Orthopedic care gets you back in the game

Step by step: Tyler Masters is fully recovered from ACL surgery.
Redefining
Women’s Care

Dr. Misty Shoemaker, OB/GYN

Find a Physician on culpeperhealth.org
or call 866-693-DOCS
Physician of the Year

Congratulations to James Denton, MD, who was named Culpeper Regional Hospital’s 2013 Physician of the Year at the Doctors’ Day reception in March. Dr. Denton specializes in Vascular and Endovascular Surgery and General Surgery with UVA Surgical Services – Culpeper.

Inside this issue

Feature Stories

4) Teamwork delivers.
Lilly was born at UVA — after an emergency transfer.

6) Primary, urgent, or emergency care? At Culpeper Regional Hospital, you have options.

14) Ick, a tick! What is Lyme disease? And more importantly, how can you avoid it?

Keeping informed

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The partnership grows. Learn more about the plans for CRH and UVA. page 9

Summer safety. Make it a safe and fun summer. page 11

Will you leave a legacy?

A planned gift to Culpeper Regional Hospital can create a naming opportunity of remembrance for a loved one and fulfill the vision of providing high-quality healthcare in your community.

For more information about gift planning with the Foundation, visit www.culpeperhealth.org/giftplanning.

Looking for a healthcare partner?

Go to www.culpeperhealth.org and “Find a Physician” to search for a provider who is right for you. Or call our referral line at 866-693-DOCS (3627).

Simply Health Magazine

Summer 2014
Simply Health Magazine is published for the friends and patrons of Culpeper Regional Health System.

If you would prefer not to receive this publication, please call 540-829-8813. Give us your name and address, and we will remove you from the mailing list.

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Simply Health Magazine
3
That Friday afternoon, her doctor discovered that her blood pressure was uncontrollably elevated, a serious condition called pre-eclampsia, and recommended she be admitted for observation to the Family Birth Center (FBC) at Culpeper Regional Hospital — where she intended to deliver. A further complication was that her baby was in a breech position.

What had started as a routine OB appointment turned into a hospital stay. Kristen recalls, “I was worried and had no idea what was going to take place next. I was an emotional wreck.”

**Skilled teams in action**

The FBC is trained to handle a wide array of birth complications, but when it comes to situations like Kristen’s, they have another resource as well: transfer to the Labor and Delivery (L&D) unit at UVA Health System.

“We do transfers to UVA on a regular basis,” explains Cindy Curtis, RNC, one of the clinicians who assisted Kristen. Curtis estimates that mothers or babies are transferred to UVA about two to three times a month. “We’ve always had an excellent relationship with the physicians and L&D unit at UVA,” she adds.
The Family Birth Center has an excellent record of care, including its designation as Baby-Friendly, the first and only one in the Commonwealth.

"UVA receives over 200 inpatient maternal transfers each year," explains Christian Chisholm, MD, who cared for Kristen at UVA. "We are fortunate to have a highly skilled team of obstetricians, maternal-fetal medicine specialists, anesthesiologists, and obstetrical nurses to care for women experiencing normal labor and birth, as well as complicated pregnancies and babies expected to be very premature or ill at birth."

In cases when arranging transport to UVA is not an option, such as when a mother is in premature labor and delivery is impending, the FBC staff can call UVA's Newborn Emergency Transport System team. They can assemble quickly and arrive at or shortly after the baby’s birth, then transport the child back to UVA's NICU (neonatal intensive care unit) for care.

A smooth transfer
If the FBC feels a transfer is the best care option for the mother and baby, the attending physician calls his or her counterpart at the UVA L&D unit to discuss the case. If the determination is made that the patient is a good candidate for transfer, the physician has the patient sign a consent form, which starts the process.

"Once a transfer is a go, a lot of things happen really quickly," Curtis says. The transport team is called, medical records are copied, and the birthing partner is given directions to UVA, if needed, so he or she can meet the mother upon her arrival. In the meantime, FBC nurses review the case with the UVA L&D unit to ensure a smooth transition.

