

MEDICAL JOURNAL

Sunday, July 12, 2015

Your A special feature of
Cleveland Daily Banner

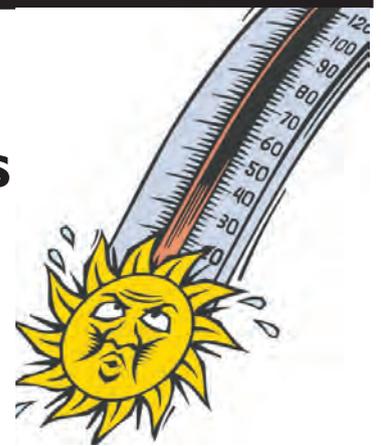


Father and son team **OCOEE ORAL SURGERY**

Dr. Hunter McCord, left, and
Dr. Paul T. McCord, right

Heatstroke deaths in cars

In 10 minutes,
temperature can
rise 20 degrees



Heart disease risk factors



Dr. Robert Mills
Chattanooga Heart
Institute

Medication disposal

Bradley County Sheriff's Office
has program to help

Child heatstroke, deaths in vehicles are preventable

Signs of heatstroke

Heatstroke is an emergency. At the first signs of heat stroke 911 should be called and first aid applied until emergency responders arrive.

Individuals over 65 and infants are more susceptible to heat strokes.

Heatstroke is defined by a core body temperature above 105 degrees with complications involving the central nervous system. Common symptoms include nausea, seizures, confusion, disorientation and sometimes loss of consciousness.

While heatstroke is often a progression from heat cramps, heat fainting and heat exhaustion, it can hit with no previous signs of heat injury, according to WebMD.

Fainting is often the first sign of heatstroke.

Other symptoms include headache, dizziness or light-headedness, lack of sweating despite the heat, red, hot and dry skin, muscle weakness or cramps, nausea and vomiting, rapid heartbeat, rapid, shallow breathing, behavior changes — confusion, disorientation or staggering — seizures or unconsciousness.

If you suspect heat stroke, after calling for emergency help, fan the patient while wetting the skin with water; apply ice packs to the patient's armpits, groin, neck and back; or immerse the patient in a shower or tub of cool water.

Special to the Banner

NASHVILLE — Children should never be left alone in cars.

That's the message Michael Warren, M.D., repeatedly stresses and wants all Tennesseans to start thinking about now.

As director of the Tennessee Department of Health's Family Health and Wellness office, Dr. Warren studies ways to keep children safe and believes "parents can never be too vigilant in protecting their children from heatstroke in vehicles."

"It's important to be vigilant throughout the year — but even more so with our warmest months approaching," Warren said. "The sunny days and rising temperatures of can quickly increase the temperature inside a vehicle."

"In just 10 minutes, the temperature inside an average car or truck can increase 20 degrees," Warren continued. "While that might not seem like a lot, it's important to know a child's body can heat up three to five times faster than an adult. Heat can quickly damage organs, causing severe harm and even death."

To prevent accidentally leaving a child in a safety seat, parents may consider placing something beside the child that is needed at the final destination, such as a purse, briefcase, cellphone or other important belonging.

They may also tape notes to the dashboard or consider a commercially available electronic warning device.

"A momentary lapse can create a tragedy," said TDH Commissioner Dr. John Dreyzehner. "We know this can happen to anyone; we all need to do our part. Don't let it happen to you."

Everyone, not just parents, should keep their vehicles locked. This will prevent a child from entering when no one else is around and accidentally locking themselves inside. Persons who see an unattended child in a car and are concerned about the child's health should immediately call 911.

A Good Samaritan law went into effect in Tennessee on July 1, 2014; it gives protection to those attempting to remove a minor from a vehicle for the sake of saving a life.

That law, TCA 29-34-209, allows those

who have a reasonable belief a child is in danger and have contacted law enforcement or a fire department for assistance, to forcibly enter a locked vehicle without fear of civil liability.

