

INFINITE WISDOM

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Special points of interest:

- Individualized health care when you need it.
- Same day or next day appointments.
- Want to talk to your own doctor? Call.
- See your doctor, not a random on call doc in the office

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WEIGHT LOSS

Weight loss is always a hot topic and often seems overwhelming. I prefer to address diet in a stepwise fashion. To change one's dietary habits all at once is often not a realistic approach.

Step One: The first step is to examine what you drink. Many times our beverages contain many calories. One can of sweetened soft drink can have over 150 calories. For some people that is a whole 1/10th of their daily caloric needs! Replace your beverages with non-sweetened items. That doesn't mean water only but that is not a bad start. Don't keep any sugared beverages around the house. Bring artificial flavorings to restaurants so you can add that to your



water. Once you have tackled that aspect of your eating behavior and have settled into a new pattern then you move on to Step Two.

Step Two: Accept the fact that you eat three or four meals a day. What you are now attacking is the snacks between meals. Innocent snacking can pile up the empty calories quickly! If you happen to snack to the tune of 300 calories per day, that is 9000 calories a month, enough to pack on a couple pounds a month. 300 calories can be snacked

without it really registering. It is OK to snack but keep low calorie snacks around. Keep Cheerios around for that. Potato chips and crackers are not a good substitute. Again, once you have modified that snacking/picking behavior and are settled in a good groove then move on to Step Three.

Step Three: Now you tackle the main course meals. Instead of getting bogged down in exactly what foods to eat, just work on portion control. Whatever you eat or order just consume half of it and save the rest. I promise you will not die of hunger. Bring your food containers to restaurants with you to bring your half-meal home (saves on wasting Styrofoam throw-aways from the restaurant.)

Step Four: Next Time.....

SHOULDER PAIN

We all have had shoulder pain at some point. The should is a very flexible joint and can swivel all over the place. This means that it is inherently unstable, that it can become dislocated. We often hear of athletes with a dislocated shoulder. To compensate for this our shoulder has a complex array of ligaments and muscles that hold it together while



allowing for flexibility and range of motion. These muscles and tendons pass through tight spaces to do their job. They take a lot of wear and tear. Over time the bones of the shoulder (arm bone or humerus,

shoulder blade or scapula and collar bone or clavicle) can develop calcium spurs and ragged edges. The tendons (which attach the muscles to the bone) become frayed and tattered, sometimes to the point of rupture. This can cause pain. More importantly this can cause loss of range of joint motions.

(Continued on pg 2)

ORGAN CORNER...STOMACH

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“the major source of burnout now is the administrative burden that docs face”

“Usually an examination in the office can determine the main cause of shoulder pain”

In keeping with guts of the upper abdomen theme we next cover the stomach. The stomach refers to the actual pouch that collects stuff after you swallow, not the belly in general. It acts as a bit of a holding reservoir allowing collected food to accumulate and propelling it downstream to the intestines at a measured rate. The stomach also produces acid. Acid itself does not really break down the food but the enzymes made by the pancreas (November newsletter) work much better in an acid environment to break



down the nutrients into basic molecules. Various chemicals mostly related to digestion are also secreted by the stomach. An underappreciated fact is that the inside of the stomach is actually outside the body. Stay with me on this. When we are just embryos, a ball of cells, the ball develops a hole through it like the hole in a

donut. The hole is outside the donut but as the donut enlarges it sort of wraps around the donut hole so now the hole appears to be inside, not outside. I will explain next time you are in. Anyway, people can live without stomachs. Some have their stomach severely altered as a weight loss method. Your stomach appreciates you not taking in large amounts of alcohol, not smoking and avoiding a lot of anti-inflammatories. Along with certain infections, those factors can cause ulcers.

REFLECTING ON THE OLD DAYS: BURNOUT

Physician burnout is a hot topic these days. Docs kill themselves more than the non-medical population. Doctors are retiring early. (I am fine by the way, thanks for asking). Back at Charity Hospital we would work 36 continuous hours and always more than 80 hours per week during our residency training. It's just the way it was. We were in



our 20's so abuse was OK I guess. Rules came into play which prohibited that thankfully. We aren't wimps but the major source of burnout now is the administrative burden

that docs face and all the non-care cr*p that we do. Working for patients is not a source of burnout, it is what we live for. Fewer med students in the US want to do primary care when they see the other PCPs complaining about the futility of the "system." Direct Primary (Infinity Health's model) can help reverse this I truly believe.

SHOULDER PAIN...CONTINUED

Loss of range of motion means that you can't raise your arm as well, you can't comb your hair or get something off the top shelf. This can be very debilitating. Usually an examination in the office can determine the main cause of shoulder pain but sometimes we need to do an MRI to precisely define what is going on.

Treatment involves anti-inflammatories. We can inject steroids into the shoulder joint to give some temporary relief. The mainstay of treatment is physical therapy. This helps strengthen the muscles of the shoulder (which we refer to as the "rotator cuff") so that the shoulder is a bit more stable. Persistence is the key as ther-

apy can be a bit painful. At times, none of the above works. At that point it is off to the orthopedist to determine whether you need surgery to fix the junk going on inside the shoulder joint. They can do that using a scope instead of filleting your whole shoulder open, So if you are having shoulder issues let us know.

