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Winter 2009

MISSISSIPPI Valley Health

A Publication of Mississippi Valley Health Network

PUT THE
JOY BACK
INTO
WINTER
BEATING THE
WINTER BLUES

A NEW YEAR...
A NEW YOU

LAUNCH YOUR FULL GUT PRESS

MEDICAL HEALTH
INSURANCE 101

WHAT YOU DON'T KNOW WILL COST YOU

WINTER FUN,
EYE BURN?

KEEPING YOUR EYES
SAFE THIS WINTER

SMALL IN SIZE
BIG ON COURAGE

A BETTENDORF FAMILY'S
AMAZING JOURNEY

PROUD MEMBER OF THE

MISSISSIPPI VALLEY
HEALTH NETWORK™

What healthcare **should be.**™

AT THE MISSISSIPPI VALLEY SURGERY CENTER,
 YOU'LL GET THE
 NEWEST MEDICAL TECHNOLOGY.
 YOU'LL ALSO GET SOME OF THE OLDEST.



Imagine a place that still believes in a personal touch. A place that instills a new twist on an old idea about healthcare – that patients get better, faster, when they're able to concentrate on their recovery rather than worry about the hassles of the healthcare system.

At the Mississippi Valley Surgery Center, we make sure patients are able to experience healthcare the way it should be. We provide personalized attentive care and flexibility in scheduling that gets you on the road to recovery safely and quickly.

You see, there's more to quality healthcare than high-priced equipment, sprawling campuses and miles of bureaucratic red tape that takes your focus off getting better and on to how you're going to pay for it.

If you or someone you know is facing an upcoming surgical procedure, ask your doctor about the options open to you through the Mississippi Valley Surgery Center.



The Mississippi Valley Surgery Center is a proud member of the Mississippi Valley Health Network.

www.mvsurgerycenter.com

MISSISSIPPI

ValleyHealth
A Publication of Mississippi Valley Health Network™

EDITORIAL

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The health content in *Mississippi Valley Health Magazine* is intended to inform, not prescribe, and is not meant to be a substitute for the advice and care of a qualified health-care professional.

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PROUD MEMBER OF THE

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 HEALTH NETWORK™

What healthcare should be.™

Welcome

What Healthcare
 Should Be.™



John Dooley,
 M.D.

The financial crisis is touching all aspects of our economy including household budgets here in the Quad Cities – and health care is no exception. Here at the Mississippi Valley Surgery Center and Mississippi Valley Health Network, we are proud of our physicians' efforts to keep health care costs down: our training emphasizes minimally invasive procedures that promote faster healing; and our Surgery Center's outpatient services can help you avoid expensive hospitalization.

We know unexpected medical costs can put an enormous strain on families, and as costs and insurance deductibles and premiums increase, it's a concern nationwide. Mike Leavitt, head of the U.S. Department of Health and Human Services, said recently that "If we had any idea how many mortgages were foreclosed because people were crowded out by medical issues ... Health-care costs are at the heart of many of the things happening."

A Kaiser Family Foundation poll conducted in April, way ahead of the current economic meltdown, found that 28% of Americans reported that they or their families had had a serious problem paying health insurance or medical bills because of changes in the economy.

Waiting for the unexpected cost of illness or injury to strike is not a plan.

There is a primer in this edition that will help you to understand your health insurance, but it only gets you started. You need to review your insurance contract and learn about its parts from your employer, insurance agent, or insurance company representatives. Know what your out-of-pocket expenses could be for a year and budget for the year as you do for other living expenses. Many health care providers including the Mississippi Valley Surgery Center offer discounts if you can pay your obligations early in your care because it costs them less in bill collection processes. Providers can't offer that discount if payment gets drawn out. If you plan appropriately, you can take advantage of these discounts.

There are many choices you and your family can make to help control health care expenses, but they involve lifestyle changes not always easy to make. Screening examinations (such as colon cancer screenings featured on page 9) are recommended to discover disease when it is more easily and cost-effectively treated. Proper diet, smoking cessation, exercise, stress reduction, and safe behaviors can also keep you healthy and keep your healthcare dollars in the bank. The key is to remain educated and know you have the power to make positive health care choices – because what we don't know could ultimately cost us.

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FEBRUARY

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Silver Skates Competition

Vander Veer Botanical Park
215 W. Central Park Ave.,
Davenport, IA
January 4, 2009, 1:00 p.m.

Skaters of all ages are welcome at this competitive speed skating event at Vander Veer Park Lagoon. Eligible age groups range from toddlers to senior citizens with age-appropriate races for each bracket. Check with Davenport Park District for ice conditions (563) 326-7812 and details.

Frostbite Footrace

Scott County Park
Exit 129 off US Highway 61
Saturday, January 17, 1:00 p.m.

Join hundreds of fellow runners for the 27th annual Frostbite Footrace. It's an 8K race for runners and walkers alike. Enjoy the scenic beauty of Scott County Park. For the event, get cozy in a heated pavilion, while you enjoy hot cider, cookies, and door prizes, too. Admission \$18, kids 12 and under \$10. To register call Mariann Schroeder, 563-359-0872. Entry forms are available at Running Wild, Davenport, Quad City YMCA's, or register online at active.com or getmeregistered.com

Snowshoe Tracking

Wapsi River Environmental
Education Center
31555 52nd Avenue, Dixon, IA
January 31, 10 a.m.

Join Mike Granger, Wapsi River Center Naturalist, as he takes participants on a stroll through the Wapsi woods. While making tracks of their own, via snowshoes, participants will have the opportunity to search for animal tracks and other signs of animal activity in this winter wonderland. BYOM - Bring your own mug. For more information call (563) 328-3286.

Wendy's Chili Golf Open

Credit Island
2300 West River Drive, Davenport, IA
February 7, 2009, 8 a.m.-1:00 p.m.

Snow or shine, join other hearty golfers at the annual Wendy's Chili Golf Open at Credit Island, Davenport. Weather isn't a factor, because if it's snowing, they'll plow the fairways. You can play a nine-hole round of golf, and upon return, there's free chili to warm up. The Davenport Park District will team with a local charity for this 2009 event. Details can be found at cityofdavenportiowa.com. or call the Davenport Park District (563) 326-7812.

B-rrry Scurry Fun Run/Walk

Clinton, IA
Saturday, February 7, noon

Touted as the "Greatest little race in the Midwest," Clinton Community College's B-rrry Scurry is a four-mile run/walk celebrating its 28th year in 2009. Approximately 1,000 people participate in this annual event that includes a spread of free food following the race, free post-race party, door prizes and specially designed medals to the winners in 13 age categories. Contact: Anne Schmidt, 1000 Lincoln Boulevard, Clinton, IA, (563) 244-7050. E-mail: aschmidt@eicc.edu; or www.eicc.edu/brrry/

Valentine Moonlight Walk

Blackhawk State Historic Site
1510 46th Ave., Rock Island, IL
February 14, 2009, 6:30-8:30 p.m.

The Citizens to Preserve Black Hawk Park will host a Valentine moonlight outdoor walk and indoor music from 6:30-8:30 p.m. at Watchtower Lodge, Black Hawk State Historic Site. The event features a moonlight stroll along walkways lighted with luminaries. Enjoy live music and homemade donuts inside the lodge. Singles, couples, and families of all ages are welcome. Call (309) 788-9536 or visit www.Blackhawkpark.org for details.

Chili Chase

Duck Creek Lodge, Davenport, IA
February 22, 1:00 p.m.