"Vehicles can become ovens quickly, even when parked in shady areas or when there are clouds," Warren said. "Young children, the elderly and those with health issues cannot tolerate heat and may be at great risk for heatstroke. A timely intervention by a caring person could certainly save a life."

The mission of the Tennessee Department of Health is to protect, promote and improve the health and prosperity of people in Tennessee.

TDH has facilities in all 95 counties and provides direct services for more than one in five Tennesseans annually as well as indirect services for everyone in the state, including emergency response to health threats, licensure of health professionals, regulation of health care facilities and inspection of food service establishments.

Learn more about TDH services and programs at <http://health.state.tn.us>.

Health professionals spot carbon monoxide dangers

Special to the Banner

NASHVILLE — Four alert health professionals each recently recognized something was wrong when screening four different mothers in the Baby and Me Tobacco Free program.

In each situation, during a breathing evaluation as part of the program, the women all had troublesome levels of carbon monoxide in their systems.

Home inspections were conducted, in

which heating system gas leaks were identified and repaired, and the four mothers and their families were protected from harm.

All four professionals have been presented the Tennessee Department of Health's Commissioner's Achievement Award.

The recipients include Kelly Hooks, a registered nurse at the Putnam County

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Food choices, care keys to good dental hygiene

By **JOYANNA LOVE**
Banner Senior Staff Writer



James Ohlsson, DDS

said it impedes healing in the mouth. “Diabetes reduces the blood flow to the gums,” Ohlsson said. He said the medical condition can also cause dry mouth, which creates a build-up of plaque. “Because saliva helps bathe the teeth,” Ohlsson said. “It’s almost like a car wash — it helps keep the teeth clean.”

Regular dentist visits are also important.

“There are people whose cleanings are paid for by insurance who don’t go,” Ohlsson said. “A lot of people feel like ‘My teeth don’t hurt, so I’m fine,’ but you can have cavities, you can have periodontal disease.”

Many who are diagnosed with periodical disease do not follow what the dentist recommends.

“It’s a different kind of cleaning, it’s what we call a deep cleaning,” Ohlsson said.

The cleaning goes below the gumline and asks the patient to return every three to four months.

“A lot of times when a patient does have pain they are really to the point that as far as the tooth goes, they’ll need more than just a filling to fix it, a root canal, a crown or something like that,” Ohlsson said.

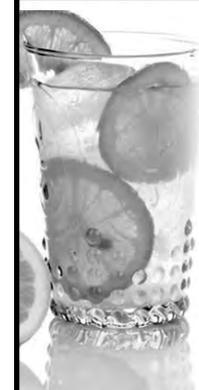
Ohlsson warns against using mouthwash instead of flossing.

“Flossing does two things. One there is a contact, so it helps break plaque there. Also, going below the gumline helps get

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DENTAL from Page 3

plaque there, so I don't think it (mouth-wash) really replaces flossing, I think it is a good adjunct," Ohlsson said.

He said it is hard for dentists to keep up with all the claims companies make about their products. Ohlsson recommended American Dental Association-approved toothpastes. He said whitening toothpastes can be more abrasive. An ADA seal should appear on the box.

"If you want to whiten your teeth, see your dentist about a whitening product," Ohlsson said.

Ohlsson cautions parents not to let children eat candy throughout the day. Instead he said it is better for them to eat their sweets for the day at one time. Followed by proper brushing, of course.

He asked that parents not use the dentist as a scare tactic to get children to brush their teeth. He said some parents tell their children that if they do not brush their teeth they will have to get a

shot at the dentists. This makes children afraid of ever going to the dentist.

"It makes our job more difficult," Ohlsson said. "It's good to not put any negative connotation with us. We are helping the child."

Just because a toothpaste is more expensive does not mean it is necessarily the best, the local dentist said.

To help low-income adults overcome the financial hurdle of proper dental care, Ohlsson became a part of Karis Dental Clinic.

