

INFINITE WISDOM

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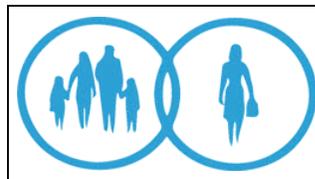
Special points of interest:

- 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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FAMILY MEDICINE

Family Medicine is a specialty that was created in 1969. After World War II the growth of subspecialists spiked. America needed an organization which was going to preserve primary care. The American Academy of General Practice was originally formed which then became the American Academy of Family Physicians. We mostly all belong to the Academy which numbers 129,000 members. Our annual conference will next be in NOLA in October 2018. We were the first organization to require period recertification to stay a member. Once a student finished four years of medical school they enter a specialty training program, or



residency. Family Medicine residency is a three year program that teaches care over the whole breadth and continuum of patient care. While the residency in Internal Medicine teaches general adult care, family Medicine teaches, Obstetrics, Gynecology, ENT, Psychiatry, minor surgical procedures, pediatrics and a variety of other areas. Most students who chose an Internal Medicine residency do not stay in primary care. They go into another subspecialty such as cardiology, infectious disease,

gastroenterology, etc. Essentially all Family Medicine residents deliver primary care when they finish their training. In fact, we are the ones who are in the underserved and rural communities. A persistent feature is our need to complete 50 hours of continuing medical education each year. Because our breadth of training is so wide we need to put a lot of time into keeping up with the most recent information in medicine. Family Medicine is in fact a specialty so we do not consider ourselves “GPs.” It is figured that Family Practitioners take care of about 90% of the things we see without referring to a subspecialist. Why do we chose Family Medicine? Because it is the only thing that we would ever

CONCUSSIONS

Concussions have made a lot of headlines with the popularity of the National Football League. The concussion is an acute injury. That is where a blow to the head causes dizziness, ringing in the ears, confusion, memory issues and such. If a player gets concussed, they should not return to play until they have been without any symptoms. The main rea-



son why is that it is felt that the chance of permanent brain injury is greater if you get a concussion while still recovering from an earlier concussion. The term Chronic Traumatic Encephalopathy (CTE) is felt to be

do to repeated brain trauma. We do not know if concussions specifically cause CTE. Furthermore the violent collisions that occur with professional football, boxing, and soccer occur well before the professional level. We wonder whether repeated trauma at a young age
(Continued on pg 2)

FALLS

“As folks get older our position sensors get a little less reliable”

Gravity usually wins. We are always on the edge of falling. What keeps us upright is our sensors that tell us our position, whether we are leaning, off center, or beginning to fall. Those sensors are our eyes, inner ear and nerve endings in our muscles and skin. If they pick up on the fact that we are starting to lean to the left, for example, then our left leg spreads out to widen our base and prevent our fall. The muscles on the right side of our pelvis and thigh tighten to keep the body from folding over to



the left. This is a rather intricate and complex series of coordinated events that keep us upright. As folks get older our position sensors get a little less reliable. Folks with neurologic diseases such as strokes, neuropathies and Parkinsonism also have a

great risk.

Unless one exercises, our muscles get a little weaker. Our reaction time, the time from perceiving we are off balance to when our body reflexively takes corrective measures, increases. The combination of these phenomena increase our chance of falling. Falling can lead to minor abrasions, severe head injury, fractured wrists and fractured hips.

In our USPSTF corner on page 4 we look at current recommendations.

EATING ORDER

“If patients with diabetes eat protein and vegetables before they consume carbs, the sugar spike is less..”

Patients with diabetes do have to pay attention to carbohydrate intake. Actually, all of us should. High carbohydrate intake can raise blood sugar in diabetics. Simple sugars as a carbohydrate have a greater effect than complex carbohydrates like certain starches. Now researchers (Drs. Shukla and Aronne) have found that



eating carbohydrates at the end of the meal may result in a smaller post-meal blood glucose increase. If patients with diabetes eat protein and vegetables before they

consume carbs, the sugar spike is less. It appeared that maybe fewer carbs were consumed if eaten at the end of the meal. If the carbohydrate you eat is bread it seems that using the bread as part of a sandwich with protein and veggies softens the glucose spike. So...don't start your meal with sweetened drinks and bread.

CONCUSSIONS

“there is no evidence that any kind of head gear or helmet is effective at preventing concussions or CTE”

may precipitate effects later in life. A recent study suggests that is a remote possibility but that is certainly not conclusive. For our soldiers in battle, concussions may not simply be physical blows to the head but explosions near the person which may impact the head. Explosions which also exert severe pressures to other parts of the body

where that pressure is transmitted to head may also be a factor.

As of this date there is no evidence that any kind of head gear or helmet is effective at preventing concussions or CTE. We cannot tell if any single concussion actually causes any brain damage.

At one time we asked that

a concussed child not engage in any intellectual activities as total brain rest was suggested. That has been relaxed and participating in minor activities is allowed. Clearly we do not want that child engaged in any exertional or contact activities however that approach has not been clearly found to prevent CTE. This field is evolving rapidly.

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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: FALLS

Earlier in this newsletter we looked at a brief description of what is happening when a person falls. Certain studies have shown that maintaining muscle mass and tone through exercise is helpful at preventing falls in folks who are at high risk.

Everyone exercising seems like a pretty good state of affairs but we know it doesn't happen. USPSTF member, Alex Christ, MD, MPH said "Falls can cause significant injuries in older adults, so preventing falls is important to maintaining their physical well-being. We found that exercise can help prevent falls." The Task Force found several good quality studies to support this notion. The focus is really to improve strength and balance. It



does not have to be strenuous cardiovascular exercise.

Therefore the USPSTF (and I) recommends exercise to prevent falls in community-dwelling adults age 65 years or older who are at increase risk of falls.

There is not solid evidence that other interventions are of any benefit.

Supplementation of the diet with Vitamin D has not been shown to prevent falls or reduce injuries. Vitamin may promote bone health but had no impact on falls or injuries.

So for less than \$20 per month at your local fitness club you can stave off the age-related loss of muscle mass, feel better, maybe look better, and lower your risk of falls.

For older adults all it takes is one fall and a hip or wrist fracture to wreak havoc on a person's life. No pills, shots...just doing some resistance training and balance exercises.

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.