Spring 2016

PHELPS Today

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Greetings!

We are pleased to tell you about exciting news and accomplishments at Phelps Hospital and in our community. Major expansions of Phelps services have been taking place. In December, our new MRI Center opened in the location of our former main entrance. The center’s state-of-the-art technology not only provides superior diagnostic images, it also includes comprehensive advanced applications for diagnosing cardiac disease, breast cancer, prostate cancer and other oncological conditions.

This spring, the eagerly anticipated new main entrance will open into an attractive, spacious lobby with comfortable seating and a coffee bar. Its central location will provide convenient access to the Admitting Department, the main hospital and the 755 building. Patients and visitors will be protected against inclement weather by a large covered drop-off area.

The hospital’s primary and specialty care medical group, Phelps Medical Associates, has expanded services in Croton-on-Hudson and Dobbs Ferry. In Croton, the facility at 440 South Riverside Avenue has doubled in size. In Dobbs Ferry, physicians who previously practiced at 18 and 88 Ashford Avenue have relocated to brand new medical offices above Walgreens at 11 Ashford Avenue. In addition to primary care, patients at both sites have access to specialists in cardiology, endocrinology, gastroenterology, obstetrics/gynecology and rheumatology. Same-day appointments and extended hours are available.

To give the community access to the same high-quality radiology services that are available at the hospital, Phelps Radiology has brought state-of-the-art technology to the Croton and Dobbs Ferry sites. Designated as a Diagnostic Imaging Center of Excellence by the American College of Radiology, the department offers 3D mammography, ultrasound, bone densitometry and diagnostic X-ray at these locations.

As you may have noticed, television commercials and newspaper ads have been announcing that our health system, North Shore-LIJ, changed its name to Northwell Health, effective January 1. The name “North Shore-LIJ” originated in 1997 when Long Island Jewish Medical Center merged with North Shore Health System. Now, with 21 hospitals, including several in Manhattan and two in Westchester, the system extends well beyond its traditional coverage area on the north shore of Long Island. In recognition of its evolution into a vast clinical, research and educational enterprise serving the entire metropolitan area, the health system decided to change its name to Northwell Health.

As always, we strive to provide the highest quality healthcare services to help ensure optimal health and well-being for you, your family, and everyone in our community.

Wishing you a healthy and joyous spring,

Richard J. Sinni
Chair, Board of Directors

Daniel Blum
President & CEO
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Request Your Appointment Online!
Appointments for many of Phelps’ outpatient services can be made on the hospital’s website, including: cardiovascular, diabetes, infusion, nutrition counseling, occupational and physical therapy, pain center, pulmonary/respiratory, radiology/x-ray, senior services, sleep, speech & hearing, voice & swallowing, and wound healing. You can even make an appointment to donate blood online. Just go to www.phelpshospital.org and click on “Request an Appointment” – any time of the day or night!

Phelps’ Community Service Plan
Phelps Memorial Hospital Center is committed to improving the health and well-being of the community. To see our Community Service Plan (2014-16) and learn about our current and planned activities and initiatives, please visit phelpshospital.org/about-phelps and click on “Community Service Plan.”

A summary of the hospital’s 2014 community service is described in our “Caring for Our Community” publication, which is also available at the same address (click on “Caring for Our Community”). A printed copy of these publications may be requested by calling 914-366-3115.
Travel Tips for Those with Diabetes  
by Michael Marchese, MD

If you have diabetes, it should not keep you from doing the things you love, and travel should be no exception. About 10% of people with diabetes experience problems with diabetic control when traveling, but a little extra planning can keep diabetes from putting any kinks in your vacation plans.
Planning for Your Trip

To begin planning your trip, you may want to have a medical exam or at least a conversation with your healthcare provider, who can work with you to make sure your blood sugar is under control well in advance of your trip. Your provider should prescribe enough medication to last you while you are away and also give you a prescription for insulin or diabetes pills and/or supplies in case you run out or are away longer than expected.

Do some research on prescription laws in the places you will visit, in case they are different from the U.S., and also research where pharmacies and hospitals are located near your destination. Ask your insurance provider about coverage of medical expenses, including evacuation, if necessary.

If you will be crossing time zones, you may need to adjust the timing of your insulin injections. Insulin pump users may consider changing to injections while on vacation, especially if vacationing at the beach, since not all pumps are waterproof and the sun may heat up the insulin inside it. Anyone using an insulin pump should always have insulin pens or a backup plan in case their pump fails or breaks.

Packing for Your Trip

When packing for your trip, do not store your insulin in your checked luggage. The cargo hold can get very cold or even freeze, which would make the insulin ineffective. An even bigger concern is lost luggage. The safest way to ensure your supplies make it to your destination is to have them in your carry-on bag. You may want to keep a separate smaller bag beneath the seat in front of you where you have easy access to your meter, testing supplies, insulin, syringes, extra batteries, oral medications, other medications such as glucagon, antibiotic ointment or anti-nausea drugs, and diabetic identification card. Pack at least twice as much medication and blood testing supplies as you think you will need.

Meals may be delayed during travel, so be prepared for a drop in blood sugar by bringing along a well-wrapped air-tight snack pack of crackers with cheese or peanut butter, fruit, juice box, and hard candy or glucose tablets. You can contact the airline to request a special meal that is low in sugar, fat or cholesterol, but you must make the request at least two days before the flight. If the flight does include a meal, do not take your insulin until the food tray is set in front of you.

On the day of your travel, make sure you are wearing a medical ID bracelet or necklace, which will provide critical information about your health status in case of an emergency, including that you have diabetes, if you take insulin and any allergies you have.

What to Expect at the Airport

Despite the general rule prohibiting passengers from bringing most liquids and gels through airport security, people with diabetes may take their insulin and other medications, as well as juice or gels, through Transportation Security Administration (TSA) checkpoints, even if the containers hold more than 3.4 ounces. Things will go more smoothly if your doctor writes a letter to inform the TSA that you are diabetic and need to carry insulin, syringes and related items.

To prevent contamination, you may be asked to remove your medical supplies from your carry-on luggage for inspection and then repack them yourself. Carry your medication in pharmacy-labeled pill bottles and insulin vials or pens to avoid having to explain their purpose. Instead of juice, you may want to consider alternative forms of carbohydrates to treat low blood sugar, such as glucose tablets or hard candies.

Your medical supplies do not have to go through the X-ray baggage scanner; but to avoid the scanner, you must request an alternative inspection before the screening process begins. Patients with insulin pumps can be screened without disconnecting from the pump but must inform the screening officer about the pump before the screening process.

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If you have any problems during the airport screening process, you can always ask for the Passenger Support Specialist or supervisor. If your problem is still not resolved, you can ask for the TSA’s Customer Service Manager for the specific airport.

**During the Flight**

On the flight, don’t be afraid to mention to a flight attendant that you are diabetic and that in the event of a low blood sugar may need soda or juice immediately.

If you are on an insulin pump, you may need to briefly disconnect it during takeoff and landing, as some studies have shown that the change in pressure on a flight can make the pump deliver more insulin. It is safe to reconnect once the plane has reached its cruising altitude, but first make sure there are no air bubbles. If there are bubbles, re-prime your pump.

Federal regulations require all U.S. airlines to have a medical kit on board, but regulations on foreign and budget airlines may not require one. Call the airline ahead of time and find out what you can expect.

**Travel by Sea**

There are no regulations about medical facilities on cruise ships, but industry guidelines say medical care should be available for passengers. If you are traveling by sea, contact the cruise line to find out how medical emergencies are handled. Would they be able to administer IV fluids if you develop the potentially fatal condition called diabetic ketoacidosis in which an insulin-deprived body breaks down fat instead of glucose? If an emergency does occur, could you be airlifted to a medical facility or would you have to wait until you reached the next port?

**After Arrival at Your Destination**

Once you get to your destination, make sure your medical supplies are properly stored before you begin your rest and relaxation. If it is warm enough for you to sit outside in a swimsuit, it is probably too hot for your insulin. Regardless of whether you will be in a hot or cold climate, insulin vials should be kept at room temperature (under 86°F) or refrigerated. Insulin pens should not be refrigerated. Even glucose monitors should not be out in extreme weather, as they can malfunction. Cool packs specifically for storing insulin vials or pens are available on the Internet.

**Staying Safe While on Vacation**

While vacationing at the beach – in addition to wearing plenty of sunblock – avoid walking around barefoot. Sharp shells, bottle caps and similar items can cut your feet, which is a particular threat to diabetics who have peripheral neuropathy, a condition that results in a lack of sensation on the bottom of the feet. Without feeling, a cut could go unnoticed until it is infected. Always inspect your feet when returning from the beach and wear sandals as well as water shoes.

Be careful about what you eat and drink. Avoid tap water when you are out of the country and ask for a list of ingredients in unfamiliar foods. Pace yourself if you drink alcohol. Moderate amounts of alcohol can cause blood sugar to rise, while excess alcohol can cause blood sugar to fall. If you are going to drink, avoid drinking on an empty stomach and test your blood glucose levels frequently. Choose wine or light beer and forego drink garnishes.

Keeping these tips in mind and preparing early for your next vacation will allow you to be safe and enjoy your time away. For general information about safe traveling in various destinations, including medications you may need, whether tap water is safe to drink and recommended vaccinations, visit cdc.gov/travel. For more information on how to travel with diabetes, visit VoyageMD.com.

**About the Author**

Michael Marchese, MD, endocrinologist, is board certified in internal medicine. He attended medical school at the Ross University School of Medicine and completed a residency in internal medicine at Stamford Hospital, followed by a fellowship in endocrinology, diabetes and metabolism at Albany Medical Center. He sees patients on the Phelps campus at the Diabetes, Osteoporosis and Metabolism Center in Suite 300 of the 777 Building (914-366-2270).
Phelps’ New Main Entrance – Opening Soon!

For the first time in its history, Phelps will have a dramatic entry that matches the quality of care provided within. An expansive covered drop-off area will ensure protection against inclement weather.

At the new main entrance to the hospital, patients and visitors will enjoy comfortable seating in a spacious, beautifully appointed lobby, complete with a coffee bar. The Admitting Department will be in the centrally located new lobby, and patients and visitors will have easy access to the main hospital and the 755 Building.
Why Does My Knee Hurt?

By Jason Hochfelder, MD

Knee pain, unfortunately, is common among people of all ages. Various conditions or injuries can cause the pain, and each is treated differently. Following are some of the reasons why your knee may hurt.

Arthritis – three common types

Osteoarthritis, the most common type of arthritis, is a “wear-and-tear” condition that occurs when the hard, slippery tissue that covers the ends of the bones wears away. In a non-arthritic knee, this tissue — called cartilage — acts as cushioning. Without the cartilage, the bones of the joints rub more closely together, resulting in pain, swelling and stiffness. While osteoarthritis can occur in young people, it is more common after age 45, and women develop osteoarthritis more often than men. The knee is one of the most affected joints.

With post-traumatic arthritis, the wear and tear of a joint is accelerated by a physical injury resulting from sports, a car accident, fall or other physical trauma. Symptoms include joint pain, swelling and stiffness.

Inflammatory arthritis, which is usually caused by a malfunctioning immune system, causes pain and stiffness, particularly in the morning or after periods of inactivity. The morning stiffness typically lasts more than an hour.

Treating arthritis

One step you can take to ease the symptoms of arthritic knees is to lose weight, because every pound of extra weight you carry puts 3 to 4 pounds of extra weight on your knees. Even losing a small amount of weight can significantly decrease pain.

Pain can also be treated with over-the-counter pain relievers and anti-inflammatory medications — but check with your doctor before taking them for longer than 10 days, because extended use of these medications increases the chance of side effects.

