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Health

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Helping the hearing impaired

BY TAMMY CHILDRESS

Taking an American Sign Language Class as a foreign language in high school was the spark that ignited a passion in Doctor of Audiology Lauren Esposito, Au.D. CCC-A, and owner of Abingdon Falls Plaza Hearing Center, to work with the deaf and hearing-impaired community.

"I initially wanted a career working as a teacher at a school for the deaf," Esposito said from behind her desk at Falls Plaza Hearing Center, "But when I took an introductory audiology course as an under-grad, I knew that I wanted to work in hearing health care."

She went on to say that being able to hear conversations is linked to mental and emotional health and those with hearing loss can lose their ability to communicate clearly, which can lead to people isolating themselves and feeling lonely.

"Communication is such a large part of relationship building," she said. "And when the ability to hear is waning people lose that vital part of staying connected to their families and friends. Having the ability to see people communicate again and no longer isolate themselves is a large part of why I wanted to become an audiologist."

Esposito also said there is a very strong connection between hearing loss, memory loss and dementia.

According to the National Institute on Deafness and Other Communication Disorders [NIDCD] approximately 37.5 million adults in the United State report some degree of hearing loss. And according to research by Johns Hopkins and the National Institute on Aging, seniors with untreated hearing loss are more likely to experience dementia.

"It depends on the amount of hearing loss someone has," Esposito said.
"People don't always know that they are experiencing hearing loss, so it's important for most people to have initial

test so we have a baseline to start with. If we catch the hearing loss early enough there is a possibility that the use of hearing aids can help with memory



retention, which in turn can slow the progression of dementia."

She also said not everyone who has a slight hearing loss needs a hearing aid. But if hearing health is monitored then hearing loss can be detected early.

"Early detection is key," she said.
"And there are so many types of hearing aids with different functions if hearing loss is detected early on it gives us a better idea of what type of hearing aids will work for the patient."

According to Esposito not all hearing aids are created equal.

"Most hearing aides now come with the ability to connect with Bluetooth and to different smartphones and the patient can choose whether to use the technology or not," she said. "And whether a patient uses or not doesn't affect the quality of the hearing aids. It simply gives the patient more choices.

She added that some patients choose to not use the technology because they simply don't like smartphones, while others like the idea of being able to stream their phone calls directly into their hearing aids.

"You can stream music, YouTube, and FaceTime directly into your ears if you choose to use the technology," Esposito said. "And for many of our patients that's a huge plus."

An initial hearing evaluation can take up to two hours if done properly, according to Esposito.

"We actually use hearing inserts when performing a hearing exam," she said. "They give a more accurate test result than exams using earphones because they sit in the ear canal. We also review the results of the hearing test with the patient before they leave. It's important for them to understand the health of their hearing and we don't want them to leave the office without that information."

She also recommended that those who think they might have hearing loss bring someone with them for the initial exam.

"It usually helps the patient to have someone with them," she said. "That way the other person can take notes and ask questions."

Abingdon Falls Plaza Hearing Center accepts most insurance. ◆

Abingdon Falls Plaza Hearing Center is located at 319 Falls Drive, Abingdon, Virginia 24210

For more information or to make an appointment contact: 276-784-7609, email contact@fallshearing.com or visit https://www.fallshearing.com

The basics of diabetes and diet



The number of people living with diabetes has risen dramatically over the last four decades. According to the World Health Organization, between 1980 and 2014, the number of people with diabetes rose from 108 million to 422 million.

The dramatic spike in diabetes cases in such a short period of time highlights just how big a threat the disease poses to the health of people across the globe. That makes now a perfect time to learn more about diabetes and what individuals can do to manage their disease.

What is diabetes?

Diabetes is a chronic disease related to how the body produces or utilizes insulin, a hormone that regulates blood sugar. Diabetes occurs when the pancreas does not produce sufficient insulin or cannot effectively utilize the insulin it produces.

What is the difference between type 1 and type 2 diabetes?

The WHO notes that more than 95 percent of the people with diabetes have type 2 diabetes.
According to the American Diabetes Association®, type 2 diabetes occurs when the body does not use insulin properly, whereas type 1 occurs when the body does not produce insulin.

Can diabetes be managed?

It's important that individuals diagnosed with diabetes recognize that both types 1 and 2 can be managed. The ADA reports that diet and routine exercise are vital to managing type 2 diabetes. The ADA urges people who have recently been diagnosed with diabetes to speak with a registered dietitian nutritionist (RDN/RD) to find foods that are healthy and help them feel satisfied at the end of a

meal. Lingering may compel people to make poor dietary choices that could make their condition worse. The ADA's "Nutrition Consensus Report," published in 2019, is a comprehensive review of 600 research articles over a five-year span conducted by a panel of scientists, doctors, endocrinologists, diabetes educators, and dietitians. That review emphasized the significance of working with an RDN, noting that recommendations about diet for diabetes patients must take factors specific to each individual, including their life circumstances and preferences, into consideration. The review also noted that each person responds differently to different types of foods and diets, so there is no single diet that will work for all patients.

Though there is no "onesize-fits-all" diet for people with diabetes, the ADA created the Diabetes Plate Method as a simple way to help people with diabetes create healthy meals. The method urges individuals to fill half their plate with nonstarchy vegetables, such as asparagus, broccoli, green beans, and salad greens. One-quarter of the plate should be filled with lean proteins such as chicken, lean beef (cuts like chuck, round or sirloin), or fish (salmon, cod, tuna). Plant-based sources of protein also count, and these include beans, lentils, hummus, falafel, edamame, and tofu, among other foods. The final quarter of the plate should be reserved for foods that are higher in carbohydrates, such as whole grains (brown rice, quinoa, whole grain pastas), beans and legumes, or even fruits and dried fruit.

More people than ever before are being diagnosed with diabetes. Diet plays a significant role in managing life with diabetes.

More information can be found at diabetes.org.

How to choose an Orthopedic Specialist

When a musculoskeletal injury or disease strikes – such as a sprained ankle, knee injury, or arthritis – you need the right orthopedic specialist.

Orthopedics is the medical specialty that focuses on the diagnosis, treatment, prevention, and rehabilitation of injuries and diseases of the bones, joints, muscles, ligaments, tendons, and nerves. These elements make up the musculoskeletal system which allows you to move, work, and be active. Medical professionals trained in this area are called orthopedic doctors and orthopedic surgeons, often referred to as orthopedists.

Finding the right orthopedic specialist is important as orthopedic patients have specific concerns that should be addressed by a docto or surgeon with specialized

training. While some patients rely on a physician's referral, it is a good idea to also pursue recommendations from trusted friends or relatives who have received treatment by an orthopedic specialist. Here are a few more things to consider when choosing an orthopedic provider that best meets your needs.