The clinic has been open once a month at the Bradley County Health Department doing extractions. This has been extended to three times a month.

Now Karis is looking to expand its services at a new location and offer "restorations, fillings, dentures, partials, (etc.) ... we will also have teeth cleaning."

Cost for care is \$15 a visit. Costs for specific procedures, such as dentures, will be more once they are implemented.

Ohlsson has worked with Karis for about 2 1/2 years.

DANGERS from Page 2

Health Department; Andrea Sansone, of The Edge Women's Care Center in Dayton; registered nurse Kelly Soliman, of the Cheatham County Health Department; and Katie Winterburn, a nurse at the Lawrence County Health Department.

"Had these four dedicated professionals not asked thoughtful questions about the home environment for each mother, some negative outcomes could have resulted for the family," said TDH Assistant Commissioner of Community Health Services Leslie Humphreys.

"Carbon monoxide is often called 'the invisible killer' because it is odorless and colorless," said TDH Community Health Services Medical Director Dr. Jan BeVille.

"Carbon monoxide levels in Baby and Me breathing evaluations are used to verify tobacco-free commitments under

the program," BeVille stated. "Elevated levels can indicate inhalation of tobacco smoke or exposure to other sources of carbon monoxide. These four professionals recognized a danger to health and took the appropriate actions to possibly save some lives."

The program is an evidence-based tobacco-cessation program available at no charge in many locations across Tennessee, including the Bradley County Health Department.

Since the program was started in Tennessee in 2014, hundreds of pregnant women have ended their tobacco addictions, helping themselves and their children to enjoy tobacco-free, healthier living.

Smoking during pregnancy can cause premature birth, low birth weight infants, sudden infant death syndrome and pregnancy complications. To find the nearest Baby and Me program in Tennessee, visit <http://babyandmetobaccofree.org/Pages/Providers.html>.

Eye pressure

By **BRIAN GRAVES**
Banner Staff Writer

Glaucoma was always just a word to me. I knew it was a disease of the eye and I knew it could be serious.

It was one of those things I would not have to worry about perhaps for another three decades, if I live that long.

A few weeks ago, I found out otherwise.

I knew it was time for new glasses when I began having headaches and my sight was not as good as normal.

The computer screen to which my eyeballs are so attached on a daily basis became as friendly as a bad root canal.

So, optometrist, here I come.

They did all the tests, including that one that "poofs" air into one's eyes.

That is the test with the news I did not want to hear.

"That pressure is really high," the optometrist said to me. "You really need to get that checked."

The pressure he referred to is the pressure in my eyes.

When it gets too high, it can cause damage to the optic nerves and affect one's sight and even lead to blindness.

That is glaucoma.

As it turned out, my condition is only the beginning state before a full-blown

GRAVES' YARD

Brian Graves
Banner Staff
Writer



case of glaucoma occurs.

My condition is called "pigment dispersion syndrome."

This occurs when the pigment which creates color in the eye falls off the iris and into the fluid within the eye.

That causes a clog, preventing the fluid from within the eye from properly and naturally draining.

Once that pressure builds up to a point, it can damage the optic nerve.

Fortunately for me, I have caught it at an early stage.

My ophthalmologist (that is an eye doctor who is a physician) was able to use laser surgery to help with the blockage.

I will now go back in a few weeks for a more thorough examination of my optic nerves to see if there is any damage.

Even if there is, in most cases glaucoma can be controlled with regular use of certain eye drops.

Take my advice. Have a regular eye exam at least once a year.

And for more information, check out the website for the Glaucoma Research Foundation at www.glaucoma.org.

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Are you at risk for heart disease?

Dr. Robert Mills: Some risk factors are preventable

By **CHRISTY ARMSTRONG**
Banner Staff Writer

according to the Centers for Disease Control and Prevention.

Deaths from heart disease outnumber deaths caused by all forms of cancer combined.