A reward of tasty chili is always a good reason to go for a run. Enjoy Duck Creek Park on this annual four-mile fun run. Following the race, Cornbelt Running Club ensures runners are rewarded with great food, and of course, chili! To register, call John Parker, Cornbelt Running Club, 563-326-1942 or visit cornbelt.org for more information.

eServ eDive

Utica Ridge and 53rd, Davenport
Friday, February 27, 3 p.m.

Join 500 other free spirits for a quick polar bear plunge to support Junior Achievement of the Heartland, which serves youth in eastern Iowa and western Illinois. Those who take a quick dip will receive a sweatshirt, but for the rest of us warm-blooded creatures who prefer to stay that way, you can enjoy the food, live music and beverages to follow. Individual or corporate teams are welcome. Register at jaheartland.org, or call Jen Schrempf, (309) 736-1630. Admission is \$30. The plunge takes place at the eServe offices' manmade pond (located behind Merrill Lynch) on the northeast side of 53rd, just past Utica Ridge Rd., Davenport.

FROM SNOWSHOEING
to MOONLIGHT WALKS,
HEARTY QUAD CITIANS
WILL FIND *many ways*
TO ENJOY WINTERTIME

RIGHT HERE *at home...*



This year is going to be different. This year, you're not going to try the doomed-from-the-outset diet. This year won't start with a new Flab Roller you try eight times, then use as a clothes rack. This year, 2009, will belong to the new you.

Mississippi Valley Health Magazine asked the advice of our team of medical, physical, nutritional and psychological experts to help you make 2009 the year for a lifetime of healthy changes.

Change is what you're going to do, but you're going to keep it manageable – because too much is just about impossible. “Combining major dietary and fitness changes is like moving to a foreign country,” says Dr. Rosina Linz, a Davenport psychologist and member of the Mississippi Valley Health Network specializing in managing life changes. “It's a transition that is not going to go well at all without some strong emotional supports and knowledge. No matter how great our intentions, motivation and commitment, taking this on with a sink-or-swim attitude is a recipe for eventual failure and frustration.”

No more “diets” and ho-hum exercise

Our experts advise that the two changes you must manage are your meals and your activities. But you're not going to travel the familiar roads of name recognition diets (low-carb, no-carb, carb-only, whatever) and expensive gym memberships or apparatus purchases. Instead, you're going to make two gradual transitions. First, you'll carefully transition yourself and your family from low-health, high-calorie convenience foods to a daily menu that is satisfying, healthy and better for you all around – even your pocketbook.

The second shift will be to a lifetime of regularly scheduled fitness programming. Coming at the problems from these perspectives, you may just look back at 2009 as the year when it all changed. For the better. For good.

The Diet is Dead – Long Live the Diet!

You're going to live with your body for the rest of your life, so make a plan for the entire trip. Many of us need to lose fat, but

coming at it just as a weight-loss issue can lead in the wrong directions. We all know by now that The Diet is doomed, or if we don't know, we should. Doing away with carbohydrates, eating only mung beans or grapefruits, doing away with fats and eating only carbohydrates, eating only food grown within 25 miles of your house – none of these is sustainable over the long term. The crushing, guilt-laden end to any one of these unrealistic diets is always just one catered holiday party or sumptuously presented Valentine chocolate away. Human animals like food. In any competition between a human's culinary cravings and that human's willpower, the smart money is on the cravings.

“The question really shouldn't be ‘What diet will help me lose weight in time for swimwear season?’” says Bettendorf Hy-Vee Registered Dietician Stacy Mitchell. “The question is, ‘How can I enjoy eating healthy food for the rest of my life?’” The plan that has the best staying power centers on consistent portion control and a strong emphasis on quality, minimally processed foods. “And besides, all the barriers of fast food, money and time – there is always a way to make or find healthy food anywhere you go. I cannot say it enough, everything in moderation,” says Mitchell.

Mitchell is certified in Adult Weight Management by the American Dietetic Association Commission on Dietetic Registration and is passionate about helping others find realistic, quick, simple and healthy eating tips for everyday life. She also hosts “Recipe Re-Do,” a local public television program (airing on WQPT) that changes recipes for the better.

Transitioning to consistently healthy fare for many of us means transitioning to a new, lifelong approach to food. Specialized support is critical to making this lifestyle change. “It's important to have contact with others who share what you're going through,” says Dr. Linz. “They're the ones who will hold you accountable for your choices.”

“Whole grains, fruits and vegetables, lean meats – people already know the fundamentals of healthy eating,” says Mitchell. “Where we work to close the gap is in making it easy to apply that knowledge in daily life, and over the long term.”

There are many good alternatives to high-calorie comfort and convenience food. Mitchell points out that, “Simple things like drinking two glasses of water before eating and sneaking some good high-fiber, low-calorie ingredients into your favorite pig-out food can make a huge difference in the calories you take in.” And making good choices in the grocery store can help us learn to make better ones when the pressure's on. If there's nothing too outrageous in the fridge, it isn't too much of a problem to stand and stare into it. If we've made good choices in the grocery store, it'll be hard to make bad ones at home.

The sweet-treat problem is a serious one because of how our bodies metabolize simple sugars. Ice cream or other sweet treats can cause cycles of high and low blood sugar, and those cycles trigger hormonal secretions that make us want more and more high-calorie foods. It's a deadly cycle.

Gastroenterologist Bavikatte Shivakumar, M.D., Gastrointestinal Clinic of the Quad Citie's, says managing weight loss comes down to some very basic changes. "It's simple math: calories in vs. calories out. You need to expend more than you take in. Patients also tend to confuse low-fat options with health. Beware of low fat foods because they compensate for taste by adding sugar," he advises.



Tuvi Mendel, M.D., Orthopaedic Specialists, P.C.

Dr. Shivakumar recommends avoiding snacks and really increasing your intake of fiber – an amazing ally in fighting weight. "Both soluble and insoluble fiber are necessary for a number of reasons," explains Dr. Shivakumar. "Insoluble fiber doesn't dissolve in water and passes through your digestive system largely unchanged. Insoluble fiber is found in cereals, wheat bran, and in the stalks and peels of fruits and vegetables. It is a great mechanism for slowing down digestion and for keeping your intestinal walls scoured and healthy."

An End to Exercise!

There are a few hard-core athletes who actually enjoy going to the gym to run nowhere on a treadmill, but for many the allure is ... well, there just isn't always allure to monotonous crunches or weights or ellipticals. So, how do you achieve and maintain physical fitness critical to good health?

Almost every gym in the nation starts the year with many earnest new members. You can see them in there, sweating

and straining and working hard. But a lot of those determined January faces are nowhere to be seen when May rolls around. There are many reasons for failure, including unrealistic expectations for quick weight loss and a true resentment of feeling like a hamster on a wheel. The secret: find something you love to do, first. One of the keys to becoming and staying fit is to shift the focus off of exercise and onto activity. "Doing something you enjoy is one of the keys to lifelong fitness," says fellowship-trained foot and ankle surgeon Tuvi Mendel, M.D., Orthopaedic Specialists, P.C. "It works just like stage magic. While you're paying attention to the fun thing you're doing – something else entirely is occurring – you happen to be moving and breathing!"

Having a regular activity you enjoy is a great start, especially if it's something non-seasonal and full-body like dance or racquet sports or martial arts, regular participants can maintain a fair level of fitness.

The problem is harder for people who only want to become and stay fit, in the most efficient possible way. For them, trainers and workout buddies and other accountability systems are critically important.

"The key is to mix it up and do something active every single day," adds Dr. Mendel, "It can be jogging one day, gardening the next, but keep moving."