The Scope of the Practice

The team at Watauga
Orthopaedics specializes in
hip, knee, hand and wrist,
shoulder and elbow, foot and
ankle, and spine conditions.
They offer comprehensive
orthopedic care, including;
general orthopedics, sports
medicine, joint replacement,
orthopedic surgery, fracture
care, work-related injuries,
physical therapy, and onsite
diagnostics. They also play

an important role in the organization and delivery of emergency care to patients with traumatic injuries.

Accessibility

Orthopedic patients often need to be evaluated quickly for their injury or medical condition. Watauga Orthopaedics offers three walk-in clinics conveniently located in Bristol, Johnson City, and Kingsport with extended evening and weekend hours. An after-hours Virtual Clinic is also available at night and on the weekend when our walk-in clinics are closed.

Patient-Physician Relationship

Good communication is the cornerstone of the physicianpatient relationship. Open, honest communication builds trust and promotes healing.

Don't hesitate to ask

questions, voice concerns or speak up when you do not understand.

- Always be honest and complete when you talk with your doctor or surgeon. Share your point of view and don't hold back information.
- Pay attention to your health care. If something doesn't seem right, tell your doctor, surgeon, or another health care professional. Don't assume anything.
- Educate yourself about your injury or condition.
- Know the medications you take.
- Do your homework. Keep yourself up to date on new technology and medications.
- It is not necessary to have a referral from your regular physician to be seen by Watauga Orthopaedics surgeon unless your insurance requires it. ◆



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Choosing a Primary Care Provider

Let's be honest. Most of us only think of the doctor when we are sick or injured. Did you know that 1 in 4 Americans do not have a primary care provider (PCP)? That is nearly 83 million people without a health partner who can serve as the first contact for all their health needs, both in times of illness or injury and in times of good health. Having a trusted health partner by your side through all life's challenges is important to your overall health and well-being.

If you are searching for a primary care provider, below are some tips on where to start and what to look for.

1. Check insurance coverage and weigh costs

When researching options for a PCP, check with your insurance for a list of "in-network" providers you can choose from. This will help you maximize your health care dollars and ensure you can take advantage of all your covered preventative services like an annual physical, mammogram, or colonoscopy. You can also call Holston Medical Group (HMG) to confirm participation with your insurance, and help you weigh the costs of certain procedures and diagnostics by providing an estimate ahead of time, so you know what to expect.

2. Decide what is most important to you

Whether it is a convenient location, a male or female provider, quality and cost of care, or the availability of other specialties and services within the primary care provider's group, you decide what is most important. Having access to medical specialties and outpatient services within the same organization as your PCP can greatly impact the overall quality and cost of the care you receive. Decide what is most important to you.

3. Weigh access and convenience

Convenient access to your care team when you need it most is important to staying well and out of high-cost care settings (i.e., the hospital or the emergency room). When looking for a primary care provider, look for one that offers:

- Extended/After-hours access or walk-in availability
- A provider on-call 24 hours a day, 365 days a year
- Online patient portal providing you 24/7 access to your records and secure communication with your care team.

HMG believes convenient, coordinated care that is led by a primary care provider with your best interests at heart has a positive impact on your overall health.

4. Ask friends and family

Ask friends and family about healthcare providers they trust and recommend. Recognize that your health needs and preferences are unique, and a provider that fits someone else's needs may not be the right fit for you.

5. Trust Your Feelings

At Holston Medical Group, we believe a trusting, lasting relationship with a primary care provider is the key to good health. Finding the right health partner for life is one of the most important decisions you make for your health. Trust your feelings; you know when it is the right fit.

When you choose a Holston Medical Group primary care provider, you are choosing a health partner for life you can trust. You are choosing peace of mind and preferred access to over a dozen medical specialties and high-quality, lower-cost outpatient centers, all within the HMG Family of Care.

We are HMG. Your doctor, your family, your health partner for life.



Time for a children's vision checkup

s the routine of a school year settles in, families may direct their focus to factors that have nothing to do with school supplies or enrolling youngsters in extracurricular activities. For example, the weeks after families settle into a new school year routine can be a great time to have students' vision checked.

According to Prevent Blindness, the oldest eye health and safety nonprofit organization in the United States, common vision problems in children include amblyopia (lazy eye), strabismus (crossed eyes), and refractive errors like myopia, astigmatism and hyperopia.

A recent study titled "Children's Vision and Eye Health: A Snapshot of Current National Issues, 2nd Edition," points out that vision has a critical role in children's physical, cognitive

and social development. Furthermore, visual functioning is a strong predictor of academic performance in schoolage children, according to the study. In fact, without early detection and treatment, uncorrected vision disorders can interfere with learning and impair children's development.

Parents and educators are urged to be aware of symptoms of common eye disorders in children, which include the following.

- Rubs eyes a lot.
- Closes or covers one eye to read or see.
- Tilts head or thrusts forward.
- Has trouble reading or doing other close-up work.
- Holds objects close to eyes to see.

- Blinks more than usual.
- Complains things are blurry or hard to see.
- Squints eyes or frowns.

All children, and especially those who are having issues with their eyes, should visit with an eye professional annually to have their vision checked. In addition, parents can rely on Prevent Blindness in conjunction with Children's Vision Massachusetts and School Health for a new web resource to assess their kids' digital screen time use.

Tips are available at https:// preventblindness.org/childrens-screentime-tips/.

The opening weeks of a new school year mark a great time for kids to get their annual vision checkup.

Rh factor and pregnancy

Women who become pregnant quickly discover that pregnancy involves a lot of testing and monitoring. Routine blood work is part of the procedure, too. Individuals who learn they are Rh negative will likely have to do a little extra during their pregnancies — and possibly after — involving something called a "RhoGAM" shot.

What is Rh factor?

Blood types are broken down into A, B, AB, and O. Each blood type also is classified as positive or negative, which is determined by a protein called

the Rh factor. Rh positive blood types have this specific protein present, while Rh negative blood types do not, according to the American Red Cross. Most people are Rh positive.

Rh factor and pregnancy

Rh factor doesn't typically come into play, except for pregnant women or those undergoing transfusions. This is when a situation called "Rh incompatibility" may occur. It strictly affects the population of pregnant women who are Rh negative.

If the mom is Rh negative



and the biological father is Rh positive, the baby can inherit the dad's positive Rh factor. This can cause Rh incompatibility, or Rh disease, says the National Heart, Lung and Blood Institute. The Rh negative mom may make antibodies that can fight Rh positive blood cells in the baby's body, producing various complications, if the blood between mother and child mixes. Complications include fetal anemia, which in turn can cause a life-threatening condition known as hydrops fetalis. This causes internal bleeding, heart and kidney failure, and shock. Experts say that typically a first pregnancy would be fine, because the mother's body doesn't have enough time in nine months to produce significant antibodies to the Rh positive blood to be a concern. However, if a miscarriage occurred prior, or if this is a second or third pregnancy, precautions are taken.