The good news is that, in some cases, heart disease can either be prevented or corrected before losing one's life becomes an immediate danger.

Dr. Robert Mills, a cardiologist with the Chattanooga Heart Institute who practices in Cleveland, said there are several risk factors for heart disease.

The "primary" risk factors for heart disease include men being over the age of 45, women being over 55, using tobacco, having high blood pressure, having high cholesterol, having diabetes mellitus and having a family history of heart disease.

There are also risk factors he categorizes as "secondary" — leading a sedentary lifestyle, being obese and dealing with high levels of stress.

While not all of those risk factors, like age or family history, can be done away with, there are some risk factors that could make heart disease a preventable thing.

"The ones that can be addressed are tobacco, cholesterol and exercise," Mills said.

Refraining from using tobacco, eating a healthy diet to keep cholesterol at satis-

factory levels and exercising to prevent or address obesity and stress can lower one's risk of developing heart disease, he explained.

And lowering the risk of developing heart disease can lower the risk of sometimes-fatal events like heart attacks, which if not fatal can still damage the heart.

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HEART from Page 6



Dr. Robert Mills

particular, women and both men and women with diabetes have been known to have more minor heart disease symptoms — if they notice any at all.

“Some women might only experience unexplained fatigue,” Mills said. “Some with diabetes may have no other signs or

See MILLS, Page 15

Mills said it is important to know that warning signs of heart attacks often do occur — even if they do not always seem like warning signs.

Sometimes heart disease surfaces in a quiet way, with the patient at first brushing off the symptoms as indigestion or other, more temporary problems.

One common sign of heart disease is angina — a type of “relatively mild” chest pain caused by reduced blood flow to the heart.

“Heart attacks tend to be significantly more painful,” Mills said. “You will often know the difference.”

Mills said other early signs of heart disease include fatigue or shortness of breath that get worse with exercise but get better with rest.

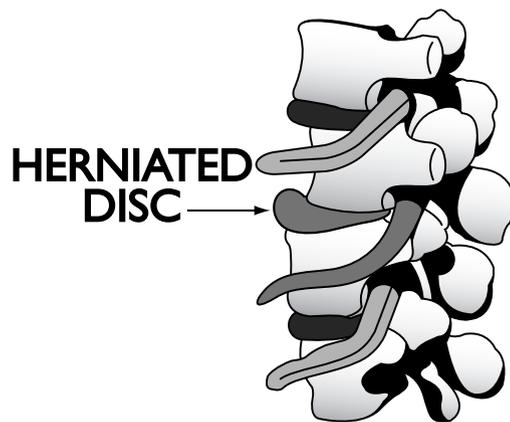
If they are relatively mild symptoms that come and go, it may not be an immediate emergency. However, Mills said such symptoms do warrant seeing a doctor about them as soon as possible.

While some people notice their heart disease before it gets to the point of a heart attack, those attacks can sometimes come with little warning.

Certain types of people may see very little indication of heart disease while still being at great risk for a heart attack. In



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Father and son work together

*Dr. Paul McCord,
Dr. Hunter McCord
practice at Ocoee
Oral Surgery*

By GWEN SWIGER
Associate Editor



DR. HUNTER MCCORD, left, enjoys working with his father, Dr. Paul T. McCord at Ocoee Oral Surgery.

Banner photo, GWEN SWIGER

There are not many father and son oral surgery teams in the United States, but Cleveland is fortunate to have one.

The local team of Paul T. McCord, DDS, and Hunter T. McCord, DDS, are practicing at Ocoee Oral Surgery, 2222 Chambliss Ave. N.W.

Dr. Paul McCord, the father, has been practicing in Cleveland for 32 years. The son, Dr. Hunter McCord, joined his father in 2013.

They both agree the best thing about their practice is the diverse nature of the people they serve.

“It really is the people,” the son said. “No one wants to be here. If you are nice and they have a good experience, you get credit for something you like to do all the time.”