"It takes more than just a goal, patience and a personal commitment," adds Dr. Linz. "To make any good change last a lifetime, it's going to take new knowledge and people to help you apply that knowledge to your own life."

"Trying to tackle weight loss and exercise all at once, while not giving yourself permission to fail, will ultimately result in frustration," she adds. "So, take your time, make small changes every day, and know you are on the road to better health."

TRYING TO TACKLE WEIGHT LOSS AND EXERCISE ALL AT ONCE, WHILE NOT GIVING YOURSELF PERMISSION TO FAIL, WILL ULTIMATELY RESULT IN FRUSTRATION.

COLON CANCER: Detectable and Preventable!

March is Colon Cancer Awareness Month – Are you at risk?

We've all heard the saying "Prevention is the best medicine!," in the case of colon cancer this rings true. Colorectal cancer – commonly known as colon cancer – is the second leading cause of cancer death in the United States.

Colorectal cancer affects both men and women of

all racial and ethnic groups, and is most often found in people aged 50 years or older. While one of the leading causes of cancer deaths, it is also one of the most detectable and thus, preventable forms of cancer. "Colorectal cancer screening saves lives. Screening can find precancerous polyps – abnormal growths in the colon or rectum – so that they can be removed before turning into cancer. Screening also helps find colorectal cancer at an early stage, when treatment often leads to a cure," says Bavikatee Shivakumar, M.D. Gastroenterology Clinic of the Quad Cities.

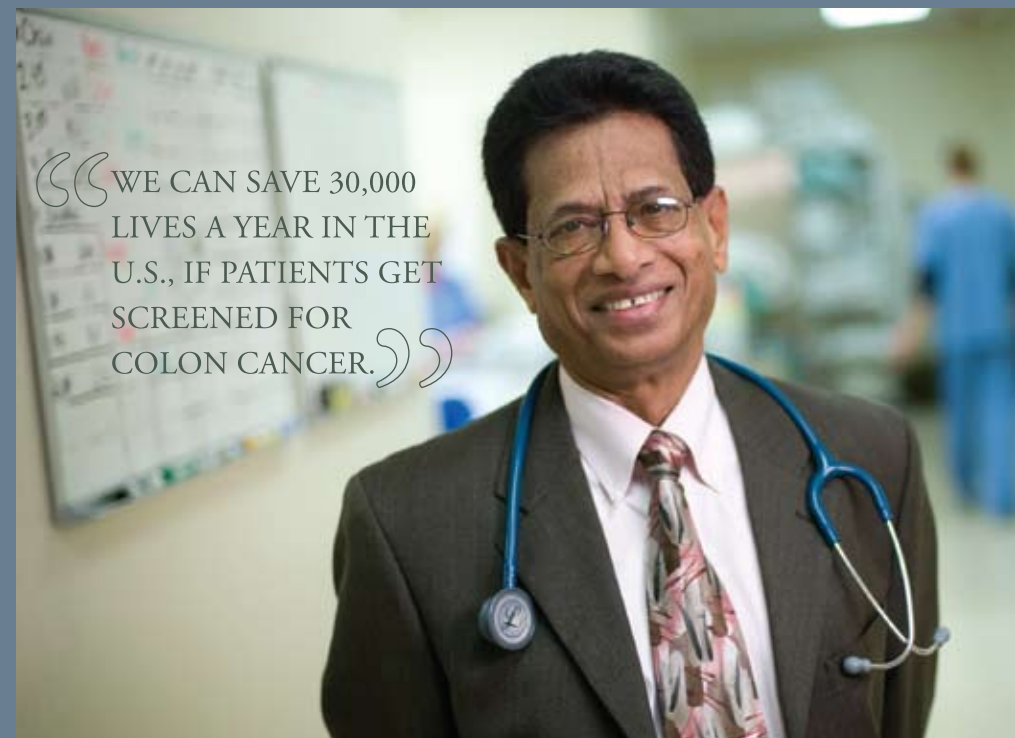
People with certain risk factors are more likely than others to develop colorectal cancer. These risk factors include:

- Age over 50
- Having had colorectal polyps or colorectal cancer before
- Having a history of inflammatory bowel disease, specifically, ulcerative colitis and Crohn's Disease,
- A first degree family history of colorectal cancer or colon polyps
- A past history of other types of cancer

If you meet any of these risk factors, talk with your doctor about your screening options. If you are under age 50 and fall into the above categories, most insurance companies will cover a screening colonoscopy.

"Knowing the risk for colon cancer and getting tested are important steps to early detection of colon cancer," says Dr. Shivakumar. The American Cancer Society emphasizes the importance of a regular screening program that includes annual

fecal occult blood tests (FOBT), periodic partial or full colon exams, or both. Leaders in the field have estimated that, with widespread adoption of these screening practices, as many as 30,000 lives could be saved each year. So this March take the time to talk with your doctor about colon cancer, it might save your life.



Bavikatee Shivakumar, M.D., Gastroenterology Clinic of the Quad Cities

To schedule your Screening Colonoscopy, contact Gastroenterology Clinic of the Quad Cities at **563-359-9696**. Often times no referral is needed!

MEDICAL HEALTH INSURANCE 101: *What you don't know will cost you*



The word “budget” is creeping back into everyday American dialogue as the credit crisis has forced people to re-think debt, responsible savings and financial management. Now, add your health insurance to the list of expenses you need to watch. “When it comes to health insurance, people don’t budget for procedures,” says Brian Bourke of the Mississippi Valley Health Network. “When patients and their families don’t understand deductibles and coverage limits, it’s a surprise when they find out how much they are going to have to pay out-of-pocket when the medical bills hit their mailbox.”

Fortunately, there are ways to become a smart, savvy healthcare consumer, without compromising your or your family’s health. We asked both insurance experts and billing managers at our Mississippi Health Network offices to list the top five things patients should know about their health insurance coverage that can help save money.



1. Know your plan’s “covered benefits.”

Your health insurance policy is an agreement between you and your insurance company. The policy lists a package of medical benefits such as tests, medications and treatment services. The insurance company agrees to cover the cost of certain benefits listed in your policy. These are called “covered services.” Your policy also lists the kinds of services that are NOT covered by your insurance company. You will need to pay for any uncovered medical expenses that you receive. Insurance companies determine what tests, medications and services they will cover. These choices are based on their understanding of the kinds of medical care that most patients need. In some cases, your doctor might decide that you need medical care that is not covered by your insurance policy, which means you would be financially responsible.

Tip: When it comes to medications, every managed care plan also has a drug formulary. A *formulary* is a list of prescription medications that your health plan has approved. If a medication isn’t on the formulary, you’ll probably have to pay more for it. Your insurance company can give you a list of drugs that are covered. If necessary, show the list to your doctor when the doctor writes you a prescription.

2. Know if the procedure needs “preauthorization” or “precertification.”

If your doctor decides that you need to go to the hospital, have surgery or have certain tests, your insurance company may refuse to pay for it unless the service is preauthorized or pre-certified (approved prior to the service being performed). Your insurance ID card will often list the number to call or Web site to access to determine this. When in doubt, always contact your insurance company.

3. Know what costs you are financially responsible for.

Healthcare benefits are changing rapidly. Not only are patients paying more of the insurance premium dollar, patients are also becoming responsible for a larger portion of the healthcare bill. This is achieved through increasing the deductible, co-pays, and co-insurance amounts. These are often referred to as out-of-

pocket expenses. Experts advise that you understand these out-of-pocket costs ahead of time, so you can budget appropriately and are not surprised by a large bill.