RhoGAM administration

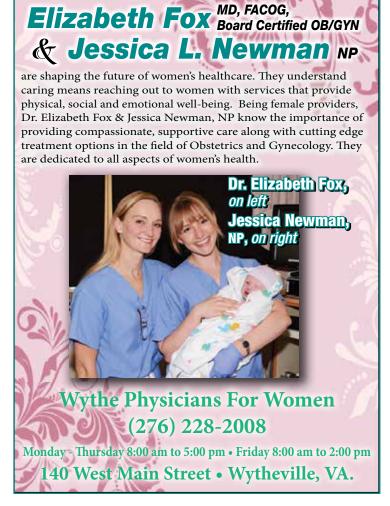
Problems with Rh incompatibility have all but disappeared due to something called RhoGAM, or Rho (D) Immune Globulin. It is made from donated human blood plasma and is administered in the form of an injection.

RhoGAM tends to be administered between 26 and 28 weeks of pregnancy when the placenta can start to thin. Although unlikely, blood can transfer from baby to mom, says Healthline. It also can transfer after any invasive test of the baby's cells, such as amniocentesis or chorionic villus sampling. An obstetrician may determine that RhoGAM is needed during pregnancy. The injection is effective for around 13 weeks.

Postpartum shot

After the baby is born, a pediatrician will test the infant's blood to determine Rh factor. If the baby shares mom's negative Rh, then no additional RhoGAM shot is needed. If the baby's blood is Rh positive, then the mother will need an additional shot 72 hours after delivery, to alleviate future pregnancy complications from antibody production.

Rh factor isn't much of a concern, unless it pertains to blood transfusions and pregnancy. However, Rh incompatibility can be mitigated with a special shot.



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"We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare gov or 1-800-MEDICARE to get information on all of your options."

Have You Recently Moved? You May Qualify for a Medicare Special Enrollment Period



But certain life events, such as moving, may qualify you for a Medicare Special

Enrollment Period (SEP). If you qualify for a Medicare SEP, you can change your Medicare coverage outside of the Open Enrollment Period.

Medicare Special Enrollment Periods are unique to you and the events happening in your life. If you qualify for an SEP, you typically have up to two months following the life event to enroll in a new Medicare Advantage plan or return to Original Medicare (Medicare Part A and Part B).

Insurance Solutions Group is a locally based independent insurance agency with licensed agents that can help you see if you qualify for a special SEP and assist you in finding a plan that fits your individual needs. We have offices in Abingdon and Bristol and can be reached by calling (276) 676-1810 or emailing us at insurancesolutions 1080@gmail.com.

During a Medicare Special Enrollment Period, you can typically:

Switch from one Medicare

Advantage plan to another MA plan

- Switch from a Medicare Advantage plan back to Original Medicare
- Add or drop a Medicare Prescription Drug Plan (Medicare Part D)

You cannot enroll in Medicare Part D if you're enrolled in a Medicare Advantage plan that includes prescription drug coverage. If you change from an MA plan that includes drug coverage to an MA plan that does not, you may add a Part D plan upon enrolling in the new MA plan.

Do You Qualify for an SEP?

There are several types of moves that may qualify you for a Medicare Special Enrollment Period, including if you:

- Move somewhere that isn't in your current Medicare Advantage plan's service area
- Move within your current plan's service area, but have new plan options
- Move back to the United

States after living abroad

Move in or out of an institution

3 Things to Know if You've Moved or are Planning to Move

There's a lot to consider when moving, especially when it comes to your Medicare coverage. Below we outline 3 things you should know to ensure you continue getting the coverage you need, even after you move.

1. Medicare Advantage plan availability varies by location

Not all Medicare Advantage plans are available in every region. If you're planning to move or have recently moved, we recommend speaking with a licensed insurance agent who can help you find Medicare Advantage plans in your area.

2. A New Medicare Advantage plan may require you to choose a new primary care physician up front

Some Medicare Advantage plans require you to choose a primary care physician upon enrolling in a new plan, especially if your current primary care doctor isn't in your new plan's provider network. Some MA plans also require you to get a referral from your primary care physician before seeing a specialist.

When choosing a primary care physician, be sure you choose a physician who:

- Accepts new Medicare patients
- Participates in your plan's network
- Partners with your preferred specialists and hospitals
- **3.** Doctors don't have to accept all Medicare Advantage plans

Not all doctors may be in your plan's network. If you go to a doctor that does not accept your Medicare Advantage plan, you could be responsible for 100 percent of the costs. Be sure your new doctor accepts your Medicare Advantage plan before scheduling your first visit.

How to Change Your Address With Medicare

You can update your contact information online by visiting the Social Security Administration website, by phone via 1-800-772-1213 (TTY 1-800-325-0778) or by visiting your local Social Security office.

Potential warning signs for breast cancer



Various factors have helped to improve breast cancer survival rates, and education about the disease is certainly among them. Women are their own greatest allies against breast cancer, and learning to spot its signs and symptoms is a great first step in the fight against this potentially deadly, yet treatable disease.

recent decades, providing hope to

the millions of women who may be

diagnosed with the disease in the years

Knowing your body

to come.

The American Cancer Society urges women to take note of how their breasts normally look and feel. That knowledge is vital because it helps women recognize when something does not look or feel good to the touch with their breasts. Screening alone may not be sufficient, as the ACS notes that

breast cancer.

Signs and symptoms

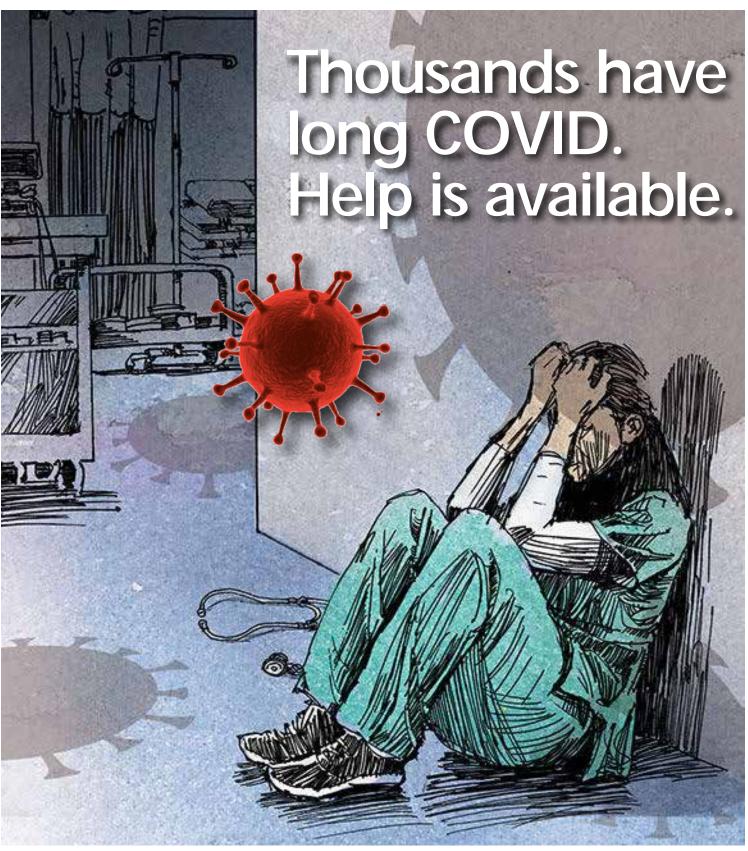
When women are well acquainted with how their breasts look and feel, they're in better position to recognize any abnormalities, which may or may not be indicative of breast cancer. The ACS reports that the following are some potential warning signs of breast cancer.