If further treatment is needed, you may benefit from various types of injections into the knee. Cortisone may be injected to reduce inflammation or hyaluronic acid may be used to lubricate the joints. Two relatively new treatments are injections of stem cells to attempt to regenerate cartilage and speed healing or platelet rich plasma (PRP), which isolates anti-inflammatory characteristics and growth factors from a patient’s own blood in order to utilize the body’s natural ability to heal.

If the pain in your knees becomes severe enough to affect your quality of life and other remedies do not help, you may consider a partial or total knee replacement — depending upon whether the damage from arthritis has affected only one area of the knee or the whole knee.
Meniscus Tear

Have you ever heard someone say that he “tore his meniscus” and wondered what that was? Each knee has two C-shaped pieces of cartilage called menisci that provide cushioning between the shinbone and thighbone. A forceful twist or rotation of your knee, or even kneeling or deep squatting, sometimes causes the meniscus to tear. The tear leads to pain, swelling and stiffness, and there may be clicking, catching, popping, locking or an inability to extend the knee fully.

Risk for acute meniscus tear is high among athletes, especially those who play contact sports, such as football, or sports involving pivoting, such as tennis or basketball.

Sometimes rest, ice and anti-inflammatory medication will provide enough relief to allow the injury to heal on its own, but often arthroscopic surgery will be necessary. Through a tiny incision, the surgeon inserts an arthroscope, which has a light and a small camera to transmit an image of the inside of your knee onto a monitor. This allows the surgeon to see the tear and perform surgery through the arthroscope, if necessary. If it isn’t possible to repair the torn meniscus, it may be surgically trimmed in a procedure called a partial meniscectomy. After surgery, you will be given exercises to do that will help you regain strength and stability.

When a tear occurs in people with end-stage arthritis, it is called a degenerative tear – one resulting from years of wear on the knees. Degenerative tears are treated in much the same way as arthritis of the knee.

Focal Cartilage Defect

Injury to knee cartilage can develop gradually over time from stress due to improper mechanics or leg alignment (bowed legs or knock knees), or it may occur suddenly from a traumatic injury such as a blow to the knee in an accident. Focal cartilage defect often affects young people who do not have arthritic changes in their knees.

Typical symptoms of focal cartilage defect are pain and occasional instability. There may be a “catching” if a piece of cartilage has been dislodged and is trapped inside the knee.

Conservative treatment involves activity modifications and anti-inflammatory medication. However, the defects generally don’t heal well because cartilage does not contain vascular, nervous and lymphatic tissue or an active healing mechanism.

There are a number of surgical options for treating the damaged cartilage:

- **Arthroscopic Debridement.** Loose pieces of cartilage are removed to prevent their impingement on the joint.
- **Microfracture.** Holes are drilled into the bone to stimulate the body to regrow or repair the damaged area.
- **Autologous chondrocyte implantation.** A biopsy of the patient’s own healthy cartilage is taken and cloned in a laboratory. During a second procedure, millions of the cloned cells are implanted into the defect.
- **Cartilage replacement.** The entire defect area, including the underlying bone, is replaced with artificial or donor cartilage, or occasionally cartilage that is transferred from a non-essential area of the patient’s own knee.

Occasionally the above procedures are combined with an osteotomy, which involves the cutting and repositioning of the bone to correct abnormal alignment or relieve stress on the damaged area.

Bursitis

A bursa is a fluid-filled sac that cushions points between muscles, tendons and bones. The inflammation of a bursa, called bursitis, can be very painful. Each knee has 11 bursae, but knee bursitis most often occurs over the kneecap or on the inner side of the knee below the joint. Usual treatment is rest, ice, compression and anti-inflammatory medications. It can take several months for bursitis to improve, but it usually resolves on its own and does not require surgery. Occasionally, an injection of cortisone or other anti-inflammatory agents may be given.

Tendonitis

Knee tendons are thick cords that attach the bone to muscles. Athletes who do a lot of running and jumping often develop inflammation and swelling of these tendons due to overuse. Older athletes whose tendons have lost elasticity are at higher risk of developing tendonitis. The most
commonly irritated tendons are the patella (on the front of the knee) and quadriceps tendon (above the kneecap).

If you have tendonitis, the **R.I.C.E.** method of treatment is recommended: **Rest** the knee, **Ice** the knee to reduce pain, inflammation and swelling (wrap ice in a towel and limit to 20 minutes at a time), **Compression** (lightly wrap the knee during icing) and **Elevation** of the leg. Activities should be modified until symptoms disappear. Anti-inflammatory medications can be taken. In rare cases, tendonitis persists or keeps recurring. In that case, a cortisone injection or surgery may be needed.

**Knee Sprain or Tendon or Ligament Tear**

Sometimes a sudden injury resulting from a twist or fall may stretch or even partially tear one of the many ligaments or tendons in the knee. Such sprains and partial tears usually resolve with rest. In more severe cases where the knee is unstable, it may be necessary to wear a brace. If ligaments or tendons are completely torn, surgery may be needed to repair or replace them.

**Your Back**

Nerves in the lower back that are pinched due to lumbar spine arthritis or herniated discs can cause pain in a knee if the pinched nerve is one that travels to the knee. The discomfort is a radiating pain that originates in the back or upper leg. It takes a keen doctor to diagnose this unusual type of knee pain, because the results of knee X-rays and MRIs are normal.

**Your Hip**

There are many nerves traveling across the hip that continue down and across the knee, so hip pain can also be felt in the knee. Whenever you see a doctor for knee pain, he or she should always examine your hips to make sure that they are not stiff or that movement of your hips does not reproduce pain in your knee.

**Stress Fracture and Subchondral Insufficiency Fracture**

A **stress fracture** is caused by repetitive impact and is often seen in people training for long-distance running. Pain is present with walking and running but is usually not present when sitting or lying down. A stress fracture is an incomplete break, so it does not generally require surgery. However, there may be a need for a period of non-weight-bearing with crutches and immobilization with a cast or hard boot.

A **subchondral insufficiency fracture** is often seen in older patients with weakened bones due to osteoporosis or osteopenia (a precursor to osteoporosis) who also have weakened or thinning cartilage from arthritis. Without support from strong cartilage, the weakened bone is more stressed and can partially collapse. Treatment often consists of periods of non-weight-bearing with either a walker or wheelchair and can be supplemented by medications that encourage or support bone growth and formation.

Because both stress fractures and subchondral insufficiency fractures are incomplete fractures, they usually do not show up on plain X-rays and can only be diagnosed with an MRI.

**Exciting News in Knee Replacement!**

The first robotically-assisted total knee replacement in the region was recently performed at Phelps Memorial Hospital by orthopedic surgeon Jason Hochfelder, MD. Until now, this leading-edge technique for patients with advanced knee arthritis was not available anywhere else in New York State north of Manhattan.

The technique, which uses “bone morphing” technology, generates a 3-D display of the patient’s anatomy in real time, enabling the surgeon to precisely position the implant and optimally align the leg. Better alignment can reduce the need for revision surgery, improve joint function and increase the life of the implant.

Dr. Hochfelder will be giving a presentation on this and other new technology and advances in knee replacement on Tuesday, April 12 and Tuesday, May 10 at 6:00 pm in the Phelps Auditorium. To attend, call 914-366-3100.

**About the Author**

Orthopedic surgeon Jason Hochfelder, MD, is an expert in hip and knee replacement, hip arthroscopy, cartilage preserving and restoring procedures of the knee and non-operative management of hip and knee disorders. He received his medical degree at New York University School of Medicine, completed a residency in orthopedic surgery at the Hospital for Joint Diseases Orthopaedic Institute and a fellowship in hip and knee surgery at the Insall Scott Key Institute. He sees patients at 24 Saw Mill River Road in Hawthorne (914-631-7777).
Eating for Two: Nutritional Choices in Pregnancy Are Twice as Important

By Janice Teixeira, DO, MS

Pregnancy is a good time for a woman to redouble her efforts to lead a healthy lifestyle. One of the most important determinants of your health is diet. The old adage “you are what you eat” is true in many ways, and pregnancy is a time when your nutrition doesn’t impact you alone. It is a time when nutrients are used as building blocks to form your baby.

The most important concept to keep in mind is that wholesome, unprocessed, natural foods are the best choices at this time. The more processed a food is, the fewer nutrients and more unhealthy additives it is likely to contain. Natural foods such as fruits, vegetables, whole grains including brown rice and quinoa, beans and legumes, lean proteins and dairy should make up the majority of your diet.

The importance of nutrition in pregnancy is particularly highlighted by a very hot topic of research today surrounding epigenetics. Epigenetics is the study of how environmental influences including stress, pollution and nutrition impact our DNA. It is now known that the environment in pregnancy and early childhood sets a child up for either lifelong health or disease. Given this knowledge, it is important to make an even greater effort to provide a healthy in utero environment through good nutrition, stress management and avoidance of pollutants to reduce disease and set our children up for success in the next generation.

The other equally important concept to be aware of is that the caloric requirements in pregnancy are not substantially above a woman’s baseline nutritional needs. Starting late in the second trimester, a woman needs approximately 300 calories above her usual intake daily. This equates roughly to two pieces of whole grain bread and an egg. Earlier in pregnancy, the caloric needs above the baseline are even less. Throughout pregnancy, meals should be smaller but more frequent, approximately four per day.

A Healthy Diet During Pregnancy

A healthy diet in pregnancy includes food from the five food groups which include grains, proteins, vegetables, fruits and dairy. The increased calorie requirements in pregnancy should be mainly consumed in the form of lean proteins and whole grains. Every day, pregnant women should eat 2-3 servings of vegetables, 2 servings of fruit, at least 3 servings of whole grains, and 3 servings of protein.

Protein is important for growth and development of the fetus, especially in making muscle and brain tissue. In particular, protein needs in pregnancy should be about 75 grams per day based on a 150-pound pre-pregnancy weight. To calculate the number of grams of protein you need, divide your pre-pregnancy weight by two. Protein is found in meat, fish, beans, nuts, and eggs. The recommendation is to have 3 servings of protein per day. A serving of meat should be approximately the size of a deck of cards.

Calcium is important in pregnancy in building bones and teeth for the fetus. The recommended amount of calcium in your diet should be 1000 milligrams per day and can be found in dairy products, especially milk and yogurt. This is approximately 4 servings of calcium-rich foods. If you cannot tolerate dairy, some calcium can be found in dark green leafy vegetables and fortified orange juice.

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It is possible to get all the nutrients needed in pregnancy from your diet; however, some nutrients are commonly deficient in the average diet. Folic acid, in particular, is one that can be deficient, and it is important during the first trimester of pregnancy. The American College of Obstetrics and Gynecology recommends that women who are trying to get pregnant should start taking a prenatal vitamin containing 600 micrograms of folic acid three months prior to conception. Folate is found in lentils, green leafy vegetables, nuts, beans and citrus fruits and is fortified in some grain products.

Another important topic is fish consumption in pregnancy. Fish contains naturally occurring DHA, a fatty acid so important in brain and eye development that it is now supplemented in most prenatal vitamins and infant formulas. As with all nutrients, the best source of intake is in natural form, by consuming 3 or more servings of fish weekly. However, there is a concern regarding intake of methyl mercury or Polychlorinated Biphenyls (PCBs) when eating fish that are higher on the food chain. In particular, shark, swordfish, tilefish and king mackerel contain higher levels of mercury and should be avoided. Tuna also contains more mercury than smaller fish and should be limited to about 6 ounces per week. According to the March of Dimes, bluefish, bass, pike, trout and walleye contain higher levels of PCBs, which could lead to developmental delay if consumed excessively.

Resources
There are several health resources available to help provide information regarding specific diet plans and goals tailored to women’s needs.

Choosemyplate.gov, a website of the U.S. Department of Agriculture (USDA), has a feature to help predict your goal for pregnancy weight gain and food plan worksheets to help you choose foods in recommended proportions for each food group.

