease so rare it strikes only one in every 100,000 people.

“They ran all kinds of tests – brain scan, X-rays, spinal tap and a nerve conduction test – and that’s when they came back and told me the diagnosis – Guillain-Barre Syndrome,”

recalled Long, who had arrived at UT Medical Center by ambulance on March 16. “They had first suspected it might be multiple sclerosis or ALS (Lou Gehrig’s disease). That was really frightening because my sister died with MS. She had been tormented with that for years. So I knew what that would do. And I had a friend who had died with ALS. But when they said it was Guillain-Barre, I was relieved because I thought it was something that I might be able to recover from because I had known other people who had had it.”

When Alicia Wellens, an admissions liaison from Patricia Neal Rehabilitation Center (PNRC), walked into her room not long before the end of her 18-day stay at the UT, Long was confident she was in good hands.

“She said that I qualified for admission to Pat Neal, and wanted to know if I could do three hours of physical therapy a day, and I said, ‘Well, I’ll do my best’ because I knew Patricia Neal had a good reputation for rehabilitation,” said Long, a retired licensed practical nurse and Maryville resident. “So, they accepted me and my insurance accepted it, and they took me over there.”

According to Jennifer Steely, PNRC’s director of clinical services, Wellens is one of five nurses or social workers serving Patricia Neal as admissions liaisons. At the request of the attending physician, these liaisons screen patients at UT Medical Center, Fort Sanders Regional and Parkwest as well as handling referrals from all Covenant Health facilities and other hospitals throughout the country.

“Once the referral is received, these individuals gather patient information such as medical history, current diagnosis, testing, lab work, radiology, and physician documentation,” Steely explained. “They also speak with the patient and the family and review therapy documentation

to determine readiness to tolerate the required three hours of therapy that occur five days a week, and need for physical, occupational and/or speech therapy. They then write a pre-admission screen to present to the physical medicine and rehabilitation doctors for final determination of admission.”

While Long’s transition to PNRC was smooth and quick, she knew she was facing a tough road ahead.

Guillain-Barre Syndrome, a potentially fatal muscular disorder in which the body’s immune system attacks the nerves, took away her ability to walk. The paralysis also affected her hands to the point that she was unable to feed herself. Fortunately, that paralysis began to subside within the first week as she underwent a five-day course of intravenous immunoglobulin.

“Then they had to do bloodwork to see if they would have to give me more, but that seems to be what it took,” she said. “After that, I could use my hands a lot better.”

On April 2, Long was wheeled into the nationally known Patricia Neal Rehabilitation Center and almost immediately began work.

“They started me out just by putting a board from the wheelchair to the bench and I slid off, then I had to slide back on,” Long recounted. “Every day there was improvement, every day some

she said, ‘Yes, you can do this!’ So I walked the full length of the gym and back with the walker. Then she would add some distance to it every day until I got to where I could walk 600 feet before I left.”

In the meantime, her occupational therapist was busy working on skills she would need at home – cooking, sweeping, and driving.

“They asked what my goal was when I first went there and I said, ‘To be able to walk out of here’ but I really didn’t know if that would happen or not. But it did. I could walk out of there with a walker.”

She left PNRC on April 22, but returned for twice-a-week outpatient therapy for the next eight weeks. Before she was finished, she was walking on her own.

“They were just so good! The therapists were so good, so knowledgeable!” Long declared.

“They knew just what to do for me and how much to push you. They wouldn’t let you become discouraged – ‘You can do this!’ When she put the walker in front of me and I could take those steps then I knew that I was going to make it. There were a lot of times when I didn’t think I could do what they were asking me to, but they’d make a way for you to do it. Show you how, tell you how, and give you a little support if you need it.”

Now back at home with no noticeable effects of



“They knew just what to do for me and how much to push you. They wouldn’t let you become discouraged.”

— Mary Lynn Long

improvement. You could see it and feel it.”

With a safety harness, she was eventually able to walk along using the exercise handrails. Then, the day came when the therapist told her, “I want you to try some steps on your own.”