- A new lump or mass: The ACS indicates that this is the most common symptom of breast cancer. A lump or mass that is cancerous is often painless, but hard and has irregular edges. However, lumps caused by breast cancer also can be soft, round and tender. Some even cause pain.
- Swelling: Some women experience swelling of all or part of a breast even if they don't detect a lump.
- Dimpling: The skin on the breast may

skin on the breast the look of an orange

- Retraction: Some women with breast cancer experience retraction, which occurs when the nipple turns inward.
- Skin abnormalities: Breast cancer may cause the skin on the breast to redden, dry out, flake, or thicken.
- Swollen lymph nodes: Some women with breast cancer experience swelling of the lymph nodes under the arm or near the collarbone.

The presence of any of these symptoms merits a trip to the doctor. Women with these symptoms should not immediately assume they have breast cancer, as the ACS notes that various symptoms of breast cancer also are indicative of non-cancerous conditions that affect the breasts. Only a physician can diagnose breast cancer, which underscores the importance of reporting symptoms to a doctor immediately.



Thousands in this region continue to cope with the effects of the SARS-CoV-2 virus months after their primary symptoms subsided, but many aren't seeking available treatment,

according to providers at Ballad Health System's Center for Post-COVID Care.

Ballad established the clinic in April 2021, just over a year into the pandemic, to treat a growing number of patients whose symptoms lingered. To date it has had more than 850 appointments.

Most who contract the virus experience symptoms for up to two weeks, then get better.

But for about 33% of COVID patients, it has been a nightmare of months to more than a year of symptoms ranging from extreme fatigue, shortness of breath and brain "fog" to joint pain, heart



issues and extremely high blood pressures.

Many are likely going untreated or may not recognize their malady is related to COVID-19, said Dr. Paul Jett, who oversees the program.

"Conservative estimates, there should be way over 50,000 people in our Ballad footprint that are dealing with these types of problems. We know they're not all coming forward, nor can we handle them all at once, but we'd like to create a dialogue that this is legitimate," Jett told the Bristol Herald Courier. "It is real and there is a lot of research being dedicated to this."

Since March, more than 53,000 cases of COVID-19 have been diagnosed across Northeast Tennessee and Southwest Virginia. Since the pandemic began in March 2020, that total is more than 320,000. And nearly 5,000 area residents have died from COVID-19 and complications from the virus.

Throughout the pandemic, health care providers have dealt with considerable misinformation regarding the virus and its impacts.

"There was so much consternation and politicizing about the virus itself, especially in our region. Now, even this — it's something you can't see, you can't feel, you can't really measure with a test. How do you quantify that? How do people legitimize that in their own brain? There is a place for these folks to get evaluated," Jett said.

Established in an office complex near the MeadowView Conference Resort and Convention Center in Kingsport, the long COVID clinic is relocating to the Indian Path Community Hospital campus.

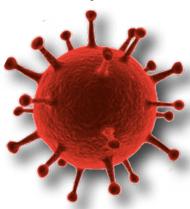
In February, Becker's Hospital Review reported 66 such clinics had been established across the U.S., with most in larger cities and affiliated with large, research hospitals.

However a website called Survivor Corps shows many more, including six in both Virginia and Tennessee.

"Our organization continues to provide resources for this initiative,"

Jett said. "That's important because there is a sense this virus is dying down when actually it's just simmering along. "We're continuing to get waves. It's less on people's minds and there is fatigue with the whole thing, which is well-founded.'

Thus far about 75% of the center's patients are female. About half live in the Tri-Cities, 25% are from Southwest Virginia and 25%



are from rural East Tennessee or other areas, including east Kentucky and western North Caroliná.

The largest age group is between 46 and 60 years old.

One surprising trend, Jett

said, is that most of the long haulers didn't experience severe symptoms when they initially contracted the virus.

"The majority of these [long haulers] didn't have a significant experience with COVID. Between 60% and 80% of the people had a mild encounter with the acute illness. Only about 5% had a serious hospitalization and really went through the ringer with it," Jett said. "You might think if you had a really bad experience with it you're more likely to have these symptoms but that's not really the case at all."

Jett called the virus simultaneously "fascinating" yet "maddening" because it impacts individuals so differently making treatment that much more difficult.

On The Front Lines

Pammela Poore is a nurse practitioner at Ballad's Center for Post-COVID Care. For more than 20 years before she became a nurse practitioner, Poore worked as registered nurse in some of health care's most daunting arenas — intensive care, oncology, hospice and cardiology. She's witnessed a lot, but treating long haulers presents some unique challenges.

"A lot of people have all these long COVID symptoms and don't know what to do about it," she said. "The people that come to us are usually really having a problem. Primary care providers, for the most part, are already handling their general issues, and a lot of them don't know what to do with the COVID.

"Patients just don't know what to do. They're having shortness of breath, headaches, joint pain, definitely fatigue, blood pressures out of control, heart palpitations, and autonomic dysfunction. They're either having difficulty tasting and smelling or they've totally lost their taste and smell.

And we see a lot of anxiety and depression. If somebody had anxiety and depression before, with post-COVID long haulers, it's usually worsened," she said.

Others who have suffered hypertension before contracting COVID-19 emerge with blood pressure that can shift from very high to very low, Poore said.

"It's throwing primary care providers for a loop because they have them stabilized and all of a sudden it's not anymore," she said. "A lot of people are dealing with heart palpitations and that goes along with shortness of breath. Some patients we're referring to cardiologists because their heart rate is out of control. I've seen patients get up to 180 [beats per minute]. It varies with every different patient."

Patients come to the clinic through referrals or by calling and going through a screening process.