“I wanted to do the ‘hands-on’ all day. You can physically do something and change or fix it,” he said.

Dr. Paul McCord noted it is “much more low key” at their office than a hospital. While they are doing surgery, many don’t consider it exactly surgery because it is at the office.

And the doctors follow up their surgery with calls to the patients to be sure

they are all right.

“I’ve probably made 35,000-plus calls,” the father noted.

Dr. Hunter McCord noted they not only get to deal with a variety of people, but “no procedure is the same. You get to do medicine. You get to do general anesthesia. You get to do surgery. You get to do dentistry. You get to do it all.

“It’s so rare that you get to practice so many things,” he said.

The practice does anesthesia, dental implants, wisdom teeth extractions, oral

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MCCORD
from Page 8

doing was child abuse cases," he said. "It was interesting and I spent a lot of time in court."

"My uncle who was an optometrist and my cousin, who was a dentist, decided I should become a dentist," he said.

He attended dental school at the University of Tennessee, Knoxville. After school, he practiced general dentistry.

"One of the surgeons was a friend of mine. I started following him around and decided this is what I wanted to do," he said.

He applied at UT Memphis Oral Surgery for his residency.

"I told my wife, NancyLou, if God wanted me to be an oral surgeon, I would get in," he said.

Ninety to 100 people applied, he noted. "They took me."

When he finished his residency, he wanted to return to East Tennessee.

"I wanted a smaller town. Big towns are not for me. We decided to come to Bradley County. I didn't know a soul in this county. ... We just stepped out and here we were."

The McCords brought with them their daughter, Nicole, and son, Hunter. Nicole is now a lawyer practicing in Richmond, Va.

"Hunter was about a year old. He's

See **SURGERY**, Page 10

and maxillofacial surgery, biopsies, bone grafting, impacted teeth, cosmetic work, joint issues and lots of pathology.

"Everything above your shoulders that is not your brain, we pretty much do," Dr. Paul McCord said.

The elder McCord did not always want to be an oral surgeon. Growing up, he thought he would be "an optometrist."

"That's what my daddy was and my uncle. But I decided that was not for me."

Paul McCord grew up in Humbolt in West Tennessee. He attended the University of Tennessee Martin, where he was a biology and chemistry major.

After graduation he went to work for the state of Tennessee investigating child abuse cases for the State Welfare Department.

"It was 1974, the depth of the recession. The state of Tennessee had a job opening and my neighbor said I should apply for the job. I did. Then transferred to Memphis, thinking I would go to school. I would be close," the elder McCord said.

"I got to Memphis and none of the women wanted to go into the North Memphis hood on child abuse cases. I was the only guy in the whole unit so within a short amount of time, all I was

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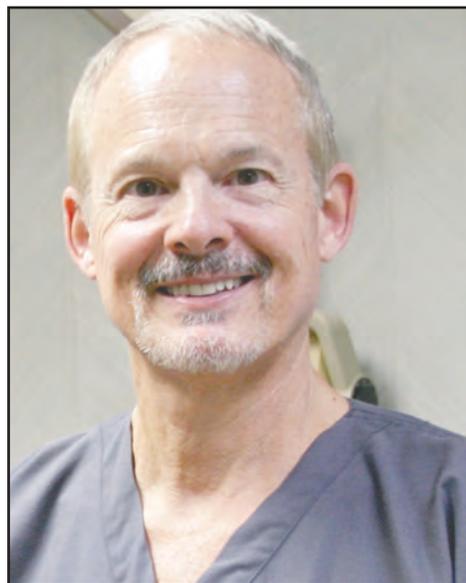
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SURGERY from Page 9



Dr. Paul McCord

places in 13 years. It was a long road to get here.

“Once I got into dental school, I wanted to do dental surgery like he (dad) did,” the son noted.