There are also smartphone apps available that can determine the number of calories in foods to help you make healthy food choices.
- The Carrot helps you keep calorie counts of your intake, tracks blood pressures and logs your exercise to keep you motivated to lead a healthy lifestyle.
- Fooducate, developed by dietitians, contains nutrition information for various foods and helps suggest healthy alternatives when you are making poor choices.
- If you eat out frequently, Restaurant Nutrition can help guide healthier choices at restaurant chains.
- Calorie Tracker contains a searchable database to help you understand what is on your plate, track your eating habits and calculate your energy needs so you can adjust your requirements based on your activity level.

What to Avoid
Of course there are also restrictions during pregnancy. In particular, there are concerns for food contamination with a specific bacteria called Listeria which dictate caution with eating hot dogs, lunch meats, refrigerated pates and unpasteurized milk or cheese. Listeria can cause fetal demise or miscarriage. Additionally, uncooked meat and fish is not recommended during pregnancy since their consumption can lead to food poisoning, which can be severe in pregnant women.

Caffeine and alcohol consumption in pregnancy should be modified. Caffeine has been linked to miscarriage risk, but it is believed that intake below 200-300mg of caffeine per day is safe. If you are a coffee drinker, one 12-oz cup of coffee per day is acceptable. Remember that caffeine is also found in tea (particularly green tea), soft drinks, and chocolate, so be careful not to include too much of any of these in your diet. Because there is no known safe level of alcohol intake in pregnancy it should be restricted. Use of alcohol can lead to fetal alcohol syndrome, or potentially to behavioral or learning problems.

Cravings in pregnancy are common. In general, it is fine to indulge them as long as they are not often. However, craving non-food items such as ice, paint chips, baking soda, dirt, or laundry detergent can be a sign of nutrient deficiencies. See your doctor if this occurs.

About the Author
Janice Teixeira, DO, MS, is board certified in obstetrics/gynecology and is a Fellow of the American College of Obstetricians and Gynecologists. She attended the New York College of Osteopathic Medicine and completed her residency in OB/Gyn at St. Luke's Roosevelt Hospital Center. Dr. Teixeira is an Assistant Professor in the Department of Obstetrics & Gynecology at the Mount Sinai School of Medicine. She sees patients on the Phelps campus in Suite 308 of the 777 Building (914-631-0908) and in Suite 560 of the 755 Building (914-366-5400).
Pediatric Ear Infections: Q & A
By Salvatore Taliercio, MD

Ear infections are one of the most common medical problems among infants and young children. The following Q&A addresses the basic types of ear infections and their treatments.

What are the different types of ear infections in children?
Ear infections in children are primarily characterized by where they are located in the ear.

An **outer ear infection**, known as *otitis externa* or “swimmer’s ear,” is confined to the ear canal, which extends from the outer ear to the eardrum. Symptoms of an outer ear infection typically include pain and drainage from the ear canal. The two most common causes of otitis externa are excess moisture and trauma to the ear canal. Local abrasion to the canal, often caused by the excessive use of Q-tips, can introduce bacteria. The most common bacteria that cause otitis externa are staphylococcus and pseudomonas. In addition to bacteria, fungus can develop in the moist environment of the ear canal. Swelling of the ear canal can occur in advanced cases, along with hearing loss due to the collection of fungal debris or bacterial fluid.

**Middle ear infections**, also called *otitis media*, occur behind the eardrum, in the middle ear space. Children who have acute otitis media are often irritable, will tug at their ears and have fevers. The bacteria that most commonly cause middle ear infections are streptococcus, hemophilus and moraxella.

Do all ear infections require the use of oral antibiotics?
No. Outer ear infections should be treated with a topical antibiotic only as an initial treatment. Antibiotic ear drops are effective because they treat the problem at the source. The ear must be kept dry during treatment, as the introduction of foreign matter, dirty water or bacteria prolongs the infection. Outer ear infections related to fungus require cleaning of the ear under a microscope by an otolaryngologist. The ear is treated with an acidifying agent such as acetic acid.

Treatment of a middle ear infection with antibiotics depends on the severity of symptoms. A child with a fever of 101 or less who does not have significant ear pain or discomfort can be observed by his or her parent. If symptoms worsen, the child should be evaluated by a physician.

**Which children should be treated with an antibiotic?**
A child with a fever of 102 or higher and severe ear pain, or with ear infections in both ears should be offered Amoxicillin as a first-line antibiotic. Children who have taken Amoxicillin within the 30-day period prior to the infection should instead be offered an antibiotic that treats resistant bacteria. The most common antibiotic prescribed in these cases is Augmentin.

All children treated with an antibiotic should be re-evaluated by the provider within 48-72 hours to ensure improvement in the child’s clinical condition. Antibiotics should not be prescribed as a preventative measure in any child with recurrent ear infections.

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What does it mean when the doctor says there is “fluid” in the ears?

Fluid in the ears means the presence of an effusion, a collection of liquid behind the eardrum that is typically the remnant of a recent middle ear infection. After an acute episode of otitis media, children may continue to have an effusion that lingers for weeks to months. The presence of non-infected liquid behind the eardrum, within the middle ear space, is called otitis media with effusion. Chronic otitis media with effusion is defined as the presence of fluid for more than three months. Otitis media with effusion limits the ability of the eardrum to conduct sound, and can result in mild to moderate hearing loss.

When does my child need surgery for ear infections and what types of surgery can be helpful?

Acute otitis media is one of the most common medical problems seen by pediatricians in the United States. The child with recurring otitis media, as defined by the presence of at least three infections in six months (or four in a year), should be evaluated by an otolaryngologist.

A child with chronic otitis media with effusion should be evaluated as well, and should have an audiogram (hearing test) performed to identify the presence or absence of hearing loss. Due to the frequency of otitis media, long-term research has been completed demonstrating the benefit of surgical intervention. Below are the recommended surgical guidelines.

The most common intervention is the placement of tympanostomy tubes by an otolaryngologist. These are very small tubes that equalize pressure between the environment and the middle ear. Aeration of the middle ear allows for drainage of fluid out of middle ear space. A child with recurrent otitis media who presents with effusions at the time of the doctor visit should be offered tympanostomy tubes. A child with otitis media with effusion in both ears and documented hearing loss over a three-month period should be offered tubes as well. Any child presenting with hearing loss and effusion who is deemed “at risk” (exhibiting a known cognitive or speech delay) should be considered for tube placement within three months after the effusion is first identified.

What are the long-term benefits of tympanostomy tubes?

The child with recurrent otitis media will, on average, have between two and three fewer ear infections each year after placement of tubes. The child with hearing loss due to chronic otitis media with effusion will typically have a complete return of hearing almost immediately after placement of tubes.

About the Author

Salvatore Taliercio, MD, is an otolaryngologist/head and neck surgeon with ENT and Allergy Associates, LLC in Sleepy Hollow, NY. He completed his surgical residency at Eastern Virginia Medical School, where his training focused on the treatment of head and neck cancer and sinus surgery, as well as common pediatric concerns such as recurrent ear infections. He then completed a fellowship in laryngology at the NYU Voice Center, providing medical and surgical care for individuals with voice limitations, chronic cough and difficulty swallowing.

Dr. Taliercio provides in-depth evaluation for children with recurrent ear infections, including audiograms (hearing tests) for children with potential hearing loss related to these infections. He has tertiary subspecialty training in laryngology, the study of voice and swallowing, and performs in-office stroboscopy, an evaluation of the movement of the vocal cords. To schedule an appointment with Dr. Taliercio, call 914-631-3053.
GoHealth Urgent Care Comes to Westchester

In 2014, Northwell Health (previously North Shore-LIJ Health System) formed a partnership with GoHealth Urgent Care in an effort to provide convenient, affordable community-based urgent healthcare. Nearly 20 Northwell Health-GoHealth Urgent Care centers have been established on Long Island, Staten Island and in Queens and Manhattan. In February, centers were opened in Tarrytown, Yorktown and New Rochelle.

Immediate care for non-emergency illnesses and injuries is provided in a modern, relaxing environment 365 days a year at the Northwell Health-GoHealth Urgent Care centers, which also offer X-ray and laboratory services.

Appointments are not necessary at Northwell Health-GoHealth Urgent Care centers. Most major insurance is accepted, and there are affordable pricing options for those without insurance.

Patients who require additional care have easy access to Northwell Health’s expansive network of physicians and specialists, including those at Phelps Memorial Hospital and Northern Westchester Hospital.

For more information, visit gohealthuc.com/northwell.
Phelps Establishes New MRI Center

On December 1, 2015, there was much excitement at Phelps as the first patient stepped through the doors of the hospital’s high-tech, high-touch new MRI Center. The center, located in the area of the previous main entrance, is home to the MAGNETOM Aera MRI system, which is faster, quieter and more spacious than standard MRIs and greatly adds to patient comfort during exams.
The MRI’s design features a wider opening, which helps reduce the closed-in feeling of traditional MRIs. Not only can patients select the music they’d like to listen to during the exam, they can also choose from a selection of custom mood lighting. Another feature adding to patient comfort is the short magnet, which allows for most exams to be performed with the patient’s head outside of the MRI. Most importantly, advanced technology allows for a faster exam and the system’s powerful magnet produces high-quality images for an accurate diagnosis.

The addition of this new MRI scanner to Phelps radiology services has expanded access to diagnostic imaging services supporting a complete range of applications, including neurology, orthopedics, body imaging, angiography, cardiology, prostate and breast imaging, oncology, biopsies and more.

Phelps Radiology is the only hospital radiology department in the region to have achieved designation as a Diagnostic Imaging Center of Excellence by the American College of Radiology, which means it is accredited in all of the ACR-rated imaging services it provides.

To schedule an appointment at the MRI Center, call 914-366-3444.
The Hoch Center for Emergency Education

Second Annual Sports Medicine & Trauma Conference

In January, more than 100 coaches, athletic trainers, school nurses, EMTs, paramedics and physicians from throughout New York, New Jersey and Connecticut learned about identifying and managing sports-related injuries and medical conditions at the second annual Sports Medicine & Trauma Conference, a free, all-day community education program presented by the Hoch Center for Emergency Education at Phelps.

The group was welcomed by Daniel Blum, Phelps President & CEO, who spoke about the fact that people are living longer and participating in sports throughout their lives. Presenters were Phelps emergency medicine physician Kevin Brown, MD; orthopedic surgeons Samuel Hoisington, MD, and Jason Hochfelder, MD; cardiologist Dina Katz, MD; hand surgeon Ari Mayerfield, MD; neurosurgeon Thomas Lee, MD; chief of dental/oral surgery at Phelps Eric Wachs, DMD; dentist David Kaplan, DMD, and Anita Watson, RN, Director of Infection Control at Phelps and a competitive athlete. They spoke about topics including collapse and sudden death of athletes, sports injuries in the upper and lower extremities, diagnosis and management of cartilage injuries in the knee, the heart of the female athlete, spinal trauma and sports-related maxillofacial injuries. “We strive to bring the most current information on topics that are of interest to this audience,” says Emily Kaplan, the Hoch Center instructor who organized the event and introduced the speakers.

Attendance at this conference was more than double that of last year. In addition to describing the conference as interesting and informative, participants commented that it was well run, organized and engaging. “I go to conferences all the time around the country and I am very impressed by the professional quality of what Phelps put together,” said one attendee. To accommodate the large number of individuals who expressed interest in this year’s event, it will be open to a larger number of attendees next year.

Phelps Emergency medicine physician Kevin Brown, MD, spoke about collapse and sudden death of athletes.
A delegation of 10 emergency medical service physicians from Beijing’s “120” EMS system (the equivalent of the 911 system in the U.S.) recently visited the Hoch Center for Emergency Education at Phelps while touring various EMS centers of excellence across the country. This visit was part of their research for a restructuring of the EMS system in Beijing, China’s capital city.

