

# Health & Fitness '99

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## Studies show your shoes are not the problem

With podiatry medicine in the forefront of news regarding older generations, Dr. C. Jeff Mauney, D.P.M., would like to clear up a common misconception - shoes are not the cause of foot problems. On the contrary shoe design is better than they have ever been. The shoe industry has taken a progressive step toward improving the quality of shoes being manufactured over the last 20 years ago.

Podiatry problems are usually inherited from previous generations. To prevent injuries or problems, people should always use common sense. Wear comfortable shoes, do not over exert yourself by keeping up with your running/walking partner, and take care of your feet. Some people don't understand when they walk an extra mile or two a day their feet will experience the most discomfort.

"As with an exercise program, you gradually work your way into a more vigorous workout," Dr. Mauney said. "Your feet need the same consideration."

In 1976, Dr. Mauney took over Foothills Podiatry, the practice his father started in the late 1930's. With offices in Shelby and Kings Mountain, Foothills Podiatry, is conveniently located to serve patients from Kings Mountain, Bessemer City and west Gaston County.

Foothills Podiatry provides medical attention and treatment either at the office or in the hospital as an outpatient. Rarely do patients require overnight stays in the hospital.

"We treat all ages of patients," said Dr. Mauney. "Podiatry problems are common among the general population. This is due to

increased activity, increased work hours and of course, inheritance."

Dr. Mauney and Kings Mountain Hospital (KMH) were very instrumental in the state movement for podiatry physicians to have hospital privileges. The third hospital in the state of North Carolina to offer podiatry physicians privileges, KMI assisted other hospitals and physicians in detailing the scope of services that were to be offered.

An advantage to having hospital privileges is the ability to perform complex procedures as outpatient surgery.

Dr. Mauney and his associate Dr. Ronald A. Maskarinec, D.P.M., currently treat patients in Kings Mountain on Monday and Wednesday. For more information about Foothills Podiatry, call (704)739-7653.

## Emergency Departments serve the high priority needs

by Dr. Ken Flowe,  
Medical Director,  
Kings Mountain Hospital ED

A hospital emergency department (ED) excels at diagnosing and treating acute and life-threatening emergencies quickly and efficiently. While it provides medical services 24 hours a day, it differs from doctor's offices and urgent care centers in many ways.

- An ED treats the sickest patients first.

In the ED, a nurse assesses all patients as quickly as possible to insure that the sickest patients are treated first. This process is called "triage." Because of the triage process, the ED cannot offer appointments or assurances of a quick visit. The order of treatment is based on need, not discrimination of nonmedical issues (race, insurance status, etc.). This would be unethical and illegal.

ED staff can also treat non-emergency conditions like colds, aches and pains, but only after the patients with acute and life-threatening emergencies have been treated. Unfortunately, this may cause a several hour delay in treatment for patients with non-emergency conditions.

The national average time for an ED visit in

hospitals the size of Kings Mountain Hospital (KMH) is approximately 2.5 hours. Often KMH ED staff are able to see patients more promptly than this, but no ED is known for fast treatment of non-emergent medical conditions.

- An ED is staffed by its own physicians.

People often think that they should be able to access their primary care physician through the ED. Many primary care physicians refer patients to the ED for care after hours, but they do so with the understanding that the ED physician is in charge of the diagnosis and treatment of the patient. A primary care physician does have access to any information or records created as a result of a treatment in the ED, but he or she may not see this information until the next working day.

- An ED is not a replacement for care by a primary care physician.

There are many benefits to establishing a long-term relationship with a primary care physician. These include the physician "getting to know you as a person," having a personal knowledge of a patient's physical, emotional and psychological health; and generally having more time to have discussions without interruption. Patients get the opportunity to become familiar with the nurses and other staff who provide care. The primary care physician office also can serve as a central location for all medical records, lab results and X-rays.

Patients who use the ED as a replacement for a primary care physician lose out on all of these benefits. The ED physician has limited knowledge of the patient's medical history as compared to the primary care physician. In some cases, the ED physician must provide a brief supply of medication that lasts until the patient can see his or her primary care physician.

- Treatment in the ED may be more expensive than treatment through a primary care physician.

ED's are staffed with specially trained nurses and physicians 24 hours a day. ED's are equipped much like a hospital intensive care unit, not a doctor's office. These enormous costs result in a larger bill for an ED visit as compared with a doctor's office visit.