“I saw how much he enjoyed being here — I love Bradley County — and how much fun he had practicing here and the variety you get to see,” he said.

“People don’t want to go to Chattanooga or Knoxville. They want to do it here. I like that. You get to do a little bit of everything,” he said.

“You do surgery, but you get to fix stuff. It’s such a wide variety. People come in with pain and you take them out of pain.

“People come in with a spot on their tongue they think is cancer, and you get to take it out for them,” he said.

“I got very fortunate that he (dad) was still practicing here. I can’t imagine practicing anywhere else.

“I was always coming back here to practice. I think it’s unique. I like that we come here in Bradley County in the same building where people have been



Dr. Hunter McCord

coming for 20 years. It helps people,” Dr. Hunter McCord said.

To relax, the Drs. McCord do exercise several times a week.

The younger McCord likes to spend time with his fiancée, Mary Catherine Culbreath, who is a nurse practitioner, and his dog.

The father has served as a coach for baseball. With the youth minister at

Westwood Baptist, Paul McCord started the first soccer team in the area.

“I knew zero about soccer; but the coach from Lee was my neighbor,” he said. They started the first team and it has grown in the community.

Paul McCord was also one of the founders of the local Habitat for Humanity.

He serves as chief of staff for oral and maxillofacial surgeons at SkyRidge Medical Center. He has served as president of the Cleveland Dental Society.

He is also a Fellow of the American Dental Society of Anesthesiology, Fellow of the American Association of Oral & Maxillofacial Surgeons, Fellow of the American College of Dentists, diplomate of the American Board of Oral and Maxillofacial Surgeons and past president of the Tennessee Society of Oral and Maxillofacial Surgeons.

This year he is being kept busy as president of the UT Alumni for the dental school. He is also involved with the Cleveland Rotary Club.

Both McCords are also involved with the Remote Area Medical clinics. They will be operating and seeing patients this weekend at the RAM clinic at Walker Valley High School.

The assistants who work with the Drs. McCord are registered dental assistants.



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*John Hopkins and The National Institute on Aging Study

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Proper disposal of medicine is simple

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By **TONY EUBANK**
Banner Staff Writer

What do you do with your leftover prescription medications? Do you keep them for later use? Maybe give some to a friend or family member? Or maybe you simply throw them away?

Proper disposal of these drugs is vital, and keeping them beyond expiration dates or not using them on the timeline that the doctor laid out can severely alter their effectiveness, and pose a real danger to your or a loved one.

Also, giving prescription drugs to someone for whom they are not prescribed is illegal. Not disposing of them properly can cause environmental damage or allow them to end up in the wrong hands.

This is why the Bradley County Sheriff's Office partners with Going Respectfully Against Addictive Behaviors to provide locations to drop off leftover or unused medications.

According to the U.S. Food and Drug Administration, several precautions should be taken when disposing of drugs at home of which most people are proba-

bly not aware. While some medications can be flushed down the toilet, many can contaminate the water supply.

Some drugs already enter the drinking water supply simply because they are not fully metabolized by the human body, and while there is no evidence to suggest that this is a significant amount to cause alarm, one should still be cautious about putting drugs, especially antibiotics and narcotics, into the sewer system.

Tossing your old or unused drugs in the garbage can come with risks as well. There are not only some environmental risks, there is a chance that someone may go through your garbage looking for narcotics.

The FDA advises that if you do not have a drop location or cannot make it to one, you should try to make any drug you put in the trash as undesirable as possible.

Suggestions include removing labels and mixing the drugs up by mixing them with "undesirable substances," such as old food, coffee grounds or even cat litter. The agency also recommends sealing the drugs in a bag or other container to keep them from leaking out.

Disposing of your prescriptions properly also reduces the chance of a child accidentally ingesting or being exposed to a powerful and possibly deadly narcotic.

The GRAAB and BCSO program provides a safe way to remove medications from the home and destroy them in an environmentally friendly manner.