BLOOD PRESSURE TARGETS: AGAIN

This is getting annoying. Maybe even embarrassing. In November the American Heart Association, the American College of Cardiology and others came out with new blood pressure target guidelines. Seems like this always changes. The suggestions by the Joint National Committee in 2014 recommended treating blood pressure if the pressure was greater than 140/90. Certain guidelines said that an older person should be treated if their blood pressure was greater than 150/90. The guidelines



just released now recommend that blood pressure be treated if your pressure is over 130/80.

Statistically this means that if we adopt 130/80, that 46% of the US population will be classified as hypertensive!!!

The blood pressure nerds will again have a field day debating this back and forth. Lower is better, makes sense, up to a certain point. Getting it lower

may mean piling on more medications which is not always good. Increased side effects and costs are likely to occur although almost all BP meds now are generic.

The recommendations also stress the importance of proper ways to check blood pressure and endorse home monitoring. Many folks have pressures that elevate while in the doctor's office. We don't want to over treat people either. If there was a simple (and cheap) way to monitor BP 24 hours a day that would be ideal.

“recommend that blood pressure be treated if your pressure is over 130/80.”

CHRISTMAS BOTOX? SHAMLESS PROMOTION ALERT

Now there's a headline! As many of you know I do cosmetic injections of Kybella (dissolves the double chin fat pad), fillers (restores youthful facial profile and softens deep wrinkles and Botox (reduces eye and forehead wrinkles). Botox injections take about 3 days to have their effect. Fillers show their results immediately. Kybella treat-



ments are delayed in their effect. If anyone is seeking to have their wrinkles smoothed over for any holiday parties it is not too late. The procedure is pretty

painless and takes only a few minutes. It's for guys and gals!

I am a member of the Brilliant Distinctions program which gives additional savings to patients that enroll. Give us a call if interested and we can do an assessment and estimate. You can also give a gift certificate to someone from us..

DOCTORS ARE PRETTY USELESS

Well maybe not. So what is “health care?” Health care does not equal health insurance. Those are totally different concepts. While I am privileged to be your doctor I must point out that most of what defines a person's health does not come from your doctor. Your health is intimately connected to your world. Factors such as education, social support



networks, the physical environment, hygiene, motivation, peer pressure et cetera define our health. In the big picture access to a physician may contribute 15% to our health. The obvious examples of heart disease, can-

cer, substance abuse are typically reflections of our behavior and surroundings. Being surrounded by people who care and peers who behave well has a huge impact. Having good septic systems probably prevents more illnesses than doctors do. If you avoid alcohol, cigarettes, bags of potato chips and heroin you probably will do OK. And adopt a dog of course.

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We are on the web!
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*An Invitation:
If you know of a friend or family member that would be interested in becoming a member, please have them contact us for a free non-medical meet-and-greet visit.*



A

Direct Primary Care
Practice

Newsletter

written and published
by Karl N. Hanson, MD

Previous Newsletters

www.InfinityHealth.MD/documents

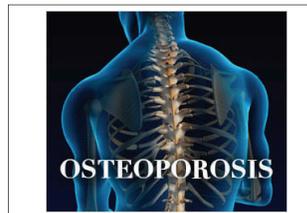
Infinity Health is a Direct Primary Care practice developed by Dr. Hanson. Dr. Hanson has been in medical practice since 1987 and has been a solo practitioner since 1990 in the conventional insurance-based model.

The concept of dealing or contracting directly with the patient is a bit of a throwback but it places the relationship where it should be, with the patient. There is no point in Dr. Hanson or our office wasting time interacting with insurance companies unless it directly contributes to your health. Instead we developed a medical home which has its focus on the patient's health regardless of their insurance status. Infinity Health is a product of Dr. Hanson and is not affiliated with any other organization. We are a membership-based practice. Direct Primary Care is not the same as typical "Concierge" practices which charge a fee AND bill your insurance company.

Dr. Hanson is Board Certified by the American Board of Family Medicine, a Fellow in the American Academy of Family Physicians and a member of the Alpha Omega Alpha Medical Honor Society. He completed his recertification process in April 2016.

USPSTF CORNER: OSTEOPOROSIS

Osteoporosis is a condition where the bones become more brittle. That means that they can more easily fracture. Osteoporosis leads to painful fractures of the backbone that can also cause a humped deformity. Perhaps more importantly is that it is also a risk factor for fractures of the hip. Hip fractures typically are repaired surgically and there is a long rehabilitation time. Sometimes there can be serious complications from the treatment of hip fractures especially in elderly folks. Osteoporosis is much more common in females than males. Age, thin build and Caucasian race are risk factors. Other medical risk factors are long term use of steroid and certain other medications.



The screening test is simple. It involves a quick and safe test that scans the hip bones and the back bones. In general it may be repeated in two years. There is no risk to the test and it is totally painless.

Of course if a female is found to have osteoporosis then the next recommendation is to treat using oral or injectable medications. Those medicines have been found to be effective at preventing fractures although the data is not overwhelming. The data tends to suggest that it helps prevent back

(compression) fractures more so that hip fractures. Not everyone is at high risk though. Check with your doctor on that.

The USPSTF recommends screening for osteoporosis in women aged 65 years and older and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors.

The U. S. Preventive Services Task Force (USPSTF) is an expert panel which reviews the current evidence to help us docs recommend counseling, medical screenings and preventive medications. It is funded by the U.S. Department of Health and Human Services.