A shift in thinking
Curtis says that expectant mothers can feel disappointed about not delivering at the FBC where, over the course of their pregnancy, they have come to know the nurses and doctors. "The same was true of Kristen, who remembers feeling fear of complications and worry that her family would not be able to be there for the birth. However, Kristen didn't linger long on these emotions as she anticipated the birth of her baby. She arrived at UVA just a few hours after her OB appointment. Lilly Madeline Johnson was born the next day, September 21, at 1:21 a.m. — a healthy baby, weighing 4 pounds, 15.9 ounces, and measuring 18.25 inches long.

Happy family, happy conclusion
Lilly stayed in a bassinet in Kristen’s room until she was discharged five days later. "It was very comforting that my husband and I were also able to stay with Lilly in the same room until her discharge," Kristen says. When she reflects on the transfer process, Kristen feels that everything turned out for the best. If she could offer advice to another mother in the same situation, it would be, "When it comes to the Family Birth Center and the UVA Labor and Delivery unit, the doctors and their support teams are the very best." She adds, "Take comfort in knowing that you will get the best possible care for you and your baby." As for Lilly, Kristen says, "She is a very active, healthy, beautiful little girl, full of personality with a contagious smile."

Blue Ridge OB/GYN physicians
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Baby-Friendly
The Baby-Friendly Hospital Initiative (BFHI) is a global program, sponsored by the World Health Organization (WHO) and the United Nations Children’s Emergency Fund (UNICEF), to encourage and recognize hospitals and birthing centers that offer an optimal level of care for infant feeding. Culpeper Regional Hospital’s Family Birth Center was the first facility in Virginia and is still the only one to attain this designation, originally in 2008. By participating in BFHI, the goal is to educate families on the benefits of breastfeeding; to support every mother to breastfeed, if she chooses; and to teach safe infant formula preparation to mothers who choose to formula feed.

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YOU USUALLY KNOW when you need medical help, but where do you go to get the right level of care when you need it? It may be a challenge to know what service to use and when, which can depend on the severity of your illness, symptoms, or injury.

Culpeper Regional Hospital (CRH) wants to make sure you get the right care at the right time in the right location, whether it is emergency care, urgent care, or primary care. CRH provides two out of the three levels of care you may need and partners with primary care and pediatric practices for the third.

Primary care

Primary care is integrated, accessible healthcare at a basic, rather than specialized, level. Care is given by physicians who are accountable for addressing a large majority of personal healthcare needs, developing a sustained partnership with patients, and practicing in the context of family and community.

Primary care is the first point of contact a person has with the health system — the point where people receive care for most of their everyday health needs. Primary care professionals include a primary care physician, family doctor, physician assistant, or nurse practitioner.

Use primary care for: ✧ Medical problems such as a rash, cold, flu, or allergies. ✧ Diagnosis and treatment for most chronic medical conditions, such as high blood pressure, diabetes, asthma, or acid reflux. ✧ Immunizations. ✧ Wellness care, such as advice on physical fitness or diet and nutrition. ✧ Preventive services, such as annual checkups, monitoring medication dosage, and standard blood work and tests.

Find a physician

You can learn more about all of the primary care and pediatric physicians who partner with CRH by visiting our website at www.culpeperhealth.org and “Find a Physician,” or call 866-693-DOCS (3627).

We want the best possible care for you and your family when you need it.
Emergency care

Most people immediately think of going to the Emergency Room in an emergency care situation. A patient receives active, but short-term, treatment for a severe injury, episodic illness, or critical medical condition or during recovery from surgery.

Emergency care is generally provided in a hospital by a variety of clinical personnel using technical equipment, pharmaceuticals, and medical supplies. Emergency care is provided by the CRH Emergency Department and the local Emergency Medical Services (EMS). Reach them by calling 911 in an emergency.

**Use emergency care for:**
- Someone who is unconscious, gasping for air, or not breathing.
- A severe allergic reaction.
- Uncontrollable bleeding.
- A life-threatening injury or trauma.
- Signs of a heart attack, such as chest pain, discomfort in the upper body (usually in the left arm), shortness of breath, cold sweats, nausea, or light-headedness.
- Signs of a stroke, such as face drooping, arm weakness, or speech difficulty.