While at the Hoch Center, Anne Castioni, Coordinator of Emergency Medical Education, lectured about the American EMS system and education. She demonstrated some of the center’s unique educational tools, including high-tech mannequins, which are used to demonstrate medical treatment in a mock ambulance or hospital room. The group also met with Scot Phelps, a current professor of ambulance science at the Emergency Management Academy and former manager of Emergency Life Support programs at Phelps. During their stay, the Beijing delegation also visited EMS agencies in New York, New Jersey and North Carolina.
Alzheimer’s, the most common form of dementia, is a progressive disease that gradually worsens over time. Symptoms usually develop slowly but eventually become severe enough to interfere with daily living.

In the early stages, Alzheimer’s patients may experience mild confusion and difficulty remembering. As the disease progresses, there is a loss of cognitive and social skills. It may become difficult to manage finances, balance checkbooks or pay bills on time. Other symptoms include language problems, personality changes, and unpredictable behavior. When Alzheimer’s is advanced, patients lose the ability to read, dance, enjoy music, tell stories and reminisce.

Each year, approximately 43 million Americans provide unpaid care for someone with Alzheimer’s or another serious health condition. Often this means taking responsibility for a family member who can no longer manage on his or her own. Caregivers frequently help prepare meals, provide assistance with bathing and dressing, manage medications, arrange doctor visits and handle money issues.

Studies have shown that while caregiving can help strengthen connections to a loved one, many find the strain to be overwhelming. Caregivers often find solace in support groups, where they can share their feelings with others who understand the difficulties they face on a daily basis.
One Caregiver’s Story

Pleasantville resident Jim O’Connell spent many years taking care of his wife, Kate, from the time she was diagnosed with Alzheimer’s until her passing years later. In many ways, it was a long, difficult journey; although when Jim looks back now, he smiles at remembering some of the things that happened, even if they didn’t seem humorous at the time.

As Kate passed through the early stages of the disease, Jim was very surprised at his initial response. His first reaction was denial. That was soon followed by fear and many of the other usual stages of grief.

At some point, several of Jim’s daughters suggested that he join an Alzheimer’s caregivers’ support group and he reluctantly agreed. He said that he joined because he had nothing to lose and he could always leave if the group didn’t meet his needs. In hindsight, joining the Caregivers Support Group, sponsored by the Alzheimer’s Association, greatly benefitted Jim and, more importantly, Kate.

Jim soon came to realize that he was not alone in his situation and that there is much assistance available for caregivers. He learned how other caregivers dealt with many of the same situations he was facing and that his feelings of frustration and confusion were not unique. With the assistance of the group, Jim gradually began to accept the harsh realities of the disease, which included the fact that he and Kate could no longer engage in the activities they once enjoyed together, such as traveling, going to the theater and movies, and attending the many events surrounding their 21 grandchildren and eight great-grandchildren.

Jim’s goal was to make Kate as comfortable as possible, to provide support, to engage in communication – although usually one-sided – and to share pictures and stories of past significant family events.

Jim met many wonderful people in his support group who helped him learn a great deal about himself. He learned that he was not as patient as he thought he was and that he thrives in a more positive, upbeat environment, which is far from what his situation actually was at the time. Perhaps, most importantly, he learned the meaning of true love.

Every day Jim hoped and prayed for a breakthrough. He still questions why such an illness would have happened to a wonderful person like Kate, but he accepts the fact that it did. He is also positive that there is life after Alzheimer’s.

As a result of his experiences, Jim became a trained Alzheimer’s Caregivers Support Group facilitator, and he now facilitates a group at Phelps. He feels that if even one member of his group gains something from his insights, both he and Kate have accomplished something worthwhile.
Telehealth Program Helps Improve Patient Health

In early 2015, Phelps launched a telehealth pilot project in collaboration with the Visiting Nurse Association (VNA) of Hudson Valley. All program participants are patients of Phelps Medical Associates providers who were chosen based on their need for chronic disease management or risk for repeat hospitalizations.

During the first nine months of the program, 82 patients received in-home monitoring of their blood pressure, pulse, weight and oxygen level. Working closely together, the VNA telehealth nurse and Phelps Medical Associates providers are helping patients improve their health.

Although patients generally use telehealth for a month or two while working toward a specific goal, some need to remain in the program for a longer period of time. Through a combination of daily monitoring, education and the implementation of lifestyle changes, patients are improving their health. Patients with multiple chronic conditions have been able to decrease both their blood pressure and blood glucose levels through greater compliance with their treatment plan.

Telehealth also offers participants education tailored to their diagnosis and one-on-one video chat health coaching with a telehealth nurse. As a result, many have reported making beneficial lifestyle changes such as reducing sodium intake and increasing physical activity. These changes have led to weight loss and corresponding drops in blood pressure and blood glucose levels. As one patient explained, “Working with the telehealth program gave me comfort and made me aware of my blood pressure and weight.” The patient lost 15 pounds and increased his activity by walking, and he hopes to start jogging after he loses more weight.

And, said another patient, “With the help of the telehealth program I have more knowledge about medication, diet and hypertension.” She has eliminated salt and caffeine from her diet since she’s been in the program.

A significant benefit of telehealth is that changes in a patient’s condition are readily identified, enabling prompt intervention by the patient’s medical practitioner. Patients who become more aware of their health status through daily monitoring begin to take more responsibility for their own health. Once enrolled in the program, patients are more apt to contact their primary care provider about a medical problem right away, rather than waiting until there is a need for emergency care. One patient who used to make frequent trips to the emergency room due to recurrent episodes of anxiety-related chest pain has learned how to manage the condition with relaxation techniques, and her visits to the ER have decreased. For others, daily interaction and weekly video chats with a health professional have boosted their confidence about managing their care at home and provided much-needed socialization. One patient reported a decrease in feelings of depression and an increase in appetite.

To participate in the pilot project, patients must have a Phelps Medical Associates provider and require chronic disease management or be at risk for repeated hospitalizations. While enrolled in the pilot project, the costs of the monitoring services are defrayed by a generous donation from the William Olson Memorial Fund and Phelps’ participation in the federally funded Comprehensive Primary Care Initiative.

For more information on the telehealth program, contact the Vitality program at 914-366-3937 or Phelps Medical Associates Case Management at 914-366-1168.

Vitality for Seniors

Anne Cusack, RN, telehealth nurse, Visiting Nurse Association

Save the Date:

Saturday, September 10, 2016
Active Games for the Mature Adult Age 55+

All Westchester County residents age 55+ are eligible to participate in Active Games for the Mature Adult, hosted by the Town of Mount Pleasant at the Mount Pleasant Community Center in Valhalla. Both competitive and non-competitive sports will be offered. The competitive sports include table tennis, swimming, horseshoes, badminton, shuffleboard, 5K road race and pickleball. The non-competitive events include bocce ball, an obstacle course, and a scavenger hunt. Pre-registration is required and there is a $10 application fee. Participation in some events may be limited. For more information contact Ellen Woods at 914-366-3937 or ewoods@pmhc.us.
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Waldy Malouf

Waldy Malouf is a highly accomplished chef, restaurateur, and author who spent 15 years as co-owner, chief operating officer and executive chef of Beacon Restaurant in New York City. In addition he is known in the New York area for his time as executive chef and director of operations at the Rainbow Room and executive chef at the Hudson River Club and Le Cremaillere. Waldy Malouf now works as the senior director of food and beverage operations at The Culinary Institute of America.

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To purchase tickets go to phelpsevents.org or contact Marissa Coratti, Special Events Manager, at (914) 366-3104 or mcoratti@pmhc.us
Advance Directives: What Everyone Should Know, and Why

April 16, 2016 is National Healthcare Decisions Day (NHDD). While there may be no parades or fanfare, we should all pay attention to this special day. National Healthcare Decisions Day reminds us how important it is to complete or review our Advance Directives (ADs).

These documents indicate whom we appoint to make financial, healthcare and end-of-life decisions for us in the event that we are unable to make those decisions for ourselves, and what those decisions might be. Advance Directives are needed to ensure that choices we make about our own futures will be adhered to.

The following is a brief guide to Advance Directives, with answers to some of the most frequently asked questions regarding them. More information can be obtained from Phelps Memorial Hospital Center, your healthcare provider, your legal advisor, a local government office, and the NHDD website, www.nhdd.com.

What are Advance Directives?
Advance Directives pertain to three main areas:

• The appointment of someone (known as a "proxy," "agent" or "surrogate") to be your voice in making decisions for you. You can appoint alternate proxies.
• A Health Care Proxy can make healthcare decisions for you if you – whether temporarily or permanently – are deemed incapable of speaking for yourself.
• Durable Power of Attorney can make financial transactions on your behalf.
• A "living will" to document the kinds of treatments you would want at the end of life.
• Decision-making directives about specific situations, which include “Do Not Resuscitate” and “Do Not Intubate” orders, Organ Donation wishes and Medical Orders about Life Sustaining Treatment (MOLST).

How do I obtain Advance Directives?
It’s easy to obtain Health Care Proxy and Living Will forms on the following websites: www.nhdd.org; www.health.ny.gov/forms; www.1nyc.gov (includes forms in English, Spanish, Chinese and Russian), www.caringinfo.org; www.ag.ny.gov (includes explanation of the different forms). The forms vary from state to state. In New York State, the Health Care Proxy and Living Will forms do not need to be notarized or reviewed by an attorney. They do need to be co-signed by two witnesses, and you must be over the age of 18 to complete them.
The biggest barrier to completing Advance Directives is likely our reluctance to discuss these issues and to think about a time when we or our loved ones might be incapacitated.

Medical Orders for Life Sustaining Treatment (MOLST) is a New York State advance directive to be completed by you and your doctor. It is available through your physician or hospital.

How do I have a discussion about Advance Directives and healthcare and end-of-life wishes with my family?
The biggest barrier to completing Advance Directives is likely our reluctance to discuss these issues and to think about a time when we or our loved ones might be incapacitated. We are worried about upsetting each other, especially when it comes to talking about end-of-life.

Yet this discussion is vital, because the person who is going to act on your behalf needs clarity about your wishes. Otherwise, that person may have difficulty making choices, or the situation may cause bad feelings. Sometimes it is better to choose a trusted person outside of your family to be your Health Care Proxy to avoid conflicts and protect your loved ones from the burden of difficult decision-making.

Discussions about our healthcare and financial wishes can be some of the most meaningful we have with our families. Not only can these discussions help avoid confusion in the future, they can deepen our understanding of and empathy for each other. It makes us feel secure to know that we will be able to support and help each other when we need it most.

It is best to have discussions about advance directives when all the relevant people are present and there are no distractions. Sometimes it is not possible to have a calm, open conversation about these concerns, and the decision-making may become contentious. A neutral person such as a family mediator who is trained to facilitate this type of dialogue can help in such cases. Referrals to family mediators in your area can be obtained through the Academy of Professional Family Mediators at www.apfmnet.org or 952-999-3437 or the Family and Divorce Mediation Council of Greater New York at www.fdmcny.org.

I don’t need an Advance Directive; I trust my family and healthcare provider to make the right choices when the time comes.
What you consider “the right choice” may be different in the eyes of others. Not having Advance Directives can potentially put a lot of stress on your family or providers, who might have to guess what your wishes would be, often at a time of crisis and emotional turmoil. Your family members may disagree on what to do, which can lead to long-standing arguments or feelings of remorse and guilt. In addition, when there are no Advance Directives, healthcare providers may be forced to pursue expensive treatments and care that do not always meet the desires or best interests of the patient.

I already have Advance Directives. Do I need to update them?
Advance Directives do not have a time limit; they remain valid until you revoke or replace them. However they should be reviewed periodically, with the following in mind:
• Are your Proxies or Powers of Attorney still available and willing to act?
• Have your wishes changed since the last time you reviewed your Advance Directives?
• Does your Proxy really understand your wishes?
• Has your family composition or relationships changed? If your Proxy or Power of Attorney is your spouse and you have since divorced, you need to redo your Advance Directives.
• Are your documents in a safe place, and easily accessible if needed?