“That was scary to me to try to lift me feet up and walk,” said Long. “I said, ‘Can I just touch your arm?’ And she said, ‘OK.’ Just that little bit of support encouraged me to take a few steps. We kept working, until, about the last week I was there, and she put a walker out in front of me and I said, ‘Oh, are we going to do this?’ And

GBS, she still works with hand weights and stretch bands to keep building her strength as she reflects on those dark days when was fearing the worst.

“It was just an unusual time. It really does seem like a dream, but it was real,” she says. “You know when something happens like this, you just can’t believe it’s happening to you. But they kept at it and pulled me through it, and I’m so grateful. I’m so thankful for Patricia Neal and their knowledgeable staff there. I just think they worked a miracle!”

ThinkFirst!

Tennessee

Program Seeks to Prevent Injuries Through Education

It’s more than looking before you leap – it’s using your mind to protect your body.

It’s ThinkFirst, a nationwide injury prevention program that strives to teach how life can change in the blink of an eye.

Just ask Ashley Hamilton, state director of the Tennessee ThinkFirst chapter and a recreational therapist who daily sees patients come through the doors of the Patricia Neal Rehabilitation Center with brain or spinal cord injuries that could have been prevented.

“You know the old saying is true: ‘An ounce of prevention is worth a pound of cure’ and we, at Patricia Neal, see that every day,” said Hamilton, recalling the countless people she has seen whose lives have been irreparably altered by failing to wear a seat belt or a helmet, texting while driving, diving into shallow water or giving in to peer pressure. “This is a lot of what ThinkFirst teaches. Our motto is ‘Use your mind to protect your body – ThinkFirst!’”

ThinkFirst does just that by using knowledge, demonstrations and speakers who have sustained injuries to advance its message at schools, health fairs, community pools, festivals and other community events.

Funded locally by the Fort Sanders Foundation, ThinkFirst has three curricula for students: ThinkFirst for Kids (grades 1-3), ThinkFirst for Youth (grades 4-8) and ThinkFirst for Teens (grades 9-12). This message of prevention is delivered in a fun, non-threatening way to the youngest audience and with a realistic approach in our high

schools, but always with the aim of teaching how fragile the human body truly can be in the hope of shaping decisions.

In fact, an estimated 1.7 million persons in the United States sustain a brain injury, and thousands more sustain a spinal cord injury. Injury is the leading cause of death among people between the ages of one and 44.

“The presentation content varies greatly based on the type of presentation requested,” said Hamilton. “Principals and teachers can choose which topics they’d like to have their students learn about, be it pedestrian and bicycle safety, water safety, sport safety, play safety, violence prevention, concussions, or any combination of these.”

“They can also choose how big – or how small – they want us to go,” added Hamilton. “For example, a teacher may prefer a small, classroom-type presentation in which we may only have 30-45 minutes to present to a single classroom of 30 students, or they may want to get together with several teachers or a full grade level and have us do a larger assembly that would last 60-90 minutes with 100-200 students. The difference between presentations will be small, such as the amount of time spent with the students or hands-on activities for each student versus a hands-on activity for a few volunteers to show the whole group. Otherwise, they will all have a healthcare professional teaching about the body systems and how our choices affect our body in various ways.”

It could be considered an outreach program primarily

for schools simply because the school year includes most of the year, and that is what our curricula are centered around,” said Hamilton. “But it is certainly not limited to schools. It’s also been presented at various after-school and summer programs as well as the Girl Scouts. We are looking forward to renewing those relationships as well as establishing several more such as the Emerald Youth Foundation, Boy Scouts, Boys & Girls Club, etc. The possibilities really are endless, as our curricula can be adapted and modified to fit any number of needs.”

The ThinkFirst for Teens program can also be adapted for other community presentations such as adult drivers education, Alcoholics Anonymous, college presentations and other groups or events. Soon, the ThinkFirst national office will be launching a falls prevention program geared toward older adults.

“Patricia Neal Rehabilitation Center sees the repercussions of the lack of education and application of knowledge on a regular basis,” said Hamilton. “We teach people how to live with the consequences of their risky behaviors. By partnering with ThinkFirst to help to educate on the consequences of these habits, we can not only help to prevent life-changing injuries, but we can ultimately help save lives.”