Fast Track

Visit the CRH Emergency Department “Fast Track” for urgent care treatment and receive prompt attention with shorter wait times. The hours are 10 a.m. to 10 p.m. daily.

Please note: You will be evaluated and treated for emergency or urgent care, depending on the severity of your illness or injury, which is determined by a medical professional. At CRH, urgent care patients will still be seen 24 hours a day.

Don’t wait!

Call 911 or have someone drive you (don’t drive yourself) to the Emergency Department if you experience any symptoms of heart attack or stroke. You are at greatest risk of death in the early hours of a heart attack.

"It is important to act right away," says Mindi Bowers, CRH Emergency Department Director. "If you are questioning whether to call 911, that means you should!"

Urgent care

Urgent care is immediate medical or walk-in service, offering outpatient care for the treatment of acute, but not life-threatening, illness and injury. Urgent care centers focus on providing immediate care for injuries not serious enough for a 911 call, such as flu, lacerations, or a sprained ankle. It is also appropriate for conditions that occur when your primary care physician’s office is closed.

Urgent care is offered by the CRH Emergency Department in the “Fast Track” area and is provided by board-certified emergency room physicians with access to advanced equipment, medical imaging, and laboratory services.

**Use urgent care for:**
- Flu, fever, cough, or sore throat.
- Vomiting and stomach pains or cramps.
- A rash, sunburn, or poison ivy.
- A sinus infection or urinary tract infection.
- An earache or infection.
- Lacerations or cuts.
- Injuries like sprains and strains that are not life-threatening.
WHEN IT COMES TO CARING, Culpeper Regional Health System (CRHS) goes above and beyond. And now with the help of the Soho Center, CRHS is offering children a very special gift.

The Soho Center, a 42-year-old non-profit organization in Central Virginia, recently donated 10,000 new, quality books to CRHS. Thanks to this collaboration, CRHS is able to give a free book to every child who is a patient or visiting a family member in the hospital. The children can read the books during their stay and take them home when they leave.

A variety of books
Throughout the year, the books will be given to children in the Emergency Department, Family Birth Center, Surgical Waiting Area, Powell Wellness Center Physical Therapy & Outpatient, and UVA Pediatrics offices. The collection includes board books for toddlers, picture books for preschoolers, and chapter books for elementary school-age children.

CRHS CEO H. Lee Kirk, Jr., sees the collaboration with the Soho Center as a wonderful opportunity. “We pride ourselves on offering safe, quality healthcare, and our patients and their families always come first. Thanks to the Soho Center, we can now do something extra special.”

Adds Jeanna Beker, Soho’s Founder and Director, “We’re delighted to give these books to the health system. We know that CRHS has many dedicated professionals, as well as dedicated community volunteers, who will share these books and encourage children to enjoy them once they get home.”

Books across Virginia
This year Soho is donating 150,000 quality children’s books to programs in Central Virginia and across the state, including Head Start classrooms, Boys & Girls Clubs, early childhood programs, UVA Children’s Hospital, and now CRHS.

“This is a project that’s close to my heart,” says Beker. “We’re so pleased to give books to children, which helps them have as happy a childhood as possible. These books can take their minds off medical problems and give them a sense of joy, normalcy, and a wonderful educational experience.”

“This is a great partnership that benefits young children,” says Sandy Boone, CRH Marketing and Strategic Relations and Interim Foundation Director. “Reading is so important in child development, and we’re excited that we get to be part of that by giving children books to keep. It’s one more way that CRHS is offering our community a unique, caring experience.”

Interested in knowing more about the Soho Center? Visit www.child2000.org to learn about book giveaways, free programs and services, and how you can support Soho.
CULPEPER REGIONAL HEALTH SYSTEM and the University of Virginia Medical Center (UVAMC) have announced plans for UVAMC to become the majority member of Culpeper Regional Hospital (CRH).

Essentially, this means that UVA Medical Center will have a majority of the voting rights on the CRH Board of Trustees, which governs the hospital’s operations. Final negotiations around the next phase of this successful relationship are ongoing.

Following are questions and answers to what these plans mean for Culpeper and surrounding communities.