National Healthcare Decisions Day is a good time to review these and other important documents!

Please join us on Wednesday, April 13, 2016 from 11:00 am-2:00 pm outside the Phelps Memorial Hospital Cafeteria, where members of the Phelps Hospice team will be available to answer your questions about Advance Directives. Forms will be available in English and Spanish. For more information, contact Phelps Hospice at (914) 366-3325.
Phelps Hospice: More than I could ever have imagined

By Nancy Dana Gold

In early October, when my husband, David Kornreich, was hours away from death, the hospice aide pulled back his covers to show me that his hands were clasped peacefully, one over the other on his abdomen, in a state of perfect repose. “Did you arrange them like that?” she asked. “No,” I replied, “did you?” Neither of us had, which meant that David had brought them together himself in a way that spoke eloquently of his readiness to die.

Just one month earlier, we had kept an appointment with an oncologist at Sloan-Kettering, at which time chemotherapy was scheduled to begin. In the course of our conversation, David asked the doctor, “Given my current condition, what are the chances that chemo would be successful?” She said, “About twenty percent.” We looked at each other and agreed that those were lousy odds. He declined the therapy, knowing full well what that meant.

From Sloan, we went directly to the Phelps Hospice office at the James House and signed the papers necessary to give them responsibility for his care. Knowing that he was already weakened from surgery and radiation, I felt a huge sense of relief that he wouldn’t have to suffer through chemotherapy. All he said was, “Now we can get on with the dying.”

It turned out that David’s openness about the fact that he didn’t have long to live was a great gift to me, to our children and to our friends. It allowed us to be honest with him, to have real conversations with him and to let him know how much he meant to us.

What we couldn’t have known was the untold number of ways that Phelps Hospice would support us, dealing openly and honestly with the situation we were facing. From that first day on, they were always there for us, at every hour of the day or night, providing comfort, care, support and helpful information as we took this last journey together.

In orienting us to “being on hospice,” the nurses and social workers who came to the house made one thing very clear – we were to call hospice first, no matter what the problem or the need or the hour. Things started happening like magic. A hospital bed was installed upstairs, oxygen tanks appeared in the front hall, nurses came every other day or more, health aides trained by hospice provided loving personal care, and medications and nursing supplies were delivered to our door.

Basically, hospice lifted the burden and the stress of having to coordinate David’s care off my shoulders. We were able to relax in those last few weeks and just be together, with visits from friends and family that meant a lot to both of us.

Because members of the hospice team were so experienced and knowledgeable about the process of dying, they could help us understand what was happening and what we should anticipate. They made it possible for David to have a good, peaceful death in the comfort and ease of our home, and for this I will always be grateful.

One of the great strengths of Phelps Hospice is the way in which they help meet the needs of the entire family. We were visited by the hospice chaplain and the social worker, as well as being offered massage, Reiki and counseling.

Since David died, I’ve been surprised to learn that the hospice experience doesn’t quit. Various staff members have called to see how I am doing, and I’ve received helpful mailings about coping with grief. In December, I joined hundreds of families at the hospital for the annual “Tree of Lights” event, at which points of light are lit in memory of all departed loved ones. As I write this, I am looking forward to joining a bereavement support group which hospice offers to everyone in the community.

I encourage readers who are facing an end-of-life situation to get in touch with hospice as early as possible. Believe me, it will be more than you could ever have imagined.

Founded over thirty years ago, Phelps Hospice stands at the heart of the compassionate care Phelps Hospital is known for. Hospice care is covered by Medicare, Medicaid and most private insurance plans, but services at Phelps are never denied for financial reasons.

To learn more, go to www.phelpshospital.org/clinical-services/hospice/ or call 914-366-3325.
Recognitions

Phelps has been named a Screening Center of Excellence by the Lung Cancer Alliance, joining a network of more than 250 screening centers across the U.S. committed to responsible lung cancer screening. The Lung Cancer Alliance is the oldest and leading non-profit organization dedicated to saving lives and advancing research by empowering those living with or at risk for lung cancer. “Phelps is dedicated to providing patients with the highest quality care, and we are thrilled to be part of this elite group,” says Avraham Merav, Chief of Thoracic Surgery at Phelps and Director of the Westchester Lung Nodule Center. “Low-dose CT screening has shown to be the only proven method to detect lung cancer at an early and treatable stage.”

Each of the Lung Cancer Alliance Screening Centers of Excellence is required to:

1. Provide clear information on the risks and benefits of CT screening
2. Comply with standards based on the most up-to-date best practices for managing screening quality, radiation dose and diagnostic procedures
3. Work collectively as a multi-disciplinary team or refer patients as appropriate to a multidisciplinary team to carry out the process of screening, diagnosis and continuum of care
4. Refer patients who still smoke to a smoking cessation program
5. Provide results of the screening scans to the patient or referring physician as appropriate in a timely manner

These standards are based on best practices developed by professional bodies including the American College of Radiology, the National Comprehensive Cancer Network and the International Early Lung Cancer Action Program.

Above photo:
The lung cancer screening team: Thomas Okoniewski, CT Supervisor, Radiology; Avraham Merav, MD, Chief of Thoracic Surgery; Neeta Sethi, RNFA, Surgery; Janette Palmieri, Administrative Assistant, Thoracic Surgery; Bruce Siegel, MD, Radiologist; Robert Perelman, MD, Director of Radiology; Michelle Morrow, Coordinator, Imaging and Therapeutic Services, Radiology; Ben Siniscalchi, Manager, Radiology.
Phelps has been recognized as a 2014 Top Performer on Key Quality Measures® by The Joint Commission, the leading accreditor of healthcare organizations in the United States. The recognition is based on the hospital’s success in attaining and sustaining excellence in six areas of measurable performance: heart attack, heart failure, pneumonia, surgical care, hospital-based psychiatric care and immunizations.

Phelps is one of only 1,043 hospitals out of more than 3,300 eligible hospitals in the United States to achieve the 2014 Top Performer distinction and one of only four in Westchester County. Phelps was recognized as a 2013 Top Performer last year in the categories of heart attack, heart failure, pneumonia and surgical care.

To be named a Top Performer, Phelps had to meet the following performance criteria based on 2014 accountability measure data:

- Achieve cumulative performance of 95 percent or above across all reported accountability measures;
- Achieve performance of 95 percent or above on every reported accountability measure with a minimum of 30 applicable cases; and
- Have at least one core measure set with a composite rate of 95 percent or above, and within that set, achieve a performance rate of 95 percent or above on all applicable accountability measures.

“Phelps has been recognized by The Joint Commission for its commitment to achieving and sustaining excellence in patient care,” says Daniel Blum, Phelps President & CEO. “This recognition is a testament to the hard work and dedication of our staff, and it underscores the importance of providing high-quality, patient-centered care.”

Phelps Memorial Hospital Center Achieves Niche “Exemplar” Status for Its Efforts to Improve Care for Older Adult Patients

Phelps has achieved “Exemplar” status, the highest of four possible program levels, for its NICHE (Nurses Improving Care for Healthsystem Elders) program, designed to help nurses provide specialized care to patients age 65 and older. The “Exemplar” status recognizes Phelps’ ongoing, high-level dedication to providing the highest quality, most appropriate care to older adults. Phelps is one of only 10 hospitals in New York State to achieve this status.

The Exemplar status was attained following a rigorous evaluation of Phelps’ current NICHE program and its future goals for the program. The requirements include implementing the NICHE Geriatric Resource Nurse (GRN) model and evidence-based protocols on all applicable hospital units; applying aging-sensitive policies; incorporating input from patients, families and other healthcare providers in the development and execution of NICHE initiatives; and assuming regional and national leadership roles.

“The NICHE designation and the ‘Exemplar’ status signal our resolve to provide high-quality, patient-centered care for older adults,” says Cheryl Burke, MS, MBA, RN-BC, WCC, NICHE coordinator at Phelps. “Through our participation in the NICHE program, we are able to offer approaches that promote better outcomes, positive experiences, and improved care for our older patients. This leads to greater satisfaction rates for our patients, their families and our staff.”

NICHE is an international program based at NYU College of Nursing whose mission is to provide principles and tools to stimulate a change in culture in healthcare facilities to enable them to achieve patient-centered care for older adults. There are more than 620 hospitals and healthcare organizations from the U.S., Canada, Bermuda and Singapore in the NICHE network.
Recognitions

Two Phelps Physicians Named “Doctors of Distinction”

Two Phelps Memorial Hospital Center physicians were honored at the third annual “Doctors of Distinction” awards ceremony in October, held at the Bristal in Armonk and sponsored by Westfair Communications and Citrin Cooperman.

“We are particularly proud that two of the six doctors honored this year are members of the Phelps medical staff,” said Daniel Blum, Phelps President and CEO. “Our congratulations go to all the honorees, but especially to Dr. Mark Russakoff and Dr. Craig Zalvan for these well-deserved awards.”

Dr. Russakoff, who received the “Leadership in Medical Advocacy Award,” has served as director of psychiatry at Phelps since 1994, where he has overseen the development of Phelps’ inpatient chemical dependency rehabilitation services and the expansion of outpatient substance abuse services. Prior to joining Phelps, he was the deputy and clinical director of the New York State Psychiatric Institute, a hospital and research institution. He is chairman of the Ethics Committee of the Psychiatric Society of Westchester and chairman of the Committee on Economic Affairs of the New York State Psychiatric Association.

Dr. Zalvan, a laryngologist and medical director of the Institute for Voice and Swallowing Disorders at Phelps, which he helped create, received the “Humanitarian Award.” Throughout the year, Dr. Zalvan performs free screenings to area residents to identify disorders of the throat. He provides treatment to the underserved and uninsured not only in this region, but also in Peru and Ecuador, where he has volunteered numerous times, providing surgery for cleft lips and palates and vocal disorders. In April 2015 he led a team to Lima, Peru, to teach current U.S. laryngology techniques to Peruvian ENT physicians.

Phelps Receives Accreditation in Echocardiography from the Intersocietal Accreditation Commission

The Phelps Cardiovascular Laboratory has been granted a three-year term of accreditation in echocardiography in the areas of adult transthoracic testing, adult transesophageal testing and adult stress testing by the Intersocietal Accreditation Commission (IAC). The lab is fully accredited in all of the cardiovascular testing services it provides.

IAC accreditation followed a thorough review of the lab’s operational and technical components by a panel of experts. The IAC grants accreditation only to facilities that are found to provide quality patient care in compliance with national standards through a comprehensive application process including detailed case study review.

Early detection of life-threatening heart disorders and other diseases is possible through the use of echocardiography procedures. There are many facets that contribute to an accurate diagnosis based on echocardiography testing: the skill of the sonographer performing the exam, the type of equipment used, the background and knowledge of the interpreting physician, and the quality assurance measures in place.

“I feel that this accreditation is an affirmation of our department’s high-quality standards. It reflects the excellence in echocardiography that our staff and physicians demonstrate daily,” says Tim Wages, Senior Administrative Director of Ancillary Services at Phelps.

Craig Zalvan, MD, and Mark Russakoff, MD

Senior Administrative Director of Ancillary Services Tim Wages with Cardiovascular Lab Supervisor Neha Makhijani, RVT, right, and echo technologists Simone Bonetti, RCS, Tatyana Stepanova, RCS, and Barbara Montero, BS
New Medical Suite Opens in Dobbs Ferry, Croton Facility Expands

A beautiful new medical facility has been established at **11 Ashford Avenue in Dobbs Ferry** above Walgreens. Phelps Medical Associates primary care and cardiology practices have moved from their previous locations on Ashford Avenue to this state-of-the-art facility, where they will be joined by additional specialists.