4. Know how to interpret an EOB and your bill from the provider.

Insurance companies send patients an “Explanation of Benefits” (EOB) once they have processed the healthcare claim. The EOB will identify how the claim was processed, what benefits were applied, and the patient liability. This is NOT a bill. Once the insurance company sends your healthcare provider a check for the allowed amount, the provider will send you a bill or a patient statement to notify you of the amount you owe.

Tip: The sections on the EOB and the patient statement that show the amount you owe should match. If not, call your insurance company and healthcare provider to find out why.

5. Know what to do if your claim is denied.

If your claim is denied, your EOB will list the reason it was denied. You may need to call your insurance company to further understand the reasoning. There are multiple reasons a claim can be denied such as a processing error, need for additional information, or it is a non-covered benefit. Once the reason is determined, you may need to work with both your insurance company and your healthcare provider to resolve the issue.

If your insurance company denies your claim, you have the right to appeal (challenge) the decision. Before you decide to appeal, know your insurance company’s appeal process. This should be discussed in your plan handbook. Also, ask your doctor for his or her opinion. If your doctor thinks it’s right to make an appeal, he or she may be able to help you through the process.

Tip: Make sure you carry your insurance ID card and always respond to questionnaires from your insurance company – this could make the difference between them paying or not paying.

KNOW YOUR CARE OPTIONS. AMBULATORY SURGERY CENTERS COST LESS.

There are options for less expensive procedures and care that are covered by insurance. For example, many Quad City patients are choosing to have their elective or non-emergency procedures done at Davenport's Mississippi Valley Surgery Center (MVSC) rather than the area hospitals. "Typically, our costs are much lower than a hospital, because our patients heal at home instead of in a hospital bed," explains Alison Beardsley, MVSC manager. "We accept all major insurances because our insurance partners recognize that ambulatory surgery centers like the MVSC are managed efficiently with lower infection rates and excellent quality of care," she adds.

As an example, based on Iowa Hospital Association data, charges at local Quad City hospitals for knee replacement surgeries range from \$26,000 to \$38,000. The average charge for knee replacement surgery at Mississippi Valley Surgery Center is \$19,000, which is significantly lower than the hospitals.

"Insurers are beginning to see the benefit of performing this procedure in the outpatient setting from both a quality and

cost perspective," adds Dr. John Dooley, MVSC administrator. "The cost of health care is on the forefront of everyone's mind. This is just one example of how the MVSC and its network of partners are making quality healthcare more convenient and cost effective."

Five Ways to Save Money on Health Expenses

- 1) Know your deductible and coverage limits ahead of time.
- 2) Shop around. Doctors, procedures and facilities vary in cost.
- 3) Budget before the procedure.
- 4) Ask if a procedure must be done at the hospital.
- 5) Raise the red flag! Call your insurer if you don't understand the bill.

INSURANCE TERMS TO KNOW

Below is a list of common health insurance coverage terms to help everyone understand more about what his or her health insurance plan has to offer:

Allowed Amount/Contractual Allowance

Insurance companies contract with health care providers at a discounted rate off of the provider's billed charges. This rate is the amount that the healthcare provider agrees to accept for that service. These rates vary by insurance company and provider. What does this mean? Not every provider costs the same.

Co-insurance

This is a percentage of each claim that will be passed on to the patient in addition to the deductible amount. For example, if you have 90/10 coverage, you will be responsible for paying 10% of the allowed amount of that claim.

Coordination of Benefits

If the insured has available two or more sources that would cover payment for certain conditions, such as being under a spouse's insurance plan along with their own, the insurance company would not pay double benefits. In this case, the health insurance company would coordinate benefits to make sure each plan pays a portion of the service.

Co-payments

This is the pre-determined amount set by the insurance company that the patient will pay prior to receiving services. This is often associated with physician office visits.

Deductible

The deductible refers to the amount of money that the insured would need to pay before any benefits from the health insurance policy can be used. This is usually a yearly amount so when the policy starts again, usually after a year, the deductible would be in effect again. Some services, like doctor visits, may be available without meeting the deductible first. Usually there are separate individual deductible amounts and total family deductible amounts.

Exclusions

The exclusions are the things that the insurance policy will not cover.

Lifetime Maximum

This is the most amount of money the health insurance policy will pay for the entire life. Pay attention to individual lifetime maximums and family lifetime maximums, as they can be different.

Out-of-Pocket

This is the cost a person would pay out of his or her own pocket. An out-of-pocket expense can refer to how much the co-payment, coinsurance, or deductible is. Also, when the term "annual out-of-pocket maximum" is used, that is referring to how much the insured would have to pay for the whole year out of their pocket, excluding premiums.

Pre-existing Conditions

This is an illness or condition someone had before obtaining the insurance policy. Some plans will cover pre-existing conditions while others may completely exclude them. If excluded, the patient will be responsible for all costs related to that condition under their new policy.

Find Joy in Winter:

*Wintertime is a time for reflection and introspection,
a time to rest and rejuvenate*

BY DR. ROSINA LINZ, PSYCHOLOGIST, MISSISSIPPI VALLEY HEALTH NETWORK

Having moved from California to return to my native Iowa last year, I am experiencing my first midwestern winter in 26 years. While others tell me they pack up after the holidays and head for warmer climes, I am actually looking forward to what winter brings, and so can you. In California there is not the true distinction of the seasons.

One season often just folds into another. California winters are a rainy time of year and last maybe two to three months, the days are shorter, and there is snow in the mountains. Our Iowa winters are a distinct season lasting for at least five months – and it can be a long march to the glories of April.



Relax, Rejuvenate and *Embrace Winter*

- Get plenty of sunlight, particularly early morning light. Regulate your sleep so you go to bed and get up at the same time every day.
- Exercise outdoors if possible. Get at least 30 minutes daily. Exercising outdoors for one hour is equivalent to 2 1/2 hours of light therapy. (special lights)
- Develop healthy eating habits. Eat fresh vegetables and fruits when possible. Proper diet helps to stabilize mood.
- Consider aromatherapy. Lavender is a good scent to alleviate depression. Bath salts and candles are good for calming and balancing emotions.
- Stay in touch with family and friends. Don't withdraw. Be with the people you want to be with, not those you feel obligated to be with.
- Use particular colors around your home or wear them. Red, orange and yellow invoke images of fire heat, warmth and happiness. Treat yourself to fresh flowers to remind you of summer.
- Try something new. Start or finish the scrapbook in the closet. Read the book that's gathering dust.
- Incorporate more spiritual components into your life.



Nature rests and so should we

Wintertime can be a time for reflection and introspection, a time to rest and rejuvenate. Seasonal changes can be times for reorganization, for increasing self-awareness and for reflecting upon your priorities, yet there are occurrences of greater stress and potential illness or physical difficulty. Tension, illness and emotional distress, such as “the blues,” can happen when we resist seasonal change with negative thinking.

We need to accept that with winter comes an opportunity to adjust our expectations for the coming year. We need to find a balance in our daily lives and integrate our cycles with those of nature. We must learn to flow with the seasons and have a positive attitude.

Some of the ways I plan on enjoying this winter season are building my practice, working on projects that I have been putting aside, spending time with family, sitting by a fire, reading a good book, playing outside and keeping warm.

The blues' biological connection

However, don't think for a moment that frustrations over seasonal change are all in your head. The shortage of light in the winter can affect our hormonal balance, contributing to the wintertime blues. We may feel low on energy, irritable, experience sleeplessness, and have reduced interest in social activities. There is a growing body of research suggesting that bright light stimulation does have a significant impact on the functioning of the human brain. And it appears that maintaining normal levels of brain chemicals such as serotonin and melatonin has come to rely, in part, on getting a certain amount of bright light stimulation each day.