Q Why is UVA seeking to become the majority member of Culpeper Regional Hospital?
A The combined size and scope of our two organizations will place us in a better position for the changing economic landscape of hospital reimbursement and the regulatory environment of healthcare.

“A change in the balance of ownership does not constitute a change in mission — rather, it advances the vision of providing the right care, at the right time, in the right place,” says Richard P. Shannon, MD, UVA’s Executive Vice President for Health Affairs. “We look forward to integrating our efforts to advance the hospital and continue to provide the best care close to home for patients.”

Q What is going to change in this transition?
A Leaders from CRH and UVA are developing a plan to further integrate operations and clinical care. Once that plan is complete, we will have a better sense of what the specific changes will entail.

Through this transition, CRH will remain a community hospital focused on Culpeper and its service area.

“A change in the balance of ownership does not constitute a change in mission — rather, it advances the vision of providing the right care, at the right time, in the right place,” — Richard P. Shannon, MD, Executive Vice President for Health Affairs, UVA

Q How will this enhanced partnership help patients in the Culpeper region?
A Since CRH became an affiliate of UVA in 2009, Culpeper and UVA have succeeded in developing a strong partnership to improve care in the community through investments in patient care, clinical services, facility improvements, and state-of-the-art technology. We know how important it is for patients to receive high-quality care close to home, and this further enhancement will strengthen our ability to deliver that care to patients in the Culpeper area.

Q Currently, what services does UVA provide in the Culpeper area?
A Established in close cooperation with CRH, UVA services include:

✓ A network of primary care clinics.
✓ UVA Breast Surgery Program.
✓ UVA Surgical Services – Culpeper.
✓ UVA Hope Cancer Care – Culpeper, which offers outpatient cancer services.
✓ UVA Specialty Care – Culpeper, which offers a variety of specialty care services. These services support the excellent care available at CRH, which includes primary care, an emergency department, cardiac care, cancer care, surgical services, lab testing, medical imaging, and an orthopedic center. Additional specialty care that is typically not available at community hospitals, such as organ transplants, is available at UVA Medical Center.

“We look forward to working with UVA to build on our 54 years of service to the community and our patients,” adds Tom Reynolds, MD, past chair of the CRH Board of Trustees.
Meet our new practitioners

ATT CULPEPER Regional Health System, we are dedicated to bringing you the highest-quality care close to home. With our community continuing to grow, we are working diligently to expand our provider base and specialties so that you can receive the medical care you need without traveling long distances. We are pleased to announce the addition of these practitioners to our community.

COLLEEN HAYES, PA-C, EMERGENCY MEDICINE

Culpeper Regional Hospital – Skyline Emergency Physicians
501 Sunset Lane, Culpeper
Graduate school: Master of science, physician assistant studies, James Madison University, Harrisonburg, VA
Certification: National Commission on Certification of Physician Assistants (NCCPA)

ALEXANDRA NEWHOOK, MD, EMERGENCY MEDICINE

Culpeper Regional Hospital – Skyline Emergency Physicians
501 Sunset Lane, Culpeper
Medical school: Jefferson Medical College of Thomas Jefferson University, Philadelphia, PA
Residency: Virginia Commonwealth University Health System, Richmond, VA, in emergency medicine
Board-eligible: Emergency medicine

SHARLENE MCNEISH, CRNA, ANESTHESIOLOGY

Culpeper Regional Hospital – Anesthesia Concepts
501 Sunset Lane, Culpeper
Graduate school: Master of science, nurse anesthesia, Medical College of Virginia/Virginia Commonwealth University, Richmond, VA
Certification: Certified registered nurse anesthetist

JENNIFER PROL, MSN, FNP-BC, FAMILY MEDICINE

UVA Primary Care Culpeper Family Practice
1200 Sunset Lane, Suite 2210, Culpeper
Graduate school: Master of science in nursing, family nurse practitioner, University of Virginia, Charlottesville, VA
Certification: Family nurse practitioner