To better meet patient demand for medical services, the Phelps Medical Associates medical suite at **440 S. Riverside Avenue in Croton-on-Hudson** (in the ShopRite Plaza) has been expanded to twice its original size. A ribbon cutting was held in November to celebrate the expansion (914-269-1700).

**In both Dobbs Ferry and Croton**, patients have access to primary care doctors as well as specialists in cardiology, endocrinology, gastroenterology, obstetrics/gynecology and rheumatology.

For increased patient convenience, **Phelps radiology services** are available at both sites, including 3-D mammography, bone densitometry, ultrasound and diagnostic X-ray. Same-day appointments are available for both physician and radiology visits.
A number of physicians have recently joined Phelps Medical Associates:

**Anesh Badiwala, MD**, is board certified in family medicine. He received his medical degree from the American University of Antigua College of Medicine and completed his residency in family medicine at the NYMC Phelps Family Medicine Residency program. In addition to English, Dr. Badiwala is fluent in Spanish, Gujarati and American Sign Language. He sees patients at 362 North Broadway in Sleepy Hollow (914-631-2070).

**Stere Carniciu, MD**, who is board certified in family medicine, has been on the Phelps medical staff since 1997. He received his medical degree at the University of Medicine and Pharmacy in Romania. He completed an internship in anesthesiology at St. Spiridon University Hospital and a residency in neurological surgery at Hospital NR.3, also in Romania, followed by a family medicine residency at Bronx-Lebanon Hospital. In addition to English, he is fluent in Romanian, French and Spanish. His office is at 20 Beacon Hill Drive in Dobbs Ferry (914-591-6888).

**Shameela Chorny, MD**, is board certified in internal medicine. She received her medical degree from Ross University and completed a residency in internal medicine at New York Hospital Queens. Prior to joining Phelps, Dr. Chorny was on the medical staff of Maimonedes Medical Center. In addition to English, she is fluent in Spanish. She sees patients at 200 North Broadway in Tarrytown (914-631-8826).

**Arno D. Housman, MD**, chief of urology at Phelps, has been on the hospital’s medical staff since 1986. Board certified in urology, he received his medical degree from SUNY Downstate Medical Center and completed two residencies, one in general surgery at Kings County Hospital Center and the other in urology at Yale School of Medicine. Dr. Housman is an expert in performing Green Light XPS laser surgery for enlarged prostate, and is among the first in the region to provide this innovative treatment. His practice is on the Phelps campus in Suite 417 of the 755 Building (914-366-5330).

Phelps Medical Associates, the hospital’s primary and specialty care medical group, provides high-quality, personalized medical care at practices conveniently located on the hospital campus and in the surrounding communities. In addition to offering primary care, the group has specialists in cardiology, endocrinology, gastroenterology, geriatrics, neurology, obstetrics/gynecology, podiatry, rheumatology, thoracic surgery, urology and wound healing. For patients who are having difficulty managing their medications, Phelps Medical Associates has a dedicated pharmacist who offers in-person or phone consultations.

To make an appointment with a Phelps Medical Associates physician, call 914-269-1900 or visit phelpsmedicalassociates.org.
March

Friday, March 18, 2016
Balance Strategies and Self-Assessment
Understand your balance and find out if you are at risk of falling. You’ll learn balance exercises and strategies to use at home from therapists who are certified in vestibular (balance) therapy.

Sheetal Shenoy, OTR/L
Puja Agarwal, PT, DPT

11:00 am – 12:30 pm; Auditorium
Call 914-366-3700 to register.

Tuesday, March 29, 2016
Controlling the Pain of Arthritic Knees Without Surgery
Orthopedic surgeon J. Robert Seebacher, MD, will discuss a non-surgical therapy that often helps people with arthritic knees maintain active lifestyles while postponing – or eliminating – the need for surgery. Learn how injections and exercise can enable reconditioning and reduce inflammation and pain.

J. Robert Seebacher, MD
Medical Director of the Phelps Joint Replacement Service

6:30 pm; Auditorium
(light refreshments at 6:00 pm)
Call 914-366-3100 to register.

April

Tuesday, April 12, 2016
What’s New in Knee Replacement?
Many of us have reached the age where our knees are “giving out” and knee replacement is becoming more and more common. Learn about new technology and advances in knee replacement, including robotically-assisted knee replacement.

Jason Hochfelder, MD
Orthopedic Surgeon

6:00 – 7:30 pm; Auditorium
Call 914-366-3100 to register.

Thursday, April 14, 2016
Speech Therapy for Parkinson’s Patients: Think LOUD, Speak LOUD
Join graduates of LSVT LOUD and learn about this intensive speech therapy program for individuals with Parkinson’s disease.

Andrea Bracciate-Ely, MS Sp, CCC-SLP
Senior Speech-Language Pathologist

10:30 – 11:30 am
Walkway Conference Room
Registration is required.
Call 914-366-3010 to register.

Friday, April 15, 2016
Screening for Nasal Allergies and Sinusitis
Come and learn if your nasal congestion, runny nose, postnasal drip, decreased sense of smell or headaches could be due to sinusitis and/or allergies.

Deya Jourdy, MD, Otolaryngologist

8:30 – 10:00 am
Walkway Conference Room
Registration is required.
Call 914-366-3010 to register.

Friday, April 15, 2016
LSVT BIG: Movement Therapy for People with Parkinson’s
Learn about this research-based exercise program for people with Parkinson’s disease that helps improve balance and smoothness of movement while increasing strength and range of motion in the arms and legs. Presented by LSVT-certified physical therapists.

Ronald Lynch, PT
Leslie Sims, PT
Alfred Banan, PT

11:00 – 12:00 pm
Atrium Conference Room
Registration is required.
Call 914-366-3700 to register.

Monday, April 18, 2016
Screening Clinic for Throat Problems: Cough, Reflux, Hoarseness
This screening clinic is for those with chronic throat problems, trouble swallowing, a lingering cough or voice changes.

Craig Zalvan, MD, Laryngologist
(voice, swallow and cough specialist)

8:30 – 10:00 am
Registration is required.
Call 914-366-3010 to register.
Thursday, April 28, 2016
Swallow Screenings
Do you sometimes feel food or liquid going down the wrong way or coming back up? Does food get stuck? Do you have pain when you swallow? If so, you should attend this free swallow screening.

Lynne Marie Gagne-LeBlanc, MS, CCC-SLP
Andrea Bracciante-Ely, MS Sp, CCC-SLP
Paula Dinu, MS, CCC-SLP

9:30 am – 12:00 pm
Walkway Conference Room
Registration is required. Call 914-366-3010 to register.

May

Thursday, May 5, 2016
Fall Prevention at Home
Learn about how to make your home safer to prevent falls. Presented by therapists who are certified in vestibular (balance) therapy.

Sheetal Shenoy, OTR/L
Puja Agarwal, PT, DPT

1:00 – 2:30 pm; Auditorium
Call 914-366-3700 to register.

Tuesday, May 10, 2016
What’s New in Knee Replacement?
Many of us have reached the age where our knees are “giving out” and knee replacement is becoming more and more common. Learn about new technology and advances in knee replacement, including robotically-assisted knee replacement.

Jason Hochfelder, MD
Orthopedic Surgeon
6:00 – 7:30 pm; Auditorium
Call 914-366-3100 to register.

June

Tuesday, June 7 and Thursday, June 9, 2016
Free Skin Cancer Screenings
A dermatologist will visually examine your skin for the presence of abnormal tissue and let you know if further testing is advisable.

Tuesday, June 7, 2016
1:00 – 3:00 pm
Alison Stallings, MD

Thursday, June 9, 2016
9:00 – 11:30 am
Jeffrey Sturza, MD

Appointments are required. Call 914-366-3577.

Monday, June 13, 2016
Balance Screening
If you are having trouble with dizziness or imbalance, this is an opportunity to meet with a specialist about your balance problems and receive guidance on the next steps for evaluation.

Cameron Budenz, MD
Medical Director of the Phelps Balance Center
8:30 – 10:00 am
Registration is required. Call 914-366-3010 to register.

Ongoing Programs & Support Groups

Pulmonary Fibrosis Support Group
A free, interactive support group meeting the second Tuesday of every month for people with all types of pulmonary fibrosis, sponsored by Phelps and the Pulmonary Fibrosis Foundation. Each month’s meeting provides an open forum for discussion on topics of interest. Participants who use oxygen may switch to the hospital’s supply during the meeting. Light refreshments are served. Reservations are required.

12:00 – 1:00 pm; Pulmonary Lab
Call 914-366-3712 to register for a meeting on March 8, April 8, May 10 or June 14.

Better Breathers Club
A free, interactive support group for people with breathing disorders, sponsored by Phelps and the American Lung Association. Each meeting features a presentation on a pertinent topic. Participants who use oxygen may switch to the hospital’s supply during the meeting. Light refreshments are served. Reservations are required.

12:00 – 1:00 pm; Pulmonary Lab
Call 914-366-3712 to register for a meeting on March 8, April 8, May 10 or June 14.
Bereavement Support Group and Book Club
This new support group and book club for adults struggling with the loss of a loved one will be reading Judy Tatelbaum’s The Power to Grieve. The group meets 6 consecutive Thursdays. Facilitated by Bereavement Coordinator Bess Steiger, LCSW. Suggested donation: $10 per session.

2:30 – 4:00 pm
April 7, 14, 21, 28, May 5 and 12
755 Building, Room 235
Registration is required.
Call 914-366-3325 to register or email bsteiger@pmhc.us.

Look Good . . . Feel Better®
This free, 2-hour workshop, held monthly at Phelps, teaches beauty techniques to women undergoing cancer treatment. The workshop includes a hair consultation with a professional stylist and a makeup consultation with a cosmetologist. Attendees can take home a complimentary wig and a make-up kit donated by cosmetic companies. The program is offered in partnership with the American Cancer Society, The National Cosmetology Association, and the Cosmetic, Toiletry and Fragrance Association (CTFA) Foundation.

6:00 – 8:00 pm
755 Building, Room 545
Registration is required.
Call 914-366-3315 or 914-366-3421 to register for an upcoming session on March 7, April 4, May 2 or June 6.

Osteoporosis Support and Education
A free monthly group program held the second Thursday of the month for individuals with osteoporosis, providing education on nutrition, exercise and activities of daily living.

11:00 am – 12:30 pm; Boardroom
Call 914-366-2270 to register for an upcoming session on March 10, April 14, May 12 or June 9.

Alzheimer’s Caregivers Support Group
Alzheimer’s disease is life changing, both for those who are diagnosed and those close to them. The Alzheimer’s Caregivers Support Group, meeting the second Friday of every month, provides a safe place for caregivers, family and friends of persons with dementia to meet and develop a mutual support system.

10:00 – 11:30 am
755 Building, Room 545
Call the Alzheimer’s Association at 800-272-3900 or 914-366-3937 to register for upcoming sessions on March 11, April 8, May 13, June 10, July 8, August 12 or September 9.

Wednesday, May 4, 2016
Spirituality Program: “The Eastern Spirit for the Western Mind”
In Western religious traditions, especially the “people of the book” (Judaism, Christianity and Islam) there is a great reliance on sacred scripture and rules that have evolved over centuries, yet Western religions have borrowed from Eastern traditions (Buddhism, Hinduism, Taoism, Sikhism) with a different approach to faith. This workshop will explore some of the values and practices of Eastern traditions and how they enrich our lives.

9:00 am – 10:30 am in the Auditorium
To register, call 914-366-3937.

Vitality for Seniors

Tuesday, April 5, May 3 and June 7, 2016
Elder Law Series
Vitality is hosting a three-part series on planning for your future. Whether you are in the early stages of planning your retirement or already retired, the programs will provide valuable information to guide you along in the process.