Interested in holding a ThinkFirst program at your school or event? Want to start a ThinkFirst chapter in your town or facility? Contact Ashley Hamilton at (865) 541-1356 or email apinkert@covhlth.com.

\$5 MASQUERADE JEWELRY SALE

Join the Volunteers at LeConte Medical Center for the \$5 Jewelry Sale!

**October 26 & 27
7 a.m. - 4 p.m.**

Jump start your holiday shopping at this exciting sale featuring jewelry, accessories, clothing ... **all for only \$5!**

The sale will be held in the classrooms at LeConte Medical Center. Convenient parking is available in Lot A.



artsclamation!

2015 ARTISTS

Kate McCullough,
featured artist

Hugh Bailey
Gray Bearden
Pat Clapsaddle

Vicki Denaburg
Rick Eastham
Wendy Ervin

Gordon Fowler
Larry Gabbard
Shannon Haas

Betsy Heerdt
Kathy Holland
Jonathan Howe

Joan Jannaman
Daniel Lai
Ronald Lewis

Regina Lightfoot
Sharron Mallison
Kellie Montana

Mike Naney
Jimi Payne
Mickey Payne

Leila Platt
Janis Proffitt
Sheila Rauen

Karen Reeves
Dennis Sabo
Marcia Shelly

Charla Steele
David Swanagin
Kristine Taylor

Robert Tino
Jyl Walker
Heather Whiteside

Fine Art Sale Benefits Peninsula Sale Moves to New Location at Lighthouse Knoxville

The 14th annual Artsclamation! fine art sale will be held Saturday, Nov. 7, from 9 a.m. until 5 p.m. at a new location: Lighthouse Knoxville, 6800 Baum Drive. Admission and parking are free.

Artsclamation! will feature original works by more than 30 noted regional and local artists who work with a variety of media, including oil, watercolor, pastel, acrylics and photography, as well as an exclusive grouping of three-dimensional artists displaying jewelry, pottery, woodworking and fiber art.

“The new location at Lighthouse Knoxville gives us the opportunity to expand our selection of artists in a welcoming, gallery-like environment which appeals to both the casual shopper looking to get an early start on their holiday gifts, as well as the serious art collector,” says Misty Brown, event director. “Almost a third of the artists at the sale this year are brand new to Artsclamation!, so repeat guests will definitely have the opportunity to see and purchase something new.”

This year’s featured artist, Kate McCullough of Knoxville, is also a first-time participant in Artsclamation! Mc-

Cullough began painting in watercolor about 11 years ago after a 35-year hiatus from art. Initially her studies at Villa Marie College and SUNY College at Buffalo included general design, art history and oil and acrylic painting. When she returned to painting she decided that watercolor was a medium she would like to explore. McCullough immediately fell in love with it and has not looked back. She started with courses with Marcia Goldenstein and Whitney Leland at UT and then moved on to workshops at Arrowmont with Don Lake and Sue Archer, Kanuga with Linda Baker and Don Andrews, Cheap Joe’s with Linda Kemp, Gibson County with John Salminen and a couple of workshops with Paul Jackson.

McCullough currently teaches watercolor classes at the Fountain City Art Center and is a former president of the Knoxville Watercolor Society. She is a member of the Art Market Gallery in downtown Knoxville, the Tennessee Watercolor Society and Fountain City Art Guild.

“Painting has opened my eyes to the world around me. I look at life as through a prism of shapes and colors and see the

beauty that I was not aware of before. The beauty of nature and everyday objects is enhanced because I now see the subtle colors and shifts of light,” says McCullough. “There is so much freedom in being able to create. The world of painting is a magical place where the looking glass is only limited by my imagination. The goal for my art is to not only reach that deeper place but to offer something to the viewer that could reach a place in them that has meaning as well.”

McCullough is creating a unique featured painting for the event which will be auctioned at the Artsclamation! Preview Party on Friday evening, Nov. 6, and may be viewed online at www.peninsulabehavioralhealth.org/arts. A limited number of museum-quality posters of the featured piece will also be available for purchase at the event.