Additionally, ED physicians are required to conduct an examination in order to rule out any potentially life-threatening reason for a symptom. This could involve very expensive testing. At a doctor's office, a patient's treatment will often address the most obvious and probable cause for a symptom. This is very safe and appropriate for a primary care physician who knows the patient's history. Treatment for non-emergency conditions, such as flu or sore throats is usually much less expensive in the doctor's office.

- The ED cannot treat patients over the telephone.

Although some patients may be able to describe their symptoms and receive a course of action via a telephone call to their primary care physician, an ED physician doesn't have access to a patient's medical records like a primary care physician. It is therefore generally impossible to make an adequate diagnosis over the telephone. To prescribe medications without assuring the proper diagnosis is unsafe. Therefore, patients will be asked to come into the ED for an examination before prescriptions or treatments are provided.

- An ED physician may not be able to pinpoint the

exact cause of an illness at the time of the ED visit.

Sometimes the symptoms a patient describes can be caused by a variety of illnesses. The ED physician is trained to rule out any life-threatening reasons for the symptoms. Sometimes this can be done by simply running a few tests. There are may be times when a life-threatening condition is ruled out, but the doctor may not have the exact cause of the symptom.

ED physicians execute a medical work-up to a point at which they are certain that whatever caused the symptoms will not cause irreversible harm to the patient in the immediate future. Once they reach this point, the ED physician is trained to discharge the patient from the ED and refer the patient to the most appropriate kind of doctor's office so that the work-up can be completed. For many conditions, the cost of such a complete work-up in the ED would be far too great.

- The ED welcomes and is prepared to treat any patient who is concerned that their symptoms could indicate a serious condition.

This is especially true if the patient's doctor is not immediately available. The sooner a heart attack or stroke can be identified and treated, the fewer lives are lost. The sooner a case of appendicitis or bowel obstruction can be identified, the better chance a patient has of a full and uncomplicated recovery. One should never hesitate to use the ED for what it is designed to do - to rule out the possibility of a severe, emergency or life-threatening medical condition. One should never be embarrassed if the chest pain turned out to be indigestion instead of a heart attack. Just be thankful that there is somewhere you can turn, at any hour, just in case.

## The seven "C's": The prescription for your good health

(NAPS)—Today's managed health care environment, with its rules, restrictions, and regulations, can be difficult to navigate. How can you be sure that you are getting the best health care possible? Who is looking out for your best interests?

The number one advocate for your health care needs is you.

Pathologists, doctors who care for patients through laboratory medicine, recommend that you find a partner to serve as your advocate—someone who will champion your needs and work with you so that you can stay healthy and treat any health problems that arise. And your best partner is your physician.

Your physician—in an open, communicative relationship with you—can help guide you to determine what's best for you and help ensure that you and your loved ones receive appropriate care.

To help you establish a productive partnership with your doctor, look to the following seven "Cs."

**Credentials:** Investigate the doctor's professional reputation. Ask friends or family, call the doctor's office, contact your state medical society, or look on the Internet.

**Choice:** Remember that you, as a health care consumer, have the

right to a second opinion or to change doctors. If you're not comfortable with a particular doctor, find one who is responsive to your needs.

**No Conflict of Interest:** Be sure that there is no conflict of interest that could compromise the quality of your care. In some plans, a doctor is paid a set fee for seeing and treating each patient, regardless of the care given to each patient. Some fear that this may encourage physicians to limit treatment or tests in order to save money.

**Competence:** A physician's credentials don't guarantee competence. You should ask your doctor to:

- itemize solutions to medical problems;
- describe the benefits of each solution;
- describe the risks and downsides of each solution;
- describe any other options; and
- put all of it in writing.

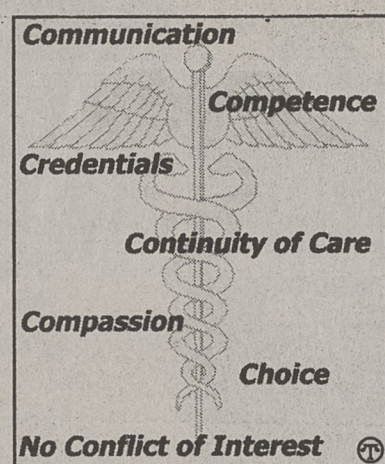
**Communication:** Candid, open communication with your doctor can help separate helpful health information from the harmful. Ask questions. Be forthright with information that can help your doctor treat you. If you're afraid to ask your doctor questions, you may have the wrong doctor.