"COVID is an individual thing and it affects people on an individual basis," Poore said. "The most important thing to me is, when patients come in, I listen to what they're saying and they're thankful somebody will listen and believes them. A lot

It's very
challenging," she
said. "We have
people who are
unable to go back
to work. I have one
patient who has a
six-figure job, but
he can't remember
how to do his job,
so he can't go back
to work. That's a lifechanging event.

people think you had COVID and now it's over so you need to get back on track to a regular life and some of these people just can't."

The clinic often refers patients to specialists to rule out underlying disease while also keeping their primary care doctors in the loop.

The American Academy of Physical Medicine and Rehabilitation has established guidelines for treating a majority of long COVID patients. "It's very challenging," she said. "We have people who are unable to go back to work. I have one patient who has a six-figure job, but he can't remember how to do his job, so he can't go back to work. That's a life-changing event."

Another factor, she said, is many in our region simply shun going to the doctor and are suffering unnecessarily.

"We have a lot of rural people in our area that never go to the doctor anyway and they're just living with it," she said. "There are more people out there that need this kind of care, but they just don't ever go to the doctor."

A majority of the clinic's patients have gotten better.

"For the most part about

two-thirds of the people are getting better but for a lot of the patients — it takes from six to 18 months for them to start turning the corner on some of their symptoms, Poore said. "They think

their life is never going to get back to normal. They're crying. They're upset. Their anxiety and depression is through the roof because life is just not like it was. Then one day they start feeling better and the symptoms start going away."

Poore is optimistic that once the new, larger clinic opens more people will access their services.

"People are desperate.
They know something is wrong," Poore said. "COVID long haul is real. We're here to help. We do the best we can and try to get people as healthy as possible. We have a lot to learn, but we all can learn together and handle this the best that we can."

dmcgee@bristolnews.com – Twitter: @DMcGeeBHC

Ballad Center for Post-COVID Care

75% patients female/25% male
Majority age 46-60
5% had serious bout with COVID
50% patients from Tri-Cities
25% patients from Southwest Virginia
Source: Ballad Health System



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Venous disease is complex and progressive.

Are you one of the 21 million people in the United States that suffer from lower leg swelling?

As we age, our bodies change. We tend to accept slowing down, more aches and pains and many other changes to our body as part of the normal aging process. Some changes are expected; yet other changes are not part of the normal aging process. One specific occurrence is swelling in the lower legs. A small amount of swelling in the lower legs in the elderly population may be considered normal. However, significant swelling in the lower legs is not typical. Consistent swelling in the lower legs can also be a sign of a more complicated disorder and range from feet and ankle swelling at the end of the day, to taking your socks off and having the fabric imprint remain for an extended period, to pitting edema (if pressing on your skin with a finger causes an indentation, you have pitting edema) or constant swelling of your lower legs.

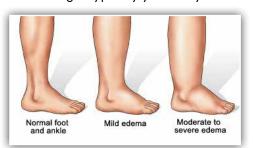
Edema/swelling is when you have an abnormal excess accumulation of fluid in connective tissue. Chronic edema or swelling of the lower legs can cause pain, heaviness, weakness, discomfort, and limitations in mobility and flexibility.

Lower leg swelling has multiple possible causes. Venous disease is the number one cause of lower leg swelling. Swelling associated with venous disease affects many individuals, including those with a family history of vein disease or varicose veins, obesity, multiple pregnancies, older age, history of leg injury or surgery, sedentary lifestyles, history of deep venous thrombosis (blood clot in the vein), and occupations that require long hours of standing. At

70-90% OF LOWER LEG ULCERS ARE **VENOUS ULCERS** Venous disease is a progressive medical condition.
If left untreated, it may worsen over time and develop into a more serious form of venous disease called chronic venous insufficiency (CVI). This is an underlying cause of venous ulcers

The Vein Company, our experienced medical staff have years of experience in treating and diagnosing all stages of venous disease including all associated disorders.

Swelling is typically your body's



way of telling you something else is occurring. Any of the following conditions may be a possible cause of lower leg swelling:

- venous disease
- heart, liver or kidney failure
- radiation
- infection
- Trauma
- or certain medications.

What is the treatment?

First, any underlying causes need to be identified and treated. By not treating the underlying cause, you are only addressing the symptoms and the swelling will not only return but it will continue to get worse.

Next, any remaining swelling needs to be addressed and treated. It is important to address and treat swelling quickly to avoid permanent tissue damage. Compression therapy is the gold standard for the treatment of swelling. Each person is unique and should be treated with an individualized treatment plan. Many times, that treatment plan may include several steps to resolve the swelling. The treatment options may include one, some or all of the following treatment modalities.

- Manual lymph drainage, which is a gentle limb massage that pushes the fluid to the competent (working) lymphatic zones.
- Exercise programs and short-stretch compression bandaging, ensuring low pressures in the leg while resting and high pressures as soon as the calf muscle contraction begins.
- Finally, because this may be a long-

term issue, pneumatic intermittent compression may be added to your treatment for an extended period of time. Pneumatic intermittent compression is a device that uses an air pump to inflate and deflate an airtight garment placed around the legs, which mimics the rhythmic calf muscle contractures and promotes improved venous flow and lymphatic drainage allowing the fluid to move out of the tissues and back into the blood circulation. These devices are customized for each individual leg size and are used at home as prescribed by your provider. The use of a pneumatic intermittent compression device can maintain the healthy flow of fluids out of the tissues and into the vascular circulation in the comfort and convenience of your own

•All treatment options are covered by Medicare and most insurance payers.

In addition, adherence to a good skin care and hydration plan should be



implemented to prevent infections and frequent movement/walking throughout the day to avoid pressure sores.

At The Vein Company, our specialized team of providers are committed to the prevention, diagnosis and treatment of venous disease and its many associated conditions, including swelling. Our company provides specialized treatments tailored to the unique needs of each patient. The majority of our treatments are covered by Medicare and most major insurance payers. With 6 locations throughout Tennessee and Virginia, we are here to serve our patients with compassion and care.



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aving been the region's bone, joint, and muscle experts since 1997, our specialty-trained doctors, surgeons, and medical staff strive to keep Appalachian Orthopedics as one of the best orthopedic practices with top doctors and surgeons. Our roots as a Tri-Cities institution of exceptional orthopedic care go back more than 50 years, when Dr. Sam Huddleston and Dr. Robert Strange, Sr., were the first orthopedic

We take pride in our local roots in Bristol and Johnson City. Even though our orthopedic doctors and surgeons have trained in different parts of the country, we still think of ourselves as community doctors and surgeons. Other groups, doctors, and surgeons have come and gone through the years, but Appalachian Orthopedics is committed to our community and offering complete, individualized orthopedic care.

As part of that dedication



doctors in those cities, and since the late 1990s, when three separate offices merged to form Appalachian Orthopedics, our goals have always been to provide patients with specialized care they can trust and to deliver the compassionate, individualized orthopedic care patients deserve.