ELIZABETH MUBIRU, MD, OBSTETRICS/GYNECOLOGY

Blue Ridge OB/GYN
541 Sunset Lane, Suite 301, Culpeper
Medical school: Emory University School of Medicine, Atlanta, GA
Residency: Emory University School of Medicine, Atlanta, GA, in obstetrics/gynecology
Board certification: Obstetrics/Gynecology

ELIZABETH SULLIVAN, APRN, MSN, FNP-C, FAMILY MEDICINE

UVA Primary Care Wilderness Medical Center
4376 Germanna Highway, Locust Grove
Graduate school: Master of science in nursing, family nurse practitioner, Saint Joseph College, West Hartford, CT
Certification: Family nurse practitioner

Learn more
Visit www.culpeperhealth.org and “Find a Physician” or call our toll-free physician referral line at 866-693-DOCS (866-693-3627).
Safe campers make happy campers

IF YOUR FAMILY’S favorite vacation plans include hiking in the woods and singing around a campfire, you’re not alone. In 2012, 38 million Americans spent more than 516 million days camping.

To help you and your kids camp safely this year, the Centers for Disease Control and Prevention and the U.S. Department of Agriculture’s Forest Service offer these tips.

1. **Know before you go.** Make a family project of learning to:
   - Read a compass.
   - Build a temporary shelter.
   - Cook and store food safely.
   - Repair gear such as bikes or backpacks.

2. **Be prepared.** Never leave home without these necessities:
   - A first aid kit, including prescription medications.
   - Sunscreen, wide-brimmed hats, and sunglasses for all.
   - Insect repellents: DEET for the skin and permethrin for clothes.
   - Working flashlights and extra batteries.
   - Waterproof matches.
   - A compass and trail maps.
   - One whistle per child, to wear while hiking.
   - High-energy food, including healthy snacks.
   - Fresh water or purification tablets.
   - Shelter, bedding, clothing, and protective gear (such as helmets and lifejackets) that fit your planned activities and the weather.

3. **Leave a trail.** Before heading out:
   - Give someone your family’s itinerary — include your vehicle’s license plate number.
   - Tell that person if your plans change.

4. **Heed the call of the wild safely.** Once you’re there:
   - Pitch tents before dark on flat surfaces that are well away from these hazards: cliffs; tall trees, which could be struck by lightning; streams, which could flood; poison ivy, sumac, and oak; beehives; and large ant colonies.
   - Never let kids hike or swim alone.
   - Be sure kids know not to leave the campsite after dark.
   - Never feed or approach wild animals.
   - Remove ticks right away (see page 15).
   - Now, toast some marshmallows, and enjoy the stars together!

Additional source: The Outdoor Foundation

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JUST FOR KIDS

Cycling safety

Answer these questions by circling the correct picture.

1. Who is wearing the bike helmet the right way?
2. A bike that isn’t the right size can be dangerous. Which bike is the right size?
3. Which child is being safe?

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Primary care near you

The following are primary care practices in Culpeper, Madison, and Orange counties:

**FAMILY PRACTICE**

<table>
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<th>Practice</th>
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<td>Family Care of Culpeper</td>
<td>540-825-5951</td>
</tr>
<tr>
<td>UVA Primary Care Madison</td>
<td>540-948-6743</td>
</tr>
<tr>
<td>Wilderness Medical Center</td>
<td>540-972-7798</td>
</tr>
<tr>
<td>Madison Family Physicians</td>
<td>540-948-6861</td>
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**INTERNAL MEDICINE**

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<td>UVA Primary Care Commonwealth Medical</td>
<td>540-825-6263</td>
</tr>
<tr>
<td>UVA Pediatrics Culpeper</td>
<td>540-825-5381</td>
</tr>
<tr>
<td>UVA Primary Care Wilderness Medical Center</td>
<td>540-972-7798</td>
</tr>
</tbody>
</table>

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Comprehensive orthopedic care

IN ORDER to live productive, healthy lives, we need to be active. If you have pain or an injury that affects your ability to move and do those things necessary for your lifestyle, you may need help from an orthopedic physician.

Orthopedics is the medical specialty that focuses on injuries and diseases of the musculoskeletal system, which includes your bones, joints, ligaments, tendons, muscles, and nerves.