Winter's changes can affect our mood and how we feel. Some people become more depressed due to lack of light. In addition to the shorter days, winter blues may result from failed expectations of the holidays, the inability or lack of motivation to stay active, or frustration with the cold weather. (For information on the different causes of seasonal affective disorder, or SAD, and depression, see sidebar on page 15.)

There are opportunities that winter offers us to stave off the dreaded short, dark, blustery season. We need to become more conscious of the change of seasons and prepare our body and spirit for the coming year. We need to move from resistance to acceptance of winter and pay more attention to our natural world.

In the past, society was much closer to nature and we have moved away from that. We have gotten too busy doing other things in our lives and forgotten the important role nature plays in our well being.

As the natural world comes to rest at some point, so can we, yet we tend to resist it. It's time we all learned to embrace winter, and seek the solace, rest and rejuvenation these cold winter days are giving us. Soon enough we will be ready to enjoy spring with a renewed spirit for the coming year.

“IT'S TIME WE LEARNED TO EMBACE WINTER, SO WE CAN RE-ENERGIZE AND BE READY FOR THE JOYS OF SPRING.”



Rosina Linz, Ph. D., Mississippi Valley Behavioral Health, Davenport, IA

THE BLUES, S.A.D. AND DEPRESSION

Winter blues, seasonal affective disorder (SAD) and depression are a continuum based on how severe a person's ability is to function. Winter blues consists of decreased energy, irritability, increased desire to sleep, and reduced interest in social activities. SAD is more related to the time of year. In most cases the episodes begin in fall or winter and remit in spring. Symptoms may include sleeping too much, overeating, weight gain, and craving carbohydrates.

Clinical depression is the severest form and its cluster of symptoms last much longer than the winter blues or SAD. Symptoms can include but are not limited to: mood changes (sadness, intense irritability, feeling easily frustrated); low self-esteem (feelings of worthlessness, lack of self-confidence); extreme negative thinking, including pessimism, a bleak view of the future; thoughts of hopelessness, thoughts about suicide, brooding, worrying and fretting. There is also often a marked change in physical functioning including: sleep disturbances, fatigue, loss of sex drive, and a change in appetite and weight.

Do you need help?

If your depression is seriously interfering with work, school, or significant personal relationships, or there are marked changes in physical/biological functions, you should seek professional counseling. Other red flags include alcohol or drug use that has been escalating or is hard to control, or if you have been experiencing serious thoughts about self-harm or suicide. A general rule of thumb: if self-help approaches are pursued for more than one month and you fail to see noticeable improvements in depressive symptoms, it's time to seek professional counsel.

Rosina Linz, Ph.D., is a licensed psychologist, treating patients in the areas of: depression and anxiety; life transitions; stress and trauma; grief and loss; and pain management. Her practice is located at the Mississippi Medical Plaza, 3400 Dexter Court, Ste. 101, Davenport, IA, (563) 468-8010.



Dr. Douglas Khoury and three sons (left to right) Brian, Taylor, and Cameron share a love for hockey.

As a teenager growing up in Bangor, Maine, hockey was a big part of Douglas Khoury's life. Now, as a father and Davenport surgeon, his love for the game is reaching a new generation of Quad City youth.

Dr. Khoury, Davenport Surgical Group, P.C., and a Mississippi Valley Health Network member, is a regular at the Sunday night Over-30 League sessions at the Quad City Sports Center. "Hockey is a great fitness activity as well as a great competitive sport," says Dr. Khoury. "I started playing when I was 14, and I've loved hockey ever since. It's fantastic to have a facility to play in here in the Quad Cities."

For Dr. Khoury and the other adult hockey players, it isn't just the game. There's a special kind of camaraderie on the ice. "It's fun. It's a diverse group of people. Firemen, police officers, city administrators, students and faculty from Palmer as well as a lot of John Deere employees all play the sport," says Dr. Khoury. Having hockey in common helps adult players form longlasting friendships, both on and off the ice. "I never would have met most of these people if we didn't share a great love for hockey," he says, "and they're good friends."

The QCSC plays host to several adult hockey events each week, and local hockey interest has been growing recently. Although the Quad City Sports Center has had at least one sheet of ice open during seasons since 1995, the last several years saw interest in the facility, and hockey in particular, flat or down. That is changing, in part due to enthusiasts like Dr. Khoury.

"Back when we first opened, we relied on people who had been driving to Dubuque to play — Canadians who were here through John Deere and other people who were already into hockey," says Todd Finch, Assistant General Manager and Hockey Programs Director for the Quad City Sports Center. "We had coaches on the ice in tennis shoes. You know, just dads who wanted to help but who didn't really know how to skate." Now both of the QCSC's sheets of ice are full of adult players, kids and coaches — all equipped and having fun.

Dr. Khoury is one of the active coaches, guiding the 9-10 year old Squirt Team and one of the high school house league teams. "I have three boys who also play, and I coached them through middle school. My oldest son, Brian, plays for the QC Blues, the area high school team. My two other sons, Cameron and Taylor, play in the house league. Since we've been here 12 years, my kids have grown up through the sport, and they've really enjoyed it together."

The sport doesn't come without risks, though. Dr. Khoury has had some help getting back on the ice after breaking his wrist last December. He had been playing in the competitive 18-and-over open division when the injury occurred. Dr. Tyson Cobb, Orthopaedic Specialists, P.C., evaluated him that night and subsequently referred Dr. Khoury to a specialist in Chicago to expedite his return to work. "I asked Dr. Cobb when I could get back," Dr. Khoury recalls. "He said I couldn't play hockey for 3-4 months, and I said 'I mean, performing surgeries!' We both had a laugh over that one."

In any case, you couldn't keep Dr. Khoury off the ice if you tried. He's back to playing on Sunday nights, in the Over 30 League but he gave up the competitive league for good.



Thanks to some other medical connections — a gift from the late Dr. Walter Neiswanger — one of international youth hockey's big success stories in recent years has been right here in the Quad City area. Even though many folks around here still view hockey as an interesting sport belonging to our northern neighbors, that perception is changing, especially with the recent addition of the OneGoal Program at the QCSC. It makes hockey easier and less intimidating for even non-skaters to try.

Hockey can be one of the most expensive sports for participants — a full set of equipment, from skates to gloves to helmet, can easily run to \$400 — but the QCSC's programs make the equipment available for a nominal, refundable deposit. "Nobody wants to spend that kind of money only to find out that they don't like the sport," says Finch. "We got started with an initial \$10,000 gift from a local doctor, and we used that to buy equipment."

Making the equipment available has made it easy for kids who've never even skated to try the ice. And offering consistently fun activities and personal attention to parents and kids keeps them coming back: more than 60 percent of the kids who sign up for introductory six-week sessions stay to play in a QCSC house league or on a traveling team. The QCSC's program is such a hit here that it's featured on the international OneGoal web site as a leading success story — along with hockey posters for kids with lines like, "Friendship. Frozen boogers and all."

For more information regarding the Quad City Hockey Association, visit www.quadcityhockey.org. or call the Quad City Sports Center, 563-322-5220.

Better Surgical Techniques

Snow Sports Can Cause Eye Damage

By Leonardo M. Antaris, M.D., Quad Cities Retina Consultants



Winter can be a wonderful time. As the weather cools, our focus changes from baseball, tennis and football to a new host of interests. Some indoor sports, such as basketball, are played year round; others can only be enjoyed with frigid temperatures and snow. Ice hockey, skiing, snowboarding, snowmobiling are just a few of the more popular activities.