**Compassion:** Your physician

should show you respect and demonstrate that he or she sees you as a human being.

**Continuity of Care:** It takes time to develop a trusting relationship. Having a long-term relationship with your physician can help ensure that you receive the best care.

According to pathologists, by being your own advocate, by learning as much as you can about your health plan, and by working closely with your doctor, you and your family can have the health care you want and need. For more information about how to navigate through the managed care maze, call the College of American Pathologists at 800-LAB-5678.



## Sinus problems are nothing to sniffle at

### What Are Sinuses?

Sinuses are any of the four pairs of air-filled cavities located behind and around the eyes and nose. They are connected to the nasal passages by thin channels. When functioning normally, these channels allow mucus and air to move through the nasal passages into the sinuses.

### What Causes Sinusitis?

The sinus channels are very small and become swollen due to a cold, allergies, medications, infection or inhaled irritants. This swelling is exacerbated by a build-up of bacteria, dirt and dust in the mucus. The result is that the channels become obstructed, trapping air in the sinuses, preventing mucus drainage and causing the pain and pressure that spell misery for sinus sufferers.

A number of triggers can cause or contribute to these symptoms. These include allergies, personal habits, such as smoking cigarettes, and environmental factors, such as cold, damp weather and

air pollution. Also, sinus sufferers frequently experience problems in the fall when the cold season gets underway and environmental triggers such as pollen and molds are at high levels.

"People who have a history of sinus problems are more likely to have another attack," says Robert Naclerio, MD, a sinus expert at University of Chicago. "It is important for these people to identify the causes of a sinus attack and treat it appropriately to minimize the number of occurrences."

### Symptoms Of Sinusitis

A number of symptoms can indicate the onset of a sinus attack. The number and severity of symptoms often varies from person to person and from attack to attack. The Harris poll revealed that a majority of sinus sufferers (67 percent) have had five or more symptoms, which include stuffy nose, head congestion, sinus headache, sinus pressure, facial pain, a cough and post-nasal drip.

### Treating Sinusitis

Numerous options are available to treat sinus problems, including the use of steam inhalation, humidifiers, nasal sprays and oral medications, such as decongestants, antihistamines and antibiotics. Ideally, people with sinus problems should treat both the pain associated with their condition and the congestion that causes it. One medication that provides relief of both the pain and congestion of a sinus attack is Motrin® IB Sinus, which contains the pain reliever ibuprofen and the nasal decongestant pseudoephedrine.

Dr. Naclerio stresses that any sinus condition persisting for more than one or two weeks may be caused by a bacterial infection, and a doctor should be consulted. Sinus infections can be treated only by prescription antibiotics, although the symptoms can still be managed by an over-the-counter pain reliever that combines a pain reliever and a decongestant.

## Kings Mountain Hospital And These Plans Unlock The Power Of The System For You

### PPO PLANS

Aetna US Healthcare  
Alliance Preferred Network  
BlueCross BlueShield of NC  
CAPP CARE  
CIGNA  
CNA Health Partners  
Ethix Southeast  
Health Care Savings  
HealthStar  
Healthsource  
Jefferson Pilot  
Joan Fabrics  
Mecklenburg Medical Society  
MedCost  
NC Teachers/State Employees  
PHP of SC  
Premier  
Primary Physician Care  
Prudential  
SC State Employees  
United Healthcare  
Wal-Mart  
WellPath

### POINT-OF-SERVICE PLANS

Aetna US Healthcare  
Atlantic Health Plans  
BlueCross BlueShield of NC  
CAPP CARE  
CIGNA Flexcare

### Companion Health Care

Doctors Health Plan  
Ethix Southeast  
Health Care Savings  
HealthStar  
HealthSource  
Jefferson Pilot  
Kanawha HealthCare  
MedCost  
PHP of SC  
Premier  
Prudential  
The Wellness Plan  
United Healthcare  
WellPath

### HMO PLANS

Aetna US Healthcare  
Atlantic Health Plans  
BlueCross BlueShield of NC  
Companion Health Care  
Doctors Health Plan  
Healthsource  
HMO Blue  
Kanawha HealthCare  
PHP of SC  
Prudential  
The Wellness Plan  
United Healthcare  
WellPath



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