

Health Connection

BROUGHT TO YOU BY DEKALB REGIONAL MEDICAL CENTER



**New cardiologist
comes to DRMC**

Welcome back!
Family practitioner
returns to Rainsville

**Lower your heart
disease risk**

**Special deliveries
at DRMC**

**Start your
day off right**
Why breakfast is your
most important meal

Mind your medicine

Smart strategies to stay well



Adults over age 65 who have adverse drug reactions account for more than 177,000 emergency room visits each year. One-third of these visits are related to three drugs: warfarin (a blood thinner), insulin (for diabetes) and digoxin (a heart medicine). Many of these reactions can be avoided with better communication between patient and physician. Follow this advice to help you avoid becoming a statistic:

- **Tell your physician about all the medicine you're taking.** That

includes prescription medications and over-the-counter drugs and supplements. Your physician will want to make sure you're not taking anything that can cause a reaction or affect a drug's potency. For example, Ginkgo biloba, garlic, ginger and ginseng can all interact with warfarin, as can medications taken for headaches and joint pain, such as aspirin and ibuprofen. Iron and calcium supplements can interfere with thyroid medication absorption.

- **Ask questions.** Don't be afraid to ask your physician to clarify a medication's purpose and common side effects. Also make sure you know when and how often you should take it and what to do if you miss a dose. Learn both the medicine's brand name and generic name and its shape, size and color.
- **Write it down.** Keep a list of all the medications you take in your wallet in case you do end up in the ER. This will allow physicians and nurses to avoid giving you medicine that could cause a dangerous interaction.
- **Take your medication as prescribed.** Don't stop your treatment because you think it's not working, you have side effects or you think your pill-taking regimen is hard to stick with. Instead, call your physician. He or she may be able to prescribe a different medicine or dosage to minimize side effects or simplify your regimen.

Also let your physician know if you've stopped taking a prescribed medicine. Otherwise, he or she may assume the drug isn't working and give you a higher dosage or different medication.

- **Go to follow-up appointments.** Some medications, such as blood thinners and drugs for diabetes, seizures and heart problems, require regular blood tests and monitoring by your physician. Regular visits are crucial to ensure you're getting a safe and effective dose.



Welcome back, Dr. Horton!



Thomas Horton, M.D.
Family Practice

Thomas Horton, M.D., has returned to DeKalb County—and this time, he’s here to stay.

Dr. Horton opened Rainsville Family Practice, a family practice medical clinic, in Rainsville. The clinic is located at 64 McCurdy Drive N., at the intersection of highways 35 and 75 in Rainsville. He has also joined the staff of DeKalb Regional Medical Center.

Dr. Horton previously practiced in Rainsville, but he left to take a position as a faculty member with the department of family medicine at the University of Mississippi Medical School in Jackson, Miss., his alma mater.

However, despite the satisfaction of teaching at his old school, “I missed having my own practice, patients and friends,” says Dr. Horton. “North Alabama has been home to my family and me since we first arrived in 1988. So, after agonizing about walking away from my teaching position and worrying that patients might not return, I accepted the reality that my proper place is in DeKalb County. I simply had to come back home, and I plan to be here for a long time.”

FIND YOUR WAY BACK TO HIM

“It’s no secret that I’ve started over before—not to mention my patients and staff. Much to my regret, some patients faced difficulty finding medical care when I left two years ago. It offers little comfort to them to know I planned to keep the office open and believed I had a replacement physician right up until the night before I left,” says Dr. Horton. “When that plan unexpectedly

failed at the last minute, it was too late for me to change course. I apologize profusely for the unintended consequences this caused my patients.

“For those willing to give me another chance as their physician, I promise to deliver the best and most personal care possible,” adds Dr. Horton. “I still have the old medical records. Getting re-established as a patient in our office will be very easy to do.”