Orthopedic surgeons care for patients of all ages, from newborns with clubfoot to young athletes requiring arthroscopic surgery to older people with arthritis and degenerative joints. They have extensive training in:

✓ Diagnosis of your injury or disorder.
✓ Treatment with medication, injections, surgery, or other treatment plans.
✓ Rehabilitation by recommending exercises or physical therapy to restore movement, strength, and function.

✓ Prevention with information and treatment plans to prevent injury or to slow the progression of disease.

Orthopedic physicians are familiar with all aspects of the musculoskeletal system; however, many specialize in certain areas, such as the shoulder and elbow, or hip and knee. They may also choose to focus in specific fields, like pediatrics or sports medicine.

Tyler’s ACL injury
Last year, Tyler Masters, a sophomore at Eastern View High School, suffered a knee injury while playing football. After visiting Dr. Robert Rutkowski, an orthopedic surgeon at Virginia Orthopaedic Center, he was diagnosed with a tear of the anterior cruciate ligament (ACL), as well as the medial meniscus, which is cartilage in the knee. A magnetic resonance imaging (MRI) scan was performed at Culpeper Regional Hospital’s (CRH) Medical Imaging Center to determine the severity.

Tyler had surgery to repair his torn ACL and meniscus and has been completing physical therapy exercises at Powell Wellness Center (PWC) PT & Outpatient to strengthen his new ACL graft, as well as other muscles of the leg, like quadriceps and hamstrings. Next, he’ll begin balance exercises, running, jumping, hopping, and other movements specific to his sport.

“Of course, I was disappointed to get injured, but I’m glad I was diagnosed quickly and started the treatment and therapy right away so I can get back to playing the sports I enjoy, like lacrosse and football,” says Tyler. “I still have some work to do through strength and cardiovascular training, but my recovery is going well. I feel strong, and I believe I will be playing football again in the fall.”

Surgical treatments
Common procedures for an orthopedic surgeon include:

Arthroscopy: The process of using special cameras and equipment to visualize, diagnose, and treat problems inside a joint.

Fusion: A “welding” process by which bones are fused together with bone grafts and internal devices (such as metal rods) to heal into a single, solid bone.
Patricia Albanese is thrilled to get back to riding her bike and hiking this summer.

During Joint Camp, Nurse Practitioner Brenda Austin demonstrates how the knee joint works.

shoulder, hip, and both knees.

“The joint replacement procedures I have had have really helped me become functional again and truly made a world of difference in my life,” Patricia says. “I feel like I am normal once more and can just do regular things without pain, like putting on a blouse, which I struggled with before.”

Prior to her knee replacement surgeries, Patricia participated in Joint Camp at CRH. Pre-operation patients, as well as anyone considering a joint replacement, are welcome to attend a Joint Camp. By attending, you will find out everything you need to know about the upcoming procedure, get a pre-operation evaluation, see a presentation on the surgery itself, and learn about the recovery process and returning home.

“Even though I’d had two joint replacements before they started the Joint Camp, it still really helped because I felt more informed about the knee-specific procedure,” Patricia says. “It gave me more confidence being prepared and knowing what to expect.”

At CRH’s Joint Camp, patients gain knowledge and confidence.

When to see an orthopedic physician

Anytime you have a traumatic or repetitive motion injury to a bone, joint, tendon, or nerve, an orthopedic physician is the best choice for treatment, and your primary care physician can provide you with a referral. If you are experiencing chronic joint or bone pain, are diagnosed with a rheumatic condition or disease, or have arthritis, an orthopedic specialist is an important part of any treatment plan and can help you get back on your feet again!}

**Internal fixation:** A method to hold the broken pieces of bone in proper position with metal plates, pins, or screws while the bone is healing.

**Joint replacement (partial, total, and revision):** The removal and replacement of a damaged joint with an artificial joint, called a prosthesis.

**Osteotomy:** The correction of bone deformity by cutting and repositioning the bone.

**Soft tissue repair:** The mending of soft tissue, such as torn tendons or ligaments.

**Patricia’s joint replacements**

After years of farm chores, youth sports, a career as a physical education teacher, and a diagnosis of osteoarthritis, Patricia Albanese had, in her words, “worn out” some of her joints.