But regardless of your interest, your eyes are important. Perhaps the most keenly appreciated of your five senses (sight, hearing, taste, smell and touch), your eyes let you appreciate life to its fullest. What would fall be without its crisp colors or winter without the dazzle of newly fallen snow? How could you hit or catch a ball? How could you even drive to watch your children or friends play?

In many activities, particularly those that are non-contact, common sense eye care precautions are all that are necessary. Cold outdoor air and dry indoor air can quickly evaporate tears, especially when the person is moving. Who hasn't experienced this drying effect, and discomfort, when driving in a top-down convertible, running into the wind, or ice-skating? Contact lens wearers are at particular risk, for when the tears dry up the lenses can stick painfully to your eyes. Fortunately, the solution is simple. Winter's fast movers – skiers, snowboarders and snowmobilers, for example – should wear goggles to block UV rays, reduce the wind's drying effect, and offer some protection from tree branches, ski poles, or the errant snowball.

Snowballs, hockey pucks and eye trauma

Contact sports or sports that involve flying projectiles, like hockey pucks or racquetballs, can result in far more serious injury. According to the American Academy of Family Physicians, most of the more than 40,000 sports-related eye injuries every year are preventable. And that includes the most serious injuries. In fact, more than 90% of the injuries causing damaged or lost vision can be avoided by protective eyewear.

In general, the smaller and more rapidly moving the projectile, the higher the risk is for ocular damage. The main reason relates to the eye's protected environment. The eye is about the size of a walnut, nestled securely within a bony socket. Only the front is visible, like the tip of an iceberg – the sides are protected by our brow, nose, and cheekbones.

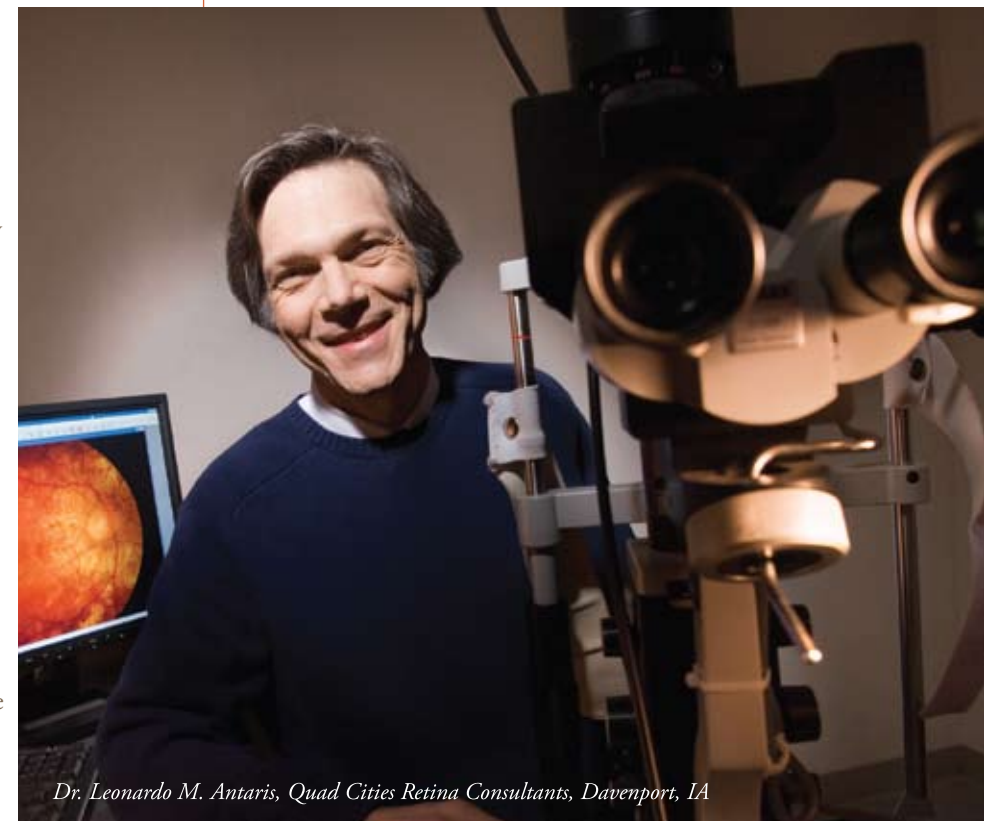
The problem comes with a frontal assault. If the object is large, like a volleyball or basketball, the bones around the eye usually soak up the damage. True, you might end up with a black eye – a classic shiner – but if you were lucky, the eye may have been spared. You get a lot of sympathy from your friends and family, have to answer a lot of embarrassing questions, but your eye will see another day.

Smaller objects, especially the fast moving ones that can fit in your eye socket, have the potential for far more damage. Under those circumstances, your eye has nowhere to hide. The eye gets compressed, distorted, and may even rupture. Internal bleeding, cataract formation (when the focusing lens in your eye gets cloudy), and retinal tears and detachment are common and serious complications. Reduced vision or unusual pain might signal internal damage, and if you have either, you should seek medical care.

Retinal tears and detachment

Interestingly, neither retinal tears nor detachments are associated with any pain. The first sign may be lightning flashes or a burst of floaters (that often reflects blood in the eye). If you get seen promptly, it may be possible to laser around the tear and prevent further damage. The laser is a quick and straightforward procedure that is performed in the physician's office. If you are not so lucky, the tear may progress to a detachment, characterized by a shadow that comes across your vision. Detachments are much more serious, for without treatment, you will likely become blind.

There are a number of ways that retinal detachments may be repaired. In pneumatic retinopexy, an expanding gas bubble is injected into the eye, holding the retina in position until it can be more permanently sealed with a laser or cryopexy (freezing) treatment. Frequently, retinal detachments require more complicated surgery. In some cases, the detachment can be internally repaired with a vitrectomy (whereby the gel inside



Dr. Leonardo M. Antaris, Quad Cities Retina Consultants, Davenport, IA

the eye is replaced with a clear fluid, gas, or silicone oil). Under other circumstances, the repair may require a scleral buckle, in which a silicone band is placed around the eye to afford external support. It's important to seek prompt medical attention if you suspect you have a retinal tear or detachment. The sooner the retina is attached, the better the chance for visual return after surgery.

Sports are a wonderful recreation and often provide a venue that can be enjoyed by the whole family. But real life isn't Hollywood and real injuries are rarely healed by the next week's sequel. Eye injuries can be devastating, and the best prevention can hardly be excused as an inconvenience. Be careful of your eyes; they need to serve you the rest of your life.

Dr. Leonardo M. Antaris, Quad Cities Retina Consultants, is a board-certified Ophthalmologist whose practice has been limited to vitreoretinal disorders for the past 18 years. Office: 1230 East Rusholme, Suite 107, Davenport, IA. Phone: (563) 326-8181.

We asked folks around the Mississippi Valley Health Network for their favorite wintertime soup recipes sure to warm the heart and soul...