6:00 – 7:30 pm; Auditorium
For information or to register, call 914-366-3937.

Friday, April 29, 2016
Demystifying Medicare
The program will present the different Medicare plans. You will receive information on the costs and benefits of each plan to allow you to make informed decisions on your coverage. Topics will include Original Medicare, Medicare Advantage Plans, prescription drug plans, Medigaps (supplemental plans), and cost-saving programs like EPIC that can help seniors with limited resources.

The program will help people currently enrolled in Medicare, as well as those soon to be 65, planning their retirement, or assisting relatives and friends with their medical decisions.

9:00 am – 12:30 pm; Auditorium
To register call 914-366-3937.

Ongoing Vitality Programs

Mind Games
1st Wednesday of the month
Breakfast Club
2nd Thursday of the month
Senior Steps
3rd Tuesday of the month
For information, call 914-366-3937.
Maternity and Baby Care Classes

The Childbirth Experience/ LaMaze Method
Wednesday evenings
7:30 – 10:00 pm for 4 weeks
Start dates:
March 30, April 27 and May 25
OR 2-day weekend sessions
10 am – 3 pm
March 12-13, April 9-10, May 21-22
and June 11-12
Cost: $170 per couple

Breastfeeding: First Choice for Babies
March 3, April 4, May 5 or June 6
7 – 9 pm
Cost: $45 per couple

ABCs of Baby Care
March 17, April 14, May 12 or June 16
7 pm
Cost: $65 per couple

Totsaver Program: American Heart Association CPR for Family and Friends
March 5, April 2, May 7 or June 4
9 am – 2 pm
$55 per person
For up-to-date schedule,
visit www.phelpshospital.org
or call (914) 366-3382 for information or to register.

Prenatal Clinic:
Phelps Memorial Hospital Center and Open Door Family Medical Center, participants in the Medicaid Prenatal Care Assistance Program, jointly sponsor a Prenatal Program. Care for expectant mothers is provided by a highly trained, caring, bilingual staff. No one is turned away based on income or health insurance. Women are encouraged to seek prenatal care early in their pregnancy. Care is provided at Open Door during the first 36 weeks of pregnancy and at Phelps Memorial Hospital during the remainder of the pregnancy and for delivery. For information, call: (914) 941-1263.

Atención Prenatal:
Phelps Memorial Hospital Center en Sleepy Hollow y Open Door Family Medical Center, participantes en el Programa de Asistencia de Atención Prenatal de Medicaid, auspician conjuntamente un Programa Prenatal. La atención de mujeres embarazadas es provista por un personal bilingüe y solidario, altamente capacitado. No se rechaza a nadie basándose en sus ingresos económicos o seguro. Se alienta a las mujeres a recibir atención prenatal lo más temprano posible durante su embarazo. La atención es provista en Open Door durante las primeras 36 semanas del embarazo y en Phelps Memorial Hospital durante el resto del embarazo y el parto. Para mayor información, sírvase llamar al: (914) 941-1263.

Cancellation policy:
Registrants are entitled to a full refund if cancellation is requested up to 1 week prior to start of class, and a 50% refund after that date.
¿Por qué me duele la rodilla?

Por Jason Hochfelder, MD

El dolor de rodillas, desafortunadamente, es común en personas de todas las edades. Varias afecciones o lesiones pueden ocasionar el dolor, y cada uno se trata de manera diferente. A continuación, verá algunas de las razones por las que le puede doler la rodilla.

Artritis: tres tipos comunes

Osteoartritis, el tipo más común de artritis, es una afección de “desgaste” que ocurre cuando el tejido duro y resbaloso que cubre los extremos de los huesos se deteriora. En una rodilla no artrítica, este tejido, llamado cartílago, actúa como amortiguación. Sin el cartílago, los huesos de las articulaciones se frotan más de cerca, resultando en dolor, inflamación y rigidez. Aunque la osteoartritis puede ocurrir en personas jóvenes, es más común después de los 45 años y las mujeres la desarrollan más a menudo que los hombres. La rodilla es una de las articulaciones más afectadas.

Con la artritis post-traumática, el desgaste de una articulación se acelera con una lesión física que resulta de un deporte, un accidente automovilístico, una caída u otro trauma físico. Los síntomas incluyen dolor en la articulación, inflamación y rigidez.

Artritis inflamatoria, que es usualmente ocasionada por un sistema inmunológico deficiente, causa dolor y rigidez, particularmente en la mañana o después de períodos de inactividad. La rigidez matutina tipicamente dura más de una hora.

Tratamiento para la artritis

Una medida que puede tomar para aliviar los síntomas de las rodillas artríticas es bajar de peso, porque cada libra de peso adicional que tenga añade de 3 a 4 libras de peso adicional en sus rodillas. Bajar hasta una pequeña cantidad de peso puede reducir el dolor significativamente.

El dolor también se puede tratar con analgésicos de venta libre y medicamentos antiinflamatorios, pero verifique con su médico antes de tomarlos más de 10 días, porque el uso extendido de estos medicamentos aumenta la probabilidad de efectos colaterales.

Si se necesita más tratamiento, puede beneficiarse con varios tipos de inyecciones en la rodilla. Se puede inyectar cortisona para reducir la inflamación o se puede usar ácido hialurónico para lubricar las articulaciones. Dos tratamientos relativamente nuevos son las inyecciones de células madre para intentar regenerar el cartílago y acelerar la sanación o de plasma rico en plaquetas (PRP), que aisla las características antiinflamatorias y los factores de crecimiento de la misma sangre del paciente para que utilice la capacidad natural del cuerpo para sanar.

Si el dolor de rodillas se vuelve lo suficientemente severo como para afectar su calidad de vida y otros remedios no
Un giro o vuelta brusca de la rodilla, o hasta arrodillarse o hacer una sentadilla baja, a veces ocasionan que los meniscos se desgarren.

**Desgarre de menisco articular**

¿Ha escuchado a alguien decir que se “desgarró el menisco” y se preguntó qué era eso? Cada rodilla tiene dos pedazos de cartílago en forma de C llamados meniscos que brindan amortiguación entre la tibia y el fémur. Un giro o vuelta brusca de la rodilla, o hasta arrodillarse o hacer una sentadilla baja, a veces ocasionan que los meniscos se desgarren. El desgarre causa dolor, inflamación y rigidez, y puede haber chasquido, contracción, tronido, bloqueo o una incapacidad de extender la rodilla completamente.

El riesgo de un desgarro agudo de menisco es alto entre atletas, especialmente entre los que practican deportes de contacto, como fútbol americano o deportes donde hay giros, como el tenis o el baloncesto.

A veces el descanso, hielo y los medicamentos antiinflamatorios darán el alivio suficiente para permitir que la lesión sane por sí sola, pero a menudo será necesaria una cirugía artroscópica. Mediante una pequeña incisión, el cirujano inserta un artroscopio, que tiene una luz y una pequeña cámara para transmitir una imagen de la parte interior de la rodilla en un monitor. Esto permite al cirujano ver la rodilla y realizar la cirugía mediante el artroscopio, si es necesario. Si no es posible reparar el menisco desgarrado, se puede recortar quirúrgicamente en un procedimiento llamado menisectomía parcial. Después de la cirugía, le darán ejercicios para ayudarlo a recuperar la fuerza y estabilidad.

Cuando ocurre un desgarre en personas con artritis en fase final, se llama [desgarre degenerativo](#) que resulta de años de desgaste de las rodillas. Los desgarres degenerativos se tratan en forma muy parecida a la artritis de la rodilla.

**Defecto focal del cartílago**

Una lesión en el cartílago de la rodilla puede desarrollarse gradualmente con el transcurso del tiempo por estrés debido a la mecánica inadecuada o alineación de las piernas (piernas arqueadas o rodillas valgas), o puede ocurrir repentinamente por una lesión traumática como un golpe en una rodilla en un accidente. El defecto focal del cartílago a menudo afecta a personas jóvenes que no tienen cambios artríticos en sus rodillas.

Los síntomas típicos de un defecto focal del cartílago son dolor e inestabilidad ocasional. Puede haber un “bloqueo momentáneo” si un pedazo de cartílago se ha despegado y está atrapado dentro de la rodilla.

El tratamiento más conservador incluye modificaciones en la actividad y medicamentos antiinflamatorios. Sin embargo, los defectos generalmente no sanan bien porque el cartílago no contiene tejido vascular, nervioso y linfático o un mecanismo activo de sanación.

Existe una gran variedad de opciones quirúrgicas para tratar el cartílago dañado:

- **Debridamiento artroscópico.** Los pedazos sueltos de cartílago se extraen para prevenir su pinzamiento en la articulación.
- **Microfractura.** Se hacen orificios en el hueso para estimular al cuerpo a regenerar o reparar el área dañada.
- **Implante de cartílago autólogo.** Se toma una biopsia del cartílago saludable del propio paciente y se clona en un laboratorio. Durante un segundo procedimiento, se implantan millones de células clonadas en el defecto.
- **Reemplazo de cartílago.** El área entera del defecto, incluyendo el hueso subyacente, se reemplaza con un cartílago artificial o de un donador, u ocasionalmente con cartílago que se transfiere de un área no esencial de la propia rodilla del paciente.

Ocasionalmente los procedimientos anteriores se combinan con una osteotomía, que implica cortar y reposicionar el hueso en la alineación anormal correcta o aliviar el estrés del área dañada.

**Bursitis**

Una bursa es una bolsa llena de líquido que amortigua los puntos entre los músculos, tendones y huesos. La inflamación de la bursa, llamada bursitis, puede ser muy dolorosa. Cada rodilla tiene 11 bursas, pero la bursitis de la rodilla ocurre más a menudo sobre la rótula o la parte interna de la rodilla debajo de la articulación. El tratamiento usual es descanso, hielo, compresión y medicamentos antiinflamatorios. Se pueden requerir varios meses para que la bursitis mejore, pero usualmente se resuelve por sí sola y no requiere cirugía. Ocasionalmente, se puede administrar una inyección de cortisona o de otro agente antiinflamatorio.

**Tendinitis**

Los tendones de la rodilla son cordones gruesos que unen los músculos con el hueso. Los atletas que corren y saltan mucho a menudo desarrollan inflamación e hinchazón de estos tendones debido al abuso. Los atletas de más edad cuyos tendones han perdido elasticidad tienen mayor riesgo de desarrollar tendinitis. Los tendones que se irritan más comúnmente son la rótula (en la parte delantera de la rodilla) y el tendón de los cuádriceps (arriba de la rótula).

Continued on Page 38
Si tiene tendinitis, se recomienda el método de tratamiento R.I.C.E.: Reposar, la rodilla, Hielo en la rodilla para reducir el dolor, la inflamación e hinchazón (envuelva hielo en una toalla y limite a 20 minutos a la vez). Compresión (envuelva ligeramente la rodilla mientras aplica el hielo) y Elevation de la pierna. Se deben modificar las actividades hasta que los síntomas desaparezcan. Se pueden tomar medicamentos antiinflamatorios. En raras ocasiones, la tendinitis persiste o se vuelve recurrente. En estos casos, se podría necesitar una inyección.

Esguince de rodilla o desgarre del tendón o ligamento

A veces, una lesión repentina que resulta de un giro o una caída puede estirar o hasta parcialmente rasgar uno de los muchos ligamentos o tendones de la rodilla. Dichos esguinces y desgarres parciales usualmente se resuelven con descanso. En los casos más severos, cuando la rodilla es inestable, puede ser necesario usar un aparato ortopédico. Si los ligamentos o tendones están completamente desgarrados, se puede necesitar una cirugía para repararlos o reemplazarlos.