When she started experiencing a lot of pain, she visited Dr. Benjamin Allen at Virginia Orthopaedic Center. After x-rays determined the severity of Patricia’s condition, she completed several joint replacements over the years, including

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LYME DISEASE

Ask the doctor
Advice from Shandra R. Day, MD, Infectious Disease

Q I’ve been hearing a lot about Lyme disease. What exactly is it, and how do you treat it?

A Lyme disease is a bacterial infection that is spread through the bite of one type of tick. It was first detected around 1975 after a large number of children were diagnosed with juvenile arthritis in and around the town of Lyme, CT. Most of the affected children lived near wooded areas likely to harbor ticks, and their symptoms typically started around the height of tick season in the summer. The cause was identified in 1981 as the bacterium Borrelia burgdorferi, which is transmitted by the bite of the tick Ixodes scapularis, commonly known as the deer tick, or blacklegged tick.

Common symptoms
Early symptoms of Lyme disease include fever, chills, headache, fatigue, muscle aches, and joint pain. In addition, a large, expanding skin rash with a bull’s-eye appearance, called erythema migrans, can develop at the site of the tick bite. Early symptoms usually start 7 to 14 days after the bite.

Worried about that tick bite? Visit your primary care physician or the CRH Emergency Department for treatment. See page 6 for details.

Days to weeks after exposure, the infection can spread and cause other symptoms, including:
✓ Skin rash on other parts of the body.
✓ Facial, or Bell’s, palsy.
✓ Headache and neck stiffness from meningitis.
✓ Joint pain and swelling.
✓ Heart palpitations and dizziness.

Most of these symptoms will resolve even without treatment, but treatment can help prevent the symptoms of late Lyme disease, which include arthritis and, rarely, neurologic complications.

Diagnosis and treatment
Early infection is diagnosed based on symptoms and the presence of the bull’s-eye rash, since laboratory tests are not helpful in the first few weeks. After four weeks, the diagnosis of Lyme disease is made with the assistance of a laboratory blood test.

Lyme disease is treated with antibiotics, most commonly doxycycline. But the choice of antibiotic and duration of therapy depends on the symptoms and the stage of the disease.

Steps for prevention
Taking precautions to prevent exposure to Lyme disease is the most important thing you can do, especially if you live in a highly wooded area or spend frequent time outdoors camping, hiking, hunting, or doing yard work. The spring and summer months are the peak time for contracting Lyme disease.

To minimize exposure, take the following precautions:

Dress in anti-tick attire. If you are going to be in the woods, wear long sleeves and long pants that fit tightly around the ankles and wrists, or tuck pants into socks so that ticks can’t get underneath.

Use insect repellent. Use repellent with DEET (less than 10%) and reapply frequently. You can also treat clothing with permethrin, which kills ticks as they travel across the fabric.

Check for ticks daily. A Lyme-carrying tick has to be attached to its host for at least 24 hours in order to transmit the disease, so doing a full-body check at the end of each day is important.

300,000
Federal officials estimate that about 300,000 cases of Lyme disease happen every year in the U.S. That’s 10 times the estimate of years past. The reason for the increase: Better intelligence. Estimates now use data from several sources, including insurance claims.
day can prevent transmission, even after you have been bitten.

*Use the HOT cycle.* Laundering and drying clothes on the hot cycle will kill any ticks.

*Keep a tidy yard.* Keep the grass and brush in your yard trimmed, and place barriers, like a fence, between your property and wild, wooded areas.

If you do find a tick, use tweezers to grasp it as close to the skin as possible, and pull it straight out without twisting. Apply antiseptic to the bite site and the tweezers, wash your hands, and avoid contact with the tick. You can also take a photo of the tick to show to your doctor.

Lyme disease imitates a variety of illnesses, and its severity can vary from person to person. If you have been bitten by a tick, are experiencing any of the symptoms described, or live near a wooded area or an area known to have Lyme disease, see your doctor so that a proper diagnosis can be made and treatment started.
Only Hospital in VA to Rank Among America’s 100 Best Hospitals for Orthopedic Surgery™

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