Recipes

Tortellini Soup

Submitted by Alison Beardsley, Manager MVSC

Ingredients:

1 pound Italian sausage
1/2 teaspoon garlic
1 onion, peeled and diced
1/2 red pepper, stem and seeds removed, diced
7 cups beef stock
1 (8-ounce) can tomato sauce
1 (1-pound) can crushed tomatoes
1/2 teaspoon basil leaves
3 carrots, shredded
1 (9-ounce) package fresh cheese tortellini noodles
1 zucchini, sliced
6 ounces mushrooms, sliced
1/4 cup fresh, chopped parsley
Parmesan cheese

Directions: Brown sausage in 6 qt. or larger pot. Remove drippings. Add garlic. Put onions and red pepper into pan and sauté. Stir in beef stock, tomato sauce, crushed tomatoes and basil leaves. Add shredded carrots; stir thoroughly. Simmer 30 minutes. Add tortellini noodles and cook 3 minutes. Add sliced zucchini and mushrooms. Add chopped parsley and continue to cook for 3 minutes. After serving, add parmesan to taste!



Old-Fashioned Slow Cooker Ham and Bean Soup

Submitted by Lisa Borchers, R.N.,
Mississippi Valley Pain Clinic

Ingredients:

1 ham bone or pork hock
1/2 bag of Great White Northern beans
1/2 bag of mixed soup beans
1 onion, chopped
2 carrots, chopped
Seasoned salt and pepper
1 bay leaf

Directions: Soak beans overnight. The next morning, put all ingredients in the crock pot and season with salt and pepper. Add bay leaf. Fill with water until the beans are covered, by approximately one inch of water. Put on low for 6-8 hours. One half hour before serving, remove pork from bones, mash a few beans along the sides of the pot. Add pork back into the soup, stir and simmer for 20 minutes. Season to taste and serve with a small green salad or cornbread.

Chicken Artichoke Brie Soup

Submitted by Angie Van Utrecht,
Operations, Orthopaedic Specialists, PC

Ingredients:

1/4 cup butter or margarine
1 cup chopped carrots
1 cup sliced celery
1 cup chopped onion
2 cloves garlic, minced
2 14-ounce cans chicken broth
1/2 teaspoon ground white pepper
1/4 teaspoon salt
2 cups half-and-half, light cream or whole milk
1/4 cup all-purpose flour
1-1/2 cups cubed cooked chicken or turkey
1 cup whipping cream
1/2 of a 8- or 9-ounce package frozen artichoke hearts, thawed and cut into bite-size pieces
1 10-ounce package frozen chopped spinach, thawed and well-drained
1 4 1/2-ounce round Brie or Camembert cheese, rind removed and cut up
Croutons (optional)

Directions:

1. In a large saucepan, melt butter over medium heat. Add carrots, celery, onion and garlic. Cook and stir till tender. Add broth, white pepper, and salt. Bring to boiling; reduce heat. Simmer, uncovered, for 15 minutes.
2. In a large screw-top jar combine half-and-half and flour. Cover and shake well until smooth; stir into soup. Cook and stir till thickened and bubbly.
3. Stir in chicken, whipping cream, artichoke hearts, spinach and Brie. Cook and stir over medium-low heat about 5 minutes more or till heated through and cheese is melted. (Stir often to make sure soup doesn't scorch on bottom of saucepan.) Serve topped with croutons, if you like. Makes 8 side-dish or 4 main-dish servings.



Sausage, Bean and Spinach soup

Submitted by Christin Pickart, Ototech,
ENT Professional Services

Ingredients:

1 Tbsp Olive oil
8 oz ground turkey sausage
1/2 cup cup chopped onion
1 clove minced garlic
2 cups coarsely chopped spinach
2-14oz cans of chicken broth
1/1/4 cup mild salsa or picante sauce
2 cans small white beans, drained and rinsed

Directions: Brown sausage, onion and garlic together in oil. Add spinach, salsa and white beans, heat to boil to bring flavors together then simmer for 5-10 minutes. Serve with parmesan cheese sprinkled on top.



His red hair is irresistible. His eyes are mischievous. His charm is infectious. And his dreams are big.



“I WANT TO BE A DOLPHIN TRAINER, OR MAYBE...A DOCTOR, LIKE MY DAD.”

Meet 8-year old Sean Dolphin, a Bettendorf third grader with grand plans for his life, and no worries he's only 42 inches tall.

“When Sean was born, he was a perfectly sized little baby,” recalls his mother, Marcy Dolphin. So it was shocking news to his parents when they learned upon Sean's discharge from the hospital that a pediatrician suggested further testing for a potential genetic abnormality. “We had no idea until his doctor noticed some facial characteristics that were a cause for concern,” added Michael Dolphin, D.O., Sean's father, and also a fellowship-trained spine surgeon for Orthopaedic Specialists, Davenport. “After a blood test, we learned Sean has achondroplasia, the most common form of dwarfism.”

The genetic disorder causes unusually short arms and legs and can affect about one in every 25,000 births, yet neither of Sean's parents had any unusual family genetic history that might have prepared them for the news. “I was in denial for about the first eight months,” says Marcy. “Even as a toddler he was perfectly normal, just small. It wasn't until I realized that as other kids were able to open doors and reach the sink to wash their hands, Sean was too short to help himself. We knew we wanted to give him every chance to lead as normal a life as possible.”

The first child for anyone can be a daunting initiation into parenthood, and the Dolphins have had more than their share of challenges. “I look back in those early days, and yes, there was a lot of shock and a lot of questions,” remembers Dr. Dolphin. “At the time, I was going through my orthopaedic fellowship at Sinai Hospital in Baltimore, MD, coincidentally home to the International Center for Limb Lengthening (which would later play a significant role in his own young son's life).

“I was surrounded by some of the best orthopaedic doctors in the field, and I came to realize that Sean was a part of our lives for a reason. I told Marcy, ‘God gave us Sean because we can handle this.’”

Baby makes four

Sean's birth and subsequent diagnosis was only the beginning of a family journey that included a number of special surgeries for Sean – sure to test any parent's patience and faith. In addition to coping with Sean's physical challenges, four years after he was born, the Dolphins, who had always wanted children, learned they would be the parents of triplets! “Well, we always thought we'd have at least one more...but once again, heaven had other ideas,” laughs Dr. Dolphin.

But three pre-schoolers underfoot didn't derail the Dolphin's plans for another phase of Sean's treatment. Last spring, Sean underwent a series of four operations to lengthen his limbs at the Center for Limb Lengthening. The process, called “bilateral lengthening,” involved inserting 18 pins into Sean's legs to lengthen and strengthen his bowed legs. Every day, Sean's doctors would turn a wrench to straighten the legs. It was a slow process, taking more than three months, yet Sean showed the heart of a lion. Marcy stayed on the East coast with her son most of the time, while Dr. Dolphin was home balancing his orthopaedic practice with raising the triplets.

4.5 inches and counting...

“The Center for Limb Lengthening is really an amazing place,” describe Sean's parents. “While you are there you meet other kids and their families. Some kids have one leg shorter than the other, another girl was getting her arms lengthened.”

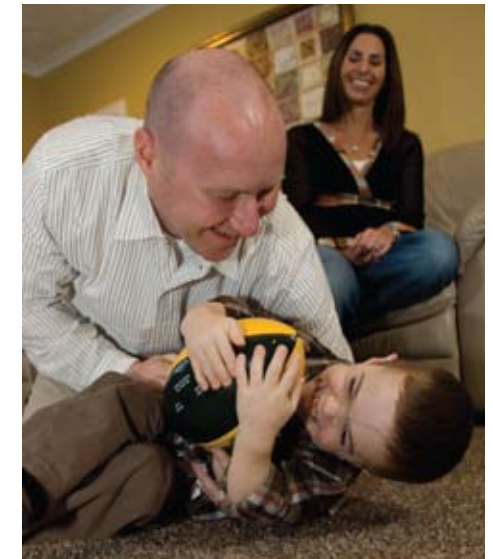
Adds Dr. Dolphin; “There were times as a parent, when you see your child struggling in rehab, that you'd ask yourself if the whole process was worth it. He is so small, and in his young life has endured five surgeries related to this condition. We certainly have shed more than a few tears.” However, the surgery itself was deemed a success as Sean gained 4.5 inches to his frame.