See **DISPOSAL**, Page 15



Dr. Christopher W. Chase, M.D., F.A.C.S.

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Dr. J. Alfred attended the University of Arkansas and Emory University as an undergraduate and following completion of studies there, attended the Emory University School of Dentistry receiving his Doctor of Dental Surgery Degree in 1967.

He served for two years in the U.S. Army Dental Corp. at Ft. Belvoir, Virginia. During this time, he received additional training by Board Certified Specialist with the rotations in Oral Surgery, Prosthodontics, Endodontics, and General Dentistry.

In recognition of his clinical experience, in 1988, Dr. Rowton was inducted as a Fellow to the International Congress of Oral Implantology, and in 1990 was made an Active Member of the American Academy of Implantology. In 1991, he became a Fellow of the Academy of General Dentistry. In 1993, Dr. Rowton, following rigorous oral, written, and clinical exams, was recognized as a Diplomat of the American Board of Oral Implantology. This denotes the highest level of competence in implant dentistry.

Dr. Rowton has served on numerous dental missions locally and internationally. He and his wife, Linda, enjoy living on the Ocoee River near Benton since 2008. He is an active member of the First Baptist Church of Benton.

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Advanced medical alert systems now offer GPS, fall detection

By **LINDA A. JOHNSON**
The Associated Press

The choices are numerous. Medical alert systems have advanced far beyond the basic pendants that enable a loved one to summon assistance.

Today's range of products includes wristbands, watches and cellphones equipped with emergency buttons or apps. Their capabilities have also expanded to include GPS tracking and fall detection, all of which help users live more independently and keep them safe when they venture outside. That's broadened their appeal from just homebound senior citizens to younger people with physical disabilities and others worried about security.

The whole category started with the Philips Lifeline pendant in 1974. It helped seniors living alone feel safe and gave their loved ones peace of mind. But it only worked in and around the home.

Last year, Phillips introduced its GoSafe mobile service, which gives users the same protections wherever they might be. The waterproof pendant can automatically detect if a person has fallen, and the response center then calls to check on the user if she doesn't press the Help button. Phillips says it uses six means of determining the individual's location, should assistance be needed.

Christopher DeHaven, who uses a wheelchair due to a rare neurodegenerative disorder, had a basic pendant that worked around his home until two months ago. Then he upgraded to a pendant with built-in GPS, the Splash from Philips' rival GreatCall.

"I wanted to be able to do the things that I missed, getting out with friends and family, going places," said DeHaven, 44, who lives in rural Blanchard, Oklahoma. "I didn't want to be tied to the house."

The device also enables DeHaven's

niece to track his location and movements remotely if he doesn't answer his cellphone.

Other providers include LifeStation, Medical Alert, MobileHelp, ADT Medical Alert, Medical Guardian, Bay Alarm Medical and Life Alert, which runs those "I've fallen and I can't get up" ads.

Here are factors to consider in selecting a product:

1. CHOOSE THE KEY FEATURES.

If the person needing the device never goes out alone, an inexpensive home-and-yard system may be sufficient. If she leaves home regularly, consider a pendant, wristband or cellphone with GPS tracking.

Decide whether a pendant or wristband would be more comfortable and whether someone with a disability, such as a stroke patient, could easily use the device or smartphone.

2. SHOP FOR PRICE.

Monthly fees for such services run from about \$20 for a bare-bones pendant or wristband to around \$55 for one with GPS and fall detection. Some companies provide the pendant or wristband for free, while others charge a one-time fee of up to \$150.

Phone options include a basic cellphone with a prominent emergency button amid extra-large number keys, and a smartphone with the emergency icon on the home screen. Companies charge about \$40 to \$90 per month for those services, on top of \$100 to \$200 upfront for the cellphone.

For people who have their own smartphone, some companies offer emergency help apps for the home screen for about \$15 per month.