A Mississippi native, Dr. Horton graduated from the University of Mississippi Medical Center, performed an internship in Montgomery and completed his family practice residency at the University of Kentucky in Lexington, Ky. He’s board certified by the American Board of Family Medicine and is a Fellow of the American Academy of Family Physicians.



! Call for an appointment!

For more information or to make an appointment with Dr. Horton, call (256) 638-8246. Or, visit www.rainsvillefamilypractice.org.

Snap, crackle, pop!

What are your joints telling you?

Your body is a symphony of sounds—that cracking in your ankles, the popping in your knee. What causes these noises? Sometimes, it's just ligaments or tendons tightening and moving with a joint. For the most part, these sounds are normal and don't require any treatment.

But sometimes these noises can signal a more serious problem. A loud pop and locking of a joint can mean that torn cartilage, a piece of bone or something else has gotten caught between joint surfaces. Cracking and grinding may be a sign of arthritis. A loss of smooth cartilage and roughening of the joint surface is to blame for these noises.

JUST MAKING NOISE?

To find out whether your popping and cracking should be of concern, look for the following signs. See your physician if you have any of these symptoms:

- pain accompanying the popping
- swelling of the joint
- locking or sticking of the joint
- loss of motion or function

A JOINT EFFORT

The Arthritis Foundation and the American Academy of Orthopaedic Surgeons suggest following these tips to keep your joints healthy:

- Maintain a healthy weight.
- Stretch to increase your flexibility. Ask your physician to help you develop a regular stretching program.
- Stand up straight, shoulders back.
- When you lift heavy objects, use your legs instead of using your back. If you can't lift something yourself, ask for help.



- Alternate heavy activity such as housework, brisk walking or strenuous yardwork with rest periods.
- Wear protective gear, such as wrist, elbow or knee pads, if you're engaging in an activity where you could fall.
- Pay attention to your body. Pain may be a sign you're overworking your joints.
- Eat a well-balanced diet that includes plenty of calcium (1,200 mg a day for those over age 50; 1,000 mg for those ages 19 to 50).

Knuckle cracking: Bad to the bone?

Some people just can't resist cracking their knuckles. The cracking sound you hear is the "popping" of air bubbles when the joint is pushed or pulled a certain way. Knuckle cracking can certainly be annoying to others, but does it really make your knuckles larger? That old wives' tale hasn't been proven, but this is still a habit you should try to break, as studies point to possible soft-tissue damage in joints, a weak grip and hand swelling as a result of repeated cracking.



HEALTHWISE QUIZ

How much do you know about **exercise**?

Take this quiz to find out.

1 To lose one pound, you need to burn how many calories?

- a. 500
- b. 1,500
- c. 2,500
- d. 3,500

2 A good way to measure the intensity of an exercise is to keep track of your:

- a. heart rate
- b. blood pressure
- c. sweat levels
- d. thirst intensity

3 Exercise can:

- a. reduce depression
- b. help manage type 2 diabetes
- c. boost good HDL cholesterol
- d. all of the above

4 The *minimum* amount of time you should be active every day is:

- a. 15 minutes
- b. 20 minutes
- c. 30 minutes
- d. there is no minimum

5 Which of the following exercises will *not* help you build stronger bones?

- a. running
- b. swimming
- c. lifting weights
- d. dancing

ANSWERS: 1. (d) 2. (a) 3. (d) 4. (c) 5. (b)

The kidney-heart connection

If you think kidney disease only affects your kidneys, think again. Though researchers can't fully explain the link, kidney disease is an independent risk factor for heart disease and greatly increases the risk of dying from heart problems. In fact, heart disease is the most common cause of death for the more than 20 million Americans with chronic kidney disease.

WHO GETS KIDNEY DISEASE?

Kidney disease is often called a "silent killer" because many people don't even know they have it until it reaches an advanced stage. Risk factors include being obese; smoking; and having high blood pressure, diabetes or a family history of kidney disease. Ask your physician about testing if you're at risk. If he or she suspects you may have chronic kidney disease, blood and urine samples can diagnose it.