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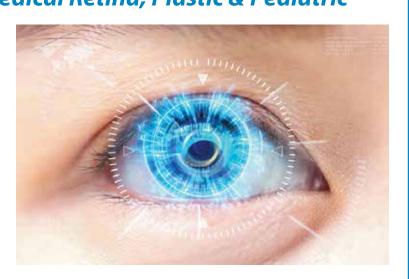
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ETSU Health continues tradition of caring for community

Endeavors have expanded primary, specialty care across region since 1974 ETSU Health upholds tradition: a tradition in high-quality care, innovation, education and most importantly caring for the region.

ETSU Health provides the people of the Appalachian Highlands the quality care they deserve, no matter their age. With a commitment to serving the underserved, ETSU Health offers leading-edge health care in dozens of specialties.

In particular, ETSU Health has made strategic additions within specialized fields that have brought significant growth and increased accessibility to pediatric specialty services in the region.

"We recognize that it can be financially and emotionally debilitating to travel hours away for your child's care," said Dr. Sheri Holmes, chief medical officer for ETSU Health. "We are working every day to see that the children of this region benefit from

quality health care that is accessible right here in the Appalachian Highlands.'

A significant percentage of the providers in our region graduated from Quillen College of Medicine, the flagship college of ETSU Health's academic endeavors. Many providers have also completed their residencies at one of our area clinics. Education in health care is paramount, and that is why Quillen offers innovative educational opportunities to provide students, residents and faculty with cutting-edge technological advancements to further their interprofessional education.

Hands-on experiential learning opportunities are important for students entering the industry.

That is why in the Quillen College of Medicine, the curricula are intertwined with health care simulations utilizing the most sophisticated technology available to promote a safe and realistic environment.

Earlier this year, ETSU Health was recognized as an ETSU Hero in recognition of front-line efforts to provide care throughout the pandemic. From the very moment the pandemic began, ETSU Health increased its efforts by establishing the region's first drive-thru COVID-19 testing site and later opened the first COVID-19 Community Collection Site that delivers molecular PĆR test results within 24 hours.

"All of our providers are very committed to their jobs, committed to their patients and committed to their communities," said Dr. William Block, vice president for clinical affairs and dean of Quillen College of Medicine.
"What people needed was testing and the instincts from our providers was to go take care of people that needed the care at the time. All the staff and students really put themselves in harm's way to take care of people throughout our region."

A Tradition in Caring for Our Community

Our physicians have a passion for caring for our patients of all ages. We are dedicated to providing expert advice and quality care with compassion. From primary care providers to an array of specialty care, ETSU Health is here to guide you through every step of your journey.

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What dental hygiene does for overall health

rushing and flossing your teeth may save you extra sessions in the dentist's chair each year, but the benefits of dental hygiene do not end with pearly whites. In fact, there's a direct correlation between oral hygiene and overall health.

Oral health offers clues about overall health, advises the Mayo Clinic. When a dentist or hygienist checks a person's mouth, he or she is getting a window into that person's overall wellness - including if something is

Dental hygiene matters because, without proper brushing and flossing, bacteria in the mouth can grow unchecked. Over time, that bacteria can infiltrate and break down the soft tissues in the gums and teeth, eventually leading to decay and gum disease. Greenwood Dental Care in Illinois states that the bacteria from the mouth could travel into the bloodstream and elsewhere, causing a host of issues.

There's a high correlation between an unhealthy mouth and systemic diseases. The United Kingdom-based dental group Fulham Road Dental indicates that gum disease is linked to heart problems, kidney diseases and certain types of cancer. Dentists who notice problems in their patients' mouths may be able to predict potential illnesses elsewhere in the body, advising those patients to seek consultations with other healthcare providers.

Here's a deeper look at some of the correlations between oral health and overall health, courtesy of the Mayo Clinic.

- Endocarditis: When bacteria or other germs from the mouth or another part of the body spread through the bloodstream, they can attach to certain areas of the heart. This causes an infection in the inner lining of the heart chambers or valves.
- Pregnancy and birth



complications: Periodontitis has been linked to low birth weight and premature birth.

- Cardiovascular disease: While it's not fully understood why, clogged arteries, stroke and heart disease may be linked to inflammation and infection caused by oral bacteria.
- Pneumonia: Bacteria in the mouth may be pulled into the lungs, where it can lead to respiratory illness, such as pneumonia.

It's a two-way street with health and the mouth. Certain diseases can lead to issues in the mouth. HIV/ AIDS may cause mucosal lesions in the mouth; those with osteoporosis may have weakened periodontal bone and tooth loss; and research has shown that diabetes puts gum health at risk.

Individuals should make oral health a priority, as it has a significant effect on their overall health and well-being.

A Common Cause of Lower Back Pain That Is Often Overlooked

By: David J. Muron, MD, R.Ph., FAAOS

Up to 85% of all people have lower back pain (LBP) at some point in their life. LBP is second only to the common cold as a reason for a physician visit. Despite all the attention to LBP, a potential major contributor is often overlooked as a source of pain. Pain may originate in alternate locations like the hip joint, pelvis, tendons and ligaments in the hip and pelvis, and the sacroiliac (SI) joints.

The sacroiliac joints form the lowest segments of the spine and are located on either side of the sacrum (tailbone) in the lower back and pelvis. Strong ligaments keep the SI joints in place. These joints actually move some during walking and running or leaning forward. The ligaments may become damaged, either from injury, fractures, or aging and the SI joint motion may abnormally increase, causing inflammation that may lead to chronic pain.

Up to 30% of low back pain symptoms may be related to the SI joint. Some of the most common symptoms of SI joint dysfunction include:

- Lower back pain
- Lower leg pain, numbness, tingling, weakness
- Buttock pain

- Hip and groin pain
- Feeling of leg instability, giving way
- Sleep disturbances due to pain
- Pain on prolonged sitting
- Back pain when arising from a sitting to standing position

Diagnostic tests can be performed to determine if your SI joint is causing your symptoms. Tests include a physical exam, x-rays, and injecting the SI joint with local anesthetics and/or steroids.

Treatment options include physical therapy, antiinflammatory medications, SI joint injections, and surgery.

If you are experiencing any of these symptoms

contact your physician for an evaluation. ◆





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The effects of untreated ADHD

Attention-deficit/ hyperactivity disorder, often referred to as "ADHD," is more common than people may realize. According to the organization Children and Adults with Attention-



Deficit/Hyperactivity Disorder (CHADD), a 2015 metaanalysis of 175 studies worldwide estimated that roughly 129 million children had ADHD at the time of the study. That's nearly twice the population of the entire United Kingdom and more than three times the population of Canada.