There may be additional, one-time fees: \$50 to \$100 to activate the service and up to \$90 to cancel it. Some companies don't list prices on their websites, so be

prepared to call to enquire.

3. ASK ABOUT COMMITMENTS.

Many companies don't require contracts, or they only run for 30 to 90 days. Ask what's required, including billing terms. Some companies bill customers in advance for an entire year.

4. DETERMINE IF COVERAGE IS ADEQUATE.

Reliability is crucial. Before you commit, make sure cellphone coverage in your area is strong enough to service any medical alert device or smartphone.

If the service runs off a home landline, check for adequate range. Typically the devices work well up to 600 feet from the base unit. Be sure that covers the entire home and any usual path, such as to the end of the driveway.

5. ASK ABOUT A GUARANTEE.

Ask about product guarantees, whether there's a 30-day return policy

and whether any discounts are available, such as for AARP members and veterans.

6. PLAN ACCESS FOR RESPONDERS

You'll need a quick, reliable way for police or EMTs to enter your home. If you have a security alarm, you'll give the response center the code for it. Another common approach is to set up a lockbox near the door and give the service the code to open it.

Lastly, read the fine print before signing anything.

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Spinal cord injuries increasing

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Traumatic spinal cord injuries are increasing with the population, and incidence is higher in older individuals, according to a Vanderbilt study that was published in the June 9 issue of the Journal of the American Medical Association.

The study, which analyzed data from 63,109 patients with acute traumatic spinal cord injury from 1993 to 2012, will help target specific populations for preventive measures, said lead author Nitin B. Jain, M.D., M.S.P.H., associate professor of Physical Medicine and Rehabilitation.

“We find that spinal cord injury as a result of falls is a major public health issue in the older patients, and we need to find what the causes for that are and appropriately design interventions,” he said.

Jain noted that one in five with such injuries dies in the hospital.

Before the study, there was limited data on trends of the incidence and cause of spinal cord injury. Researchers discovered that while incidence rates among the younger male population dropped over about 20 years, rates for men ages 65 to 74 jumped to 131 cases per million from 84 cases per million.

DISPOSAL from Page 11

The organizations urge the community to be active in preventing unused medications from getting into the wrong hands, by using drop-off locations.

Since 2011, the BSCO has had a prescription collection container that was donated by the U.S. Drug Enforcement Administration. The drop box is located at the Judicial Center inside the criminal

investigations entrance.

The Criminal Investigations entrance is located on the south side of the complex, facing APD 40, at 2290 Blythe Ave., and is open from 9 a.m. to 4 p.m. Monday through Friday.

Items that can be dropped off include prescriptions, over-the-counter medications, pet meds, medicated ointment, lotions or drops, as well as liquid medications in leak-proof containers. The location can also accept inhalers.

MILLS from Page 7

risk factors.”

While that might sound scary, Mills said people can gain some confidence by knowing and being able to recognize the signs of a heart attack, as that information has been known to save lives.

According to the Chattanooga Heart Institute, some common signs of a heart attack include:

- Pressure, fullness, squeezing pain in the center of the chest, possibly spreading to the neck, shoulder or jaw;
- Chest discomfort with lightheadedness, fainting, sweating, nausea or shortness of breath;
- Upper abdominal pressure or discomfort;
- Back pain;
- Unusual fatigue;
- Unusual shortness of breath;
- Dizziness; and
- Nausea or burning sensation in the chest.

Mills said the pressure could seem like heartburn or the jaw pain like a toothache, but such symptoms could be

signs of a life-threatening heart attack in progress.

“The biggest thing is — don’t ignore them,” Mills said. “Take an aspirin and call 911. Don’t drive because they can begin working to help you before you even get to the hospital. The first hour is critical.”

While heart disease is the leading cause of death in the United States, the American Heart Association says 72 percent of Americans they surveyed “don’t consider themselves at risk for heart disease.”

The risk is real, and Mills said paying attention to the risk factors and signs of heart disease could save more lives.

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