“It gets hard some times, but then you're like, ‘I'm happy I did it,’” Sean says matter of factly. “I saw a girl getting her arms lengthened, and I thought I wanted to look like her. Her legs were also long and she was so tall.” While Sean's folks have left the decision for the next surgery up to him, he's already talking about it. He becomes eligible when he's 11 or 12, and it could add another six inches to his height – putting Sean within reach of the five-foot mark as an adult.

Good things in small packages

Upon his return home, Sean was able to walk this past summer, but when the metal braces were removed in September, Sean was again wheelchair bound, with absolutely no weight-bearing activity allowed – a tough assignment for an 8-year old and his parents. Once again, Sean's spunk kept the challenges in perspective. “Your teacher tells me no more popping wheelies in school,” admonishes Marcy. Sean returns her stern gaze with a grin and a big eye roll.

“Today, life at home is organized chaos,” says Dr. Dolphin. “Sean is the oldest, and is very good, until he likes to stir things up with this siblings.” All four play together, and Sean is a big fan of sports. Just ask him. “I love baseball, soccer, tennis, football and basketball,” as he ticks off his favorites.



Sean keeps his spirits up and enjoys his physical therapy visits at Plaza Physical Therapy, a Davenport-based member of the Mississippi Valley Health Network. Swimming keeps him active while he's in a wheelchair, and the therapists are helping him regain his strength. “They are really amazing,” says Dr. Dolphin. “They sent physical therapist Nicole Norton out to Baltimore just to learn how to handle Sean's recovery. With children it's often hard to tell what causes their tears. It can be fear, pain, frustration in rehab, or any combination. It takes a special touch to work with kids at his age.”

“He has really taught us so much,” adds Marcy. “It really doesn't matter what size you are, what you look like or what special challenges you need to face. He's intelligent, athletic and is just great – he doesn't care that he's small.”

“It's also humbling to be on the other side of the doctor-patient relationship,” says Dr. Dolphin. “I tell my patients all the time that I know what it's like to live through pain and suffering. In sharing my life with them there's an understanding that we are all human.

“Life is good. We've been hit with adversity, but we've been fortunate he's so well-adjusted,” Dr. Dolphin reflects. “Every day, we know his future will be his own.”

“I TELL MY PATIENTS ALL THE TIME THAT I KNOW WHAT IT'S LIKE TO LIVE THROUGH PAIN AND SUFFERING. IN SHARING MY LIFE WITH THEM THERE'S AN UNDERSTANDING THAT WE ARE ALL HUMAN.”

Doctor Profile

Pamela F. Davis, M.D.



The Mississippi Valley Health Network of practices brings together a comprehensive group of physicians who share common values of patient-focused care in partnership with the Mississippi Valley Surgery Center. In each issue, we spotlight one of our network physicians who lives our mission to ensure patients have access to the best, most affordable and technologically advanced care in an outpatient setting – where we treat patients so they can fully recover and get back to their homes, families, and lives.

WHERE DID YOU GROW UP? All over the place! My father was in the oil business during the 1950s and 1960s. During my early childhood we moved from North Dakota to Mississippi and from Ohio to Wyoming. In 1973 we even relocated to London, England, while I was a junior high student. By high school, we were back in the States and Richardson, Texas, became my hometown. All of my siblings and our parents are still in north Texas. Even though I have been in the Midwest for 15 years, I still have Texas in my blood...and everyone knows it when I say, “How are y’all doin’!”

TELL US ABOUT YOUR FAMILY: I have been happily married to Taylor S. Davis for 23 years. Taylor is the true “modern man,” who has his own demanding career and is very involved in the management of our home, the girls’ activities and the community. Without such a supportive husband, I would not have been able to become the first woman partner at ORA or begin my most recent journey as a solo practitioner. We are truly a good team! We have two daughters, Sarah and Suzanne. Both attend Pleasant Valley High School, Bettendorf. We enjoy snow skiing and water skiing, and the girls are very active in athletics.

MY HOBBIES: I enjoy gardening, traveling, and maintaining physical fitness. I recently participated in a triathlon for the first time in 20 years and plan to keep at it! I am the treasurer for the Snowstar Ski Team.

WHAT INSPIRED YOU TO STUDY MEDICINE? I started out in physical therapy because I liked helping people regain strength and function after an illness or injury. I also enjoyed biology, especially the musculoskeletal system. After working as a physical therapist for several years, I decided go to medical school to become an orthopedic surgeon.

WHY DID YOU CHOOSE TO BECOME A SURGEON? I enjoy working with my hands. I like the immediate feedback of successfully repairing broken bones and correcting deformities. Orthopedic surgery allows me to make an immediate positive impact on patients’ lives.

WHAT ARE SOME OF THE LATEST ADVANCEMENTS IN FOOT AND ANKLE SURGERY PATIENTS SHOULD KNOW ABOUT? Orthopedics is making great strides in medicine. Now, patients can benefit from bone substitutes and advances in bone healing as well as improved treatments in the areas of soft tissue healing. In all of these areas, we are learning how to enhance a patient’s ability to heal even if they have other health issues that can affect recovery.

WHAT DO YOU FEEL IS THE TOP HEALTHCARE ISSUE FACING PATIENTS TODAY? I want patients to be able to maintain a choice in their doctor. I am also concerned about the rising costs of healthcare and believe it’s important to maintain access to affordable health insurance.

WHAT ADVICE DO YOU WISH PATIENTS WOULD TAKE MORE OFTEN AND WHY?

My main goal in practice is to help my patients maintain as active a lifestyle as possible. Even if a person’s health condition only allows a short daily walk, or 15 minutes on a stationary bicycle, doing just that makes a difference. It takes discipline, motivation and encouragement to stay with an exercise program. I hope always to be the motivator and encourager...so, my advice is: “Keep moving!”

DOCTOR: PAMELA F. DAVIS, M.D.

**AREA OF SPECIALTY: FOOT AND ANKLE SURGERY-
ORTHOPEDIC SURGERY**

YEARS IN PRACTICE: 15 YEARS

**COLLEGE AND MEDICAL SCHOOL: Baylor College of
Medicine – Medical Doctor, Orthopedic Surgery
Residency, Foot and Ankle Fellowship**

**MEMBERSHIPS: American Academy of Orthopaedic
Surgery, American Medical Association, American
Orthopaedic Foot and Ankle Society**

WHO SAYS IT HAS TO COST AN ARM AND A LEG TO TAKE CARE OF AN ARM AND A LEG



Sure, it's an old saying, but it's one we don't have to agree with. Whether it's paying high out-of-pocket deductibles or navigating through the insurance system and hospital bills, today's healthcare system can weigh heavily on your personal schedule as well as your budget. That's not how healthcare should be.

In fact, as a patient, you have control over where you go for specialized healthcare services – and the decision you make can have a direct impact on what those services cost. We're sure you'll find out why healthcare the way it should be doesn't have to hurt your budget.

When you select a physician who's a member of the Mississippi Valley Health Network you have someone who will work with you, your family, employer and insurance providers to make sure you get on the road to recovery (and back on your feet) safely, quickly and economically.

MISSISSIPPI VALLEY
HEALTH NETWORK™
What healthcare **should be.**™