Children aren't the only people with ADHD, which can continue into and throughout adulthood if left untreated. Untreated ADHD can have immediate consequences on children, as the American Psychiatric Association notes that the condition can make it difficult for students to focus on tasks in school and compromise their ability to listen to teachers in the classroom. Untreated ADHD can produce some unpleasant and surprising consequences outside of the classroom as well.

Untreated ADHD and substance abuse

A 2003 study published in The Journal of Clinical Psychiatry found that stimulant therapy for patients being treated for ADHD lowered their risk for substance

use disorder. People with untreated ADHD were three to four times more likely to develop substance abuse disorder than individuals who were receiving treatment for the condition.

Untreated ADHD and driving

Driving is a skill that requires drivers to be attentive and aware of their surroundings at all times. A 2009 study published in the Journal of the Canadian Academy of Child and Adolescent Psychiatry found that the stimulants used to treat ADHD can make people with the condition better drivers. Such medications were found to reduce inattention, distractibility and impulsiveness, each of which is a known characteristic of ADHD. Without such treatment, individuals with ADHD could be putting themselves, their passengers, fellow drivers, and pedestrians at risk each time they get behind the wheel.

Untreated ADHD and education

It's no secret that the earning potential of college graduates is significantly greater than that of individuals whose highest level of education is high school. A 2006 study published in The Journal of Clinical Psychiatry found that adults who self-reported ADHD were far less likely to have graduated college than those who reported that they had been diagnosed with ADHD (19 percent compared to 26 percent).

ADHD is a common condition across the globe. Seeking treatment for ADHD could have a profound and positive effect on individuals throughout their lives.

Why should clinical research be important to me?

Have you thought about the contents of your medicine cabinet? Though the medicines inside will differ from person to person, they have one important thing in common: each one needed years of research, and participation from tens to hundreds of thousands of volunteers to make sure they are safe for us to take.

Clinical trials are medical research studies that involve patient volunteers. They provide critical informátion about how safe and effective a potentially new medication is, how to help improve already existing ones, and can also lead to the creation of other innovative treatments. Every potential medication has to go through multiple phases of research before it can be made available for use.

Clinical trials make a difference not just for today's patients, but can potentially improve the health of those who are impacted or diagnosed by illness and disease tomorrow, next month, or years from now. That's where Accellacare, formerly PMG Research, comes into play – a clinical research company with a mission to provide clinical research as a care option to potentially help save lives and improve quality of life for all across the country.

"Volunteers are the ones that make research possible," says Shai Perry, Accellacare of Bristol's manager of site operations. So how exactly does one participate in research? To join a study, a potential volunteer must go through a medical screening process that looks at one's personal

medical history, similar to an annual doctor's visit. Participants are provided with lots of background information about the study including: how long it will last, what is involved, and what is expected in terms of participation. A doctor will confirm if a volunteer meets all the eligibility criteria, and participants sign an informed consent document so that they can officially be part of the

Located on the Tennessee side of West State Street, Accellacare of Bristol has been around for over two decades, with a team of 4 clinical research investigators and 7 research team members that oversee clinical data and patient safety every day acros's multiple stúdies and health indications. Chamber of Commerce.

"Patient care is at the heart of everything we do, and we are so thankful for each volunteer who has walked through our doors, and walked out helping more people they could have thought possible." Shai shares. "They are true medical heroes."

Accellacare of Bristol is currently enrolling for studies focusing on flu vaccines, adult and pediatric migraine, women's health, respiratory illnesses, and acute viruses. New studies are consistently available throughout the year focusing on almost any condition and disease. To learn more about Accellacare of Bristol and how you can join a current or future clinical trial, call 423-397-8182 or email Bristol@ accellacare.com. Learn more at accellacare.us.

Accellacare

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- Vaccine Research







Explore resources for caregivers

aregivers are called on to step in for any number of reasons. Some serve as companions to the elderly, while others assist those with debilitating diseases like cancer. While many caregivers are professionals hired for their services, a good number of caregivers are informal — meaning they are family members or friends assisting loved ones.

Even though they are trying to help others, caregivers often must confront a form of stress known as caregiver burnout. The Cleveland Clinic states this stress is marked physical, emotional and mental exhaustion that occurs

in caregivers. This burnout may lead to fatigue, anxiety and depression.

While there may not be a way to completely eliminate all caregiving stress, there are some ways to prevent burnout. Utilizing various resources can be a start. Here's a look at some available caregiver resources.

- Trusted friend: Find someone you trust with whom you can discuss your feelings, including any frustration you may feel. This can be a neighbor or a coworker with whom you feel comfortable sharing personal details.
- Support groups: Support

groups can provide safe spaces to vent with others who are in the same boat. Houses of worship may

the sick, elderly or injured to stay in care facilities for anywhere from a couple of hours to a few days. Some



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host support groups, or you can find out about meetings through hospitals or from personal doctors. The National Family Caregiver Support Program was established in 2000 and provides grants to states and territories to fund a range of support that assists family and informal caregivers to care for their loved ones at home for as long as possible. Other groups include Careaiver Action Network and Family Caregiver Alliance.

 Respite care services: Respite care services provide temporary breaks for caregivers by enabling respite care services will provide short-term, in-home care as well.

 Professional therapist: Many therapists are trained to counsel individuals who have particular issues. Some may specialize in grief or even caregiver needs. Utilize their services if speaking with a confidante is not enough.

Caregivers often put the needs of others before their own. But they may need a little help along the way, which is where caregiver resources can come into play.

Ask The Expert - 5 Ways to Support Your Hearing Health

Dr. Rachel Edwards, AuD

1. Know the Signs

More than 466 million children and adults have disabling hearing impairment, according to the World Health Organization, but nearly all hearing loss can be treated. One of the first steps is recognizing the potential signs. If you experience muffled speech sounds, difficulty hearing on the phone

or in a crowd, trouble understanding women's or children's voices, or complaints from loved ones about your TV or radio volume, consider a professional hearing test.

2. Curb the Noise

Did you know? Noise-induced hearing loss-a largely preventable public-health problem-affects children and adults and is on the rise, according to the Hearing Health Foundation. Whether rocking out at a summer concert, enjoying New Year fireworks, or using power tools, consider limiting the duration of your noise exposure and wearing quality hearing protection.

3. Hold the Swabs

If you like the feeling of a cotton swab rubbed in your ear, you're not alone. It's a common habit but, oh, so dangerous. Sticking objects in your ear can cause injury

and push earwax farther into the ear canal. To remove excess cerumen, use a warm soft cloth after washing or showering, or soften the wax with drops of warmed olive oil, water or a commercial solution—as long as you don't have a perforated eardrum. In cases of persistent ear pain, hearing loss, or blockage of the ear canal contact us for a professional evaluation.