Su espalda

Los nervios de la parte baja de la espalda que se comprimen debido a artritis de la columna lumbar o a discos herniados puede provocar dolor en una rodilla si el nervio comprimido es un nervio que va a la rodilla. La molestia es un dolor radiante que se origina en la espalda o parte superior de la pierna. Se requiere un médico sagaz para diagnosticar este tipo inusual de dolor de rodilla, porque los resultados de las radiografías y resonancias son normales.

Su cadera

Hay muchos nervios que viajan a lo largo de la cadera que continúan hacia abajo y sobre la rodilla, así que el dolor de cadera también se puede sentir en la rodilla. Cada vez que vea a un médico por dolor en la rodilla, él o ella deben siempre examinarle las caderas para asegurar que no están rígidas o que el movimiento de sus caderas no reproduce el dolor en la rodilla.

¡Noticia excelente sobre reemplazo de rodilla!

El primer reemplazo de rodilla asistido robóticamente en la región fue realizado recientemente en Phelps Memorial Hospital por el cirujano ortopédico Jason Hochfelder, MD. Hasta ahora, esta técnica de vanguardia para pacientes con artritis avanzada de rodilla no estaba disponible en ninguna parte en el Estado de Nueva York al norte de Manhattan.

La técnica, que usa la tecnología de "transformación de hueso", genera una imagen 3D de la anatomía del paciente en tiempo real, lo que permite al cirujano posicionar precisamente el implante y alinear óptimamente la pierna. La mejor alineación puede reducir la necesidad de una cirugía de revisión, mejorar la función articular y aumentar la vida del implante.

El Dr. Hochfelder dará una presentación sobre esto y otras nuevas tecnologías y avances en reemplazo de rodilla el martes, 12 de abril y el martes, 10 de mayo a las 6:00 pm en el Auditorio de Phelps. Para asistir, llame al 914-366-3100.

Fractura por estrés y fractura por insufficiencia subcondral

Una fractura por estrés es ocasionada por impacto repetitivo y a menudo se ve en las personas que entrenan para carreras de larga distancia. El dolor está presente cuando se camina y se corre, pero usualmente no está presente al estar sentado o acostado. Una fractura por estrés es una fractura incompleta, por lo que generalmente no requiere cirugía. Sin embargo, puede existir la necesidad de un periodo de no sostener peso con el uso de muletas e inmovilización con una férula o bota ortopédica.

Una fractura por insufficiencia subcondral a menudo se ve en pacientes mayores con huesos debilitados debido a la osteoporosis o a la osteopenia (precursor de la osteoporosis) que también tienen cartílago debilitado o delgado por la artritis. Sin el apoyo de un cartílago fuerte, el hueso debilitado recibe más estrés y se puede colapsar parcialmente. El tratamiento a menudo consiste en periodos de no sostener peso ya sea con el uso de un andador o silla de ruedas y se puede complementar con medicamentos que alienten o apoyen el crecimiento y formación de huesos.

Como las fracturas por estrés y las fracturas por insufficiencia subcondral son fracturas incompletas, usualmente no se muestran en las radiografías sencillas y solo se pueden diagnosticar con una resonancia magnética.

Biografía

El cirujano ortopédico Jason Hochfelder, MD, es experto en reemplazo de cadera y rodilla, en artroscopía de cadera, en preservación del cartílago y procedimientos de restauración de la rodilla y manejo no operatorio de trastornos de la cadera y rodilla. Recibió su título en medicina en la Escuela de Medicina de la Universidad de Nueva York, completó una residencia en cirugía ortopédica en el Hospital del Instituto Ortopédico para Enfermedades de las Articulaciones y una subespecialidad en cirugía de cadera y rodilla en el Instituto Insall Scott Key. Atiende pacientes en 24 Saw Mill River Road en Hawthorne (914-631-7777).

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Comer por dos: las decisiones de nutrición en el embarazo son doblemente importantes

Por Janice Teixeira, DO, MS

El embarazo es un buen momento para que una mujer redoble sus esfuerzos para llevar un estilo de vida saludable. Uno de los factores determinantes más importantes de su salud es el régimen alimenticio. El viejo dicho “somos lo que comemos” es cierto de muchas maneras, y el embarazo es un momento en el que su nutrición no solo la afecta a usted. Es un momento en el que los nutrientes se usan como unidades básicas para formar a su bebé.

El concepto más importante que hay que tener en mente es que los alimentos saludables, no procesados y naturales son la mejor elección en este momento. Mientras más procesado esté un alimento, será más probable que contenga menos nutrientes y más aditivos poco saludables. Los alimentos naturales como frutas, verduras, granos enteros, incluyendo arroz integral y quinoa, frijoles y legumbres, proteínas magras y productos lácteos deben conformar la mayor parte de su régimen alimenticio.

La importancia de la nutrición en el embarazo se destaca particularmente por el muy candente tema de investigación en la actualidad relacionado con la epigenética. La epigenética es el estudio de cómo las influencias ambientales incluyendo el estrés, la contaminación y la nutrición afectan nuestro ADN. Se sabe que el ambiente en el embarazo y en la primera infancia prepara a un niño para una vida de salud o enfermedad. Con este conocimiento, es importante hacer un esfuerzo aun mayor para proporcionar un ambiente saludable en el útero mediante una buena nutrición, control del estrés y evasión de contaminantes para reducir las enfermedades y preparar a nuestros hijos para el éxito en la siguiente generación.

El otro concepto igualmente importante del que hay que estar consciente es que los requisitos calóricos en el embarazo no son considerablemente mayores a las necesidades nutricionales básicas de una mujer. A partir de la última parte del segundo trimestre, una mujer necesita aproximadamente 300 calorías más de la ingesta diaria usual. Esto es casi igual a dos piezas de pan integral y un huevo. Al inicio del embarazo, las necesidades calóricas arriba de las básicas son aun menores. A lo largo del embarazo, las comidas deben ser menores pero más frecuentes, aproximadamente cuatro al día.

Un régimen alimenticio saludable durante el embarazo

Un régimen alimenticio saludable en el embarazo incluye alimentos de los cinco grupos de alimentos que incluyen, granos, proteínas, verduras, frutas y lácteos. El aumento en los requisitos de calorías en el embarazo debe consumirse principalmente en forma de proteínas magras y granos enteros. Cada día, las mujeres embarazadas deben comer de 2 a 3 porciones de verduras, 2 porciones de fruta, por lo menos 3 porciones de granos enteros y 3 porciones de proteína.

La proteína es importante para el crecimiento y desarrollo del feto, especialmente en el desarrollo de tejido muscular y cerebral. En particular, las necesidades de proteína en el embarazo deben ser aproximadamente 75 gramos al día con base en un peso de 150 libras antes del embarazo. Para calcular el número de gramos de proteína necesita dividir su peso antes del embarazo entre dos. La proteína se encuentra en la carne, pescado, frijoles, nueces y huevos. La recomendación es consumir 3 porciones de proteína al día. Una porción de carne debe ser aproximadamente del tamaño de una baraja de cartas.

El calcio es importante en el embarazo para desarrollar huesos y dientes en el feto. La cantidad recomendada de calcio en su dieta debe ser de 1000 miligramos al día y se pueden encontrar en los productos lácteos, especialmente en la leche y el yogur. Esto es aproximadamente 4 porciones de alimentos ricos en calcio. Si no tolera los lácteos, puede encontrar algo de calcio en vegetales de hojas verdes y el jugo de naranja fortificado.

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Es posible obtener todos los nutrientes necesarios en el embarazo con su régimen alimenticio; sin embargo, algunos nutrientes son comúnmente deficientes en una dieta normal. El ácido fólico en particular, puede ser deficiente, y es importante durante el primer trimestre del embarazo. El Colegio Estadounidense de Ginecología y Obstetricia recomienda que las mujeres que estén intentando embarazarse empiecen a tomar vitamina prenatal que contienen 600 microgramos de folic ácido tres meses antes de la concepción. El folic ácido se encuentra en las lentejas, vegetales de hojas verdes, nueces, fríjoles y frutas cítricas y está fortificado en algunos productos de granos.

Otros temas importantes son el consumo de pescado en el embarazo. El pescado contiene DHA presente naturalmente, un ácido graso que es muy importante en el desarrollo del cerebro y los ojos que ahora se suplementa en la mayoría de las vitaminas prenatales y en las fórmulas infantiles. Al igual que con todos los nutrientes, la mejor fuente de ingesta es en forma natural, consumiendo 3 o más porciones de pescado a la semana. Sin embargo, hay una preocupación por el consumo de metilmercurio o bifenilos policlorinados (PCB) cuando se consume pescado que está más arriba en la cadena alimenticia. En particular, el tiburón, el pez espada, el blanquillo camelo y la caballa gigante contienen niveles más altos de mercurio y deben evitarse. El atún también contiene más mercurio que los peces más pequeños y debe limitarse a aproximadamente 6 onzas por semana. De acuerdo con March of Dimes, el pescado azul, el perca, el lucio y la lucioperca contienen niveles más altos de PCB, que puede conducir a un retraso en el desarrollo si se consumen en exceso.

**Qué evitar**

Por supuesto que también hay restricciones durante el embarazo. En particular, hay preocupación por la contaminación de alimentos con una bacteria específica llamada Listeria que dicta precaución al comer hot dogs, fiambres, patés refrigerados y leche o queso no pasteurizados. La listeria puede provocar fallecimiento del feto o un aborto espontáneo. Además, no se recomiendan comer carne y pescado no cocinados durante el embarazo, ya que su consumo puede provocar intoxicación por alimentos que puede ser severa en las mujeres embarazadas.

Se debe modificar el consumo de cafeína y alcohol el embarazo. La cafeína se ha vinculado con riesgo de aborto espontáneo, pero se cree que una ingesta menor a 200-300 mg de cafeína al día es segura. Si le gusta beber café, una taza de 12 oz al día es aceptable. Recuerde que la cafeína también se encuentra en el té (particularmente en el té verde), bebidas gaseosas y el chocolate, así que tenga cuidado de no incluirlos en su régimen alimenticio. Como no hay un nivel seguro conocido de ingesta de alcohol en el embarazo, debe restringirse. El consumo de alcohol puede ocasionar síndrome alcohólico fetal, o potencialmente problemas de comportamiento o aprendizaje.

Los antojos en el embarazo son comunes. En general está bien cumplir sus antojos en tanto no sea muy a menudo. Sin embargo, los antojos de cosas no alimenticias como hielo, pedacitos de pintura, bicarbonato de sodio, tierra o detergente pueden ser un signo de deficiencias en nutrientes. Si esto ocurriera, vea a su médico.

**Recursos**

Hay varias recursos de salud disponibles para ayudar a dar información sobre planes y objetivos específicos de dieta ajustados a las necesidades de las mujeres.

www.choosemyplate.gov, página web del Departamento de Agricultura de EE.UU. (USDA), tiene una función que ayuda a predecir su objetivo de aumento de peso en el embarazo y hojas de plan de alimentación para ayudarla a elegir los alimentos en las proporciones recomendadas en cada grupo.

También hay aplicaciones disponibles para teléfonos inteligentes que pueden determinar el número de calorías en los alimentos para ayudarla a elegir alimentos saludables.

- The Carrot ayuda a llevar los conteos de calorías de su ingesta. Lleva la cuenta de la presión sanguínea y registra su ejercicio para mantenerla motivada para llevar un estilo de vida saludable.
- Fooducate, desarrollada por nutriólogos, contiene información de nutrición de varios alimentos y ayuda a sugerir alternativas saludables cuando hace malas elecciones.
- Si come fuera frecuentemente, Restaurant Nutrition puede ayudarla a hacer elecciones más saludables en cadenas de restaurantes.
- Calorie Tracker contiene una base de datos con búsqueda para ayudar a saber qué hay en su plato, rastrear sus hábitos alimenticios y calcular sus necesidades de energía para que pueda ajustar sus requisitos basados en su nivel de actividad.

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   - Ossining: 914-944-5250
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