Proceeds from Artsclamation! benefit the behavioral health programs of Peninsula, a member of Covenant Health and East Tennessee’s leading provider of behavioral health services. Peninsula has helped thousands of people recover from mental disorders and dependencies so they can lead healthy, positive, and productive lives.

Specifically, funds generated through the 2015 art sale will allow Peninsula to purchase a transport van to bring clients to peer support centers in Knox, Blount and Sevier counties. The centers provide critical opportunities for clients to participate in social activities and educational experiences with their peers in a healthy,

Artsclamation!. Therapists in the recovery education program work with patients to aid the emotional healing process through creative expression.

Presenting sponsors for Artsclamation! 2015 include Covenant Health, First Tennessee Foundation and Covenant Health Credit Union.

For more information



2015 Featured Artist Kate McCullough shares her talents and love of watercolor by leading classes at Fountain City Art Center.

supportive community environment.

Artwork created by mental health consumers in some of Peninsula Recovery Education Center’s therapeutic programs will also be featured for sale at

about Artsclamation!, please visit www.peninsulabehavioralhealth.org/arts, call Fort Sanders Foundation at (865) 531-5210 or email Misty Brown, event director, at mbrown@covhlth.com.



Above: There’s something in everyone’s price range at Artsclamation! Prices begin at just \$10 for a 12” x 21” wall calendar for 2016, which showcases reproductions from 13 of the participating artists.

Below: A sampling of the amazing watercolors by 2016 Artsclamation! featured artist Kate McCullough



Peninsula Outpatient Centers

For people experiencing mild to severe mental health issues, Peninsula Outpatient Centers provide a wide range of services including individual and group therapy, support groups and medication management.

With outpatient centers in Knox, Loudon, Sevier and Blount counties, Peninsula serves individuals of all ages across East Tennessee. Each patient meets with Peninsula clinical staff at his or her first appointment to determine the best course of treatment. A patient’s plan may include daily medication, psychotherapy, case management or a combination of these.

The physicians at Pen-

insula Outpatient Centers may recommend an intensive outpatient program to provide more concentrated care than traditional outpatient sessions. For six to eight weeks, participants in the Adult or Adolescent Intensive Outpatient programs come to the outpatient center in Knoxville (Peninsula Lighthouse) four to five times a week to address issues that need intense treatment but do not require continuous care. These conditions include depression, anxiety disorders, anger management, ADHD, relationship problems, grief and loss and self-injurious behavior.

Alcohol and drug treatment is available through

the Adult Intensive Outpatient Program at the Peninsula Lighthouse campus. For women suffering from addiction, Peninsula Outpatient offers Women in Treatment, a program for uninsured women age 18 to 64. Through this program, women can work on self-esteem, trauma, communication techniques, body image issues and other topics that are vital to wellbeing and happiness.

If you or a loved one is experiencing any symptoms of mental health issues, call Peninsula Outpatient Centers at (865) 970-9800 or visit www.PeninsulaBehavioralHealth.com.



The Peninsula Outpatient Center - Sevier is conveniently located at 1104 Foxwood Drive in Sevierville. For more information call (865) 970-9800.



LeConte Comprehensive Breast Center

LeConte Comprehensive Breast Center is one of only 33 breast centers in the state of Tennessee recognized as a Breast Imaging Center of Excellence by the American College of Radiology (ACR). This recognition ensures the center attains nationally accepted standards, including individual ACR accreditation in mammography, stereotactic breast biopsy, breast ultrasound, and breast MRI.

Our certified patient navigators work with our patients and members of their healthcare team to ensure our patients receive timely diagnosis, treatment, support, and education.

LeConte Comprehensive Breast Center offers personal, safe, and professional care to the women in our community.

We Built LeConte. And We're Still Growing.

For more information about LeConte Comprehensive Breast Center or to schedule your annual mammogram, call 865.446.8000.

Diana Shultz's breast cancer was diagnosed at LeConte Comprehensive Breast Center and treated at Thompson Cancer Survival Center – Sevier.



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