4. Bring on the Bananas

Healthy eating offers endless benefits,

including better hearing wellness, so consider selected fruits, vegetables, legumes, and other key foods that can make a difference. Bananas, for example, pack potassium, which plays a role in regulating the inner-ear fluid crucial to healthy hearing. Look for foods rich in vitamins and minerals such as A, C, E, folate, magnesium, and zinc, too.

of untreated hearing loss can have a far-reaching and devastating impact on one's health.

Untreated hearing loss can affect cognitive brain function and is associated with the early onset of dementia.

21% of diabetics have hearing loss compared to 9% of non-diabetics.



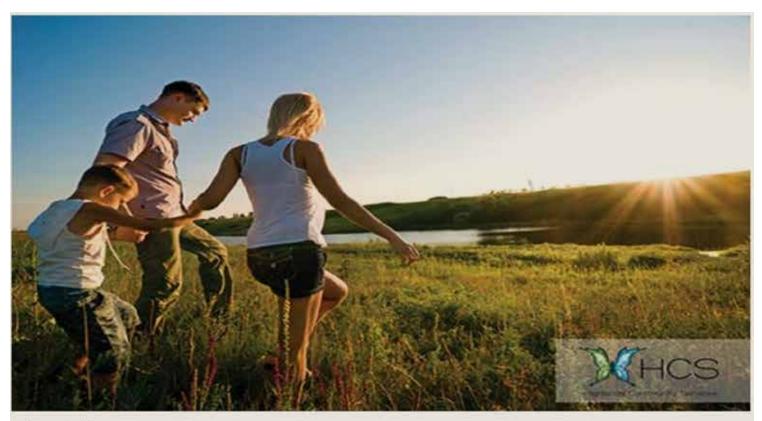
5. Schedule Regular Checkups

It's easy to make better hearing a family affair by scheduling hearing evaluations for the whole household. How often? At least once a year, just as you would for your eyes or teeth. Staying atop your hearing health helps catch any potential changes or problems early, which is important for overall wellness.

Many prevalent health conditions have a very strong link with hearing loss. We know today that the consequences Hearing loss is tied to a higher incidence of injury-causing falls, and more frequent and longer hospitalizations.

High frequency hearing loss is a side effect of cisplatin and carboplatin, both chemotherapy medications used to treat certain cancers.

Women of all ages and adults age 18 to 69 with hearing loss are more likely to experience significant depression. ◆



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General Surgery



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Austin B. Taylor, D.O. Board Certified Ophthalmologist Cataract Surgeon Fellowship Trained Glaucoma Specialist **Eye Physicians of Southwest** Virginia, P.C. 340 W. Main St., Abingdon, VA 276-628-3118 1128 N. Main St., Marion, VA 276-783-6131 www.eyephysiciansofswva.com





James W. Battle, III, MD **Board Certified Ophthalmologist** Cataract Surgeon, Fellowship Trained Glaucoma Specialist, Also Trained in Cosmetic Injectables **Johnson City Eye Clinic** Johnson City • Bristol 423-929-2111 www.johnsoncityeye.com



Joshua Busscher, MD **Board Certified Ophthalmologist** Cataract & Refractive Services Cornea Specialist, Fellowship Trained Cosmetic Plastic & Reconstructive Surgery Glaucoma Specialist **Johnson City Eye Clinic** Johnson City • Bristol 423-929-2111 www.johnsoncityeye.com



Jeffrey O. Carlsen, MD **Board Certified Ophthalmologist** Fellowship Trained Pediatric Ophthalmologist Fellowship Trained Reconstructive/ Cosmetic Surgeon **Johnson City Eye Clinic** Johnson City • Bristol 423-929-2111 www.johnsoncityeye.com



John C. Johnson, Jr., MD **Board Certified Ophthalmologist** Cataract Surgeon, Vitreoretinal Services **Johnson City Eye Clinic** Johnson City • Bristol 423-929-2111 www.johnsoncityeye.co



Jennifer P. Oakley, MD Board Certified Ophthalmologist Cataract Surgeon Fellowship Trained Glaucoma Specialist **Johnson City Eye Clinic** Johnson City • Bristol 423-929-2111 www.johnsoncityeye.com



Lauren C. Rushing, MD, **Board Certified Ophthalmologist** Medical Retina Specialist Comprehensive eye care including Vitreoretinal services, Diabetic eye disease and Age Related Macular Degeneration treatments, and cataract surgeries. **Johnson City Eye Clinic** Johnson City • Bristol 423-929-2111 www.johnsoncityeye.com



Michael F. Shahbazi, MD **Board Certified Ophthalmologist** Fellowship Trained Glaucoma Specialist **Johnson City Eye Clinic** Johnson City • Bristol 423-929-2111 www.johnsoncityeye.com



John R. Wilkinson, M.D. Board Eligible Ophthalmologist Cataract Surgeon **Eye Physicians of Southwest** Virginia, P.C. 340 W. Main St., Abingdon, VA 276-628-3118 1128 N. Main St., Marion, VA 276-783-6131



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Optometry



Peter A. Lemkin. O.D. **Doctor of Optometry Johnson City Eye Clinic** 110 Med Tech Parkway Johnson City, TN 37604 423-929-2111 www.johnsoncityeye.com



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Koen W. Elswick, O.D. **Doctor of Optometry Eye Physicians of Southwest** Virginia, P.C. 5057 Dickenson Hwy., Clintwood, VA 276-926-4375 340 W. Main St., Abingdon, VA 276-628-3118 www.eyephysiciansofswva.com



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Orthopedics



David Muron, MD Board Certified Orthopedic Surgeon **Wytheville Community Hospital** 590 West Ridge Rd, Suite K Wytheville, VA 24382 (276) 223-1983





Don't ignore your mental health.

WARNING SIGNS TO LOOK FOR IN YOURSELF OR A FRIEND:

- » Feeling very sad or withdrawn for more than 2 weeks.
- Trying to harm or kill oneself or making plans to do so.
- » Out-of-control, risk-taking behaviors that can cause harm to self or others.
- » Sudden overwhelming fear sometimes with a racing heart, physical discomfort or fast breathing.
- Not eating, throwing up or using laxatives to lose weight; significant weight loss or gain.
- Extreme mood swings that cause problems in relationships.
- » Repeated use of drugs or alcohol.
- » Seeing, hearing, or believing things that aren't real.



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- » Drastic changes in behavior, personality or sleeping habits (e.g., waking up early and acting agitated).
- » Extreme difficulty in concentrating or staying still.
- » Intense worries that interfere with daily activities.

1 in 5

U.S. adults experience mental illness.

DON'T BE AFRAID TO ASK FOR HELPI

- » Talk with a health care professional
- » Call the 988 Suicide & Crisis Lifeline
- » Connect with friends and family
- » Join a support group or find peer support



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