KEEP YOUR KIDNEYS HEALTHY

If you already have kidney disease, early treatment can help keep it from getting worse. But the best method of attack is to prevent the problem in the first place. Take these steps to minimize your risk:

- **Maintain a healthy weight.** Eat healthful foods and be active every day.
- **Quit smoking.** Besides the damage it can do to your heart, smoking can interfere with medicine for high blood pressure.
- **Get your blood pressure level to 120/80 mm Hg or lower.**

Start by slashing salt from your diet and getting more potassium (found in bananas, apricots and broccoli). If changing your diet doesn't help, discuss medications with your physician.

- **Control your blood sugar if you have diabetes.** Dietary changes and medication may be needed.



Cardiologist comes to DRMC

DeKalb Regional Medical Center (DRMC) is proud to welcome cardiologist Wael Halaseh, M.D.

“The addition of Dr. Halaseh will allow the hospital to expand our cardiology services and offer area residents a greater degree of comprehensive heart care, close to home,” says J. Peter Selman, C.E.O. of DRMC.



Wael Halaseh, M.D.
Cardiology

Dr. Halaseh opened his practice in fall 2008 in the professional office complex adjacent to DRMC, and joined the DRMC staff as an employed physician.

ABOUT DR. HALASEH

Dr. Halaseh holds a bachelor's degree in medicine and surgery from Jordan University of Science

and Technology in Irbid, Jordan. He completed an internship at Al-Basheer Hospital in Amman, involving rotations spent in internal medicine, surgery, obstetrics, gynecology and pediatrics.

He also completed an internal medicine residency and cardiovascular fellowship at Saint Michael's Medical Center in Newark, N.J., as well as an interventional cardiology fellowship.

Named Teaching Resident of the Year 2007 at Saint Michael's Medical Center, Dr. Halaseh is board certified in internal medicine, echocardiography, cardiovascular medicine, nuclear cardiology and interventional cardiology. He's a member of the American Medical Association and the American Society of Echocardiography.

For more information about the cardiology services offered by Dr. Halaseh, call (256) 845-9255.

Heart disease: A woman's greatest health threat

You've heard a great deal about heart disease, but did you know it's the top cause of death in women? About one in three American women die from heart disease, and two thirds of women who have heart attacks never fully recover.

When women reach age 55, they're generally considered at higher risk for heart disease. And this risk grows with age. Women ages 51 and older typically begin experiencing symptoms of menopause because their bodies produce less estrogen. Menopause greatly increases heart disease risk. Women who experience early menopause double their chance of developing heart disease.

WATCH FOR WARNING SIGNS

Exercising and eating a balanced diet will decrease your risk of heart disease, but if you experience the signs listed here, it's important to call 911:

- chest discomfort

- discomfort in other areas of the upper body, such as the arms, neck, jaw or stomach
- shortness of breath, nausea or light-headedness

REDUCE YOUR RISK

By taking a proactive approach to heart health, you can greatly reduce your likelihood of developing heart disease. You should:

- Check your blood pressure and cholesterol levels regularly.
- Take measures to battle weight gain. Body fat accumulated around the abdomen and a waist circumference of more than 35 inches increase your risk.

Regular exercise is another way to decrease your heart disease risk. Studies show that people who don't exercise increase their risk of heart disease, but those who exercise even moderately reduce their risk significantly.



! Cardiac rehab at DRMC

In addition to the services offered by Dr. Halaseh, DRMC offers a cardiac rehabilitation program. A 36-visit medically supervised exercise program, cardiac rehabilitation is designed to help patients recover from heart attacks, heart-related surgery or other heart-related illness.

CONTROL RISK FACTORS

While a large part of the program comprises exercise, it also involves learning how to control heart disease risk factors by improving diet, quitting smoking, managing stress and lowering blood pressure if needed, according to DeAnn Cobble, R.N., a cardiac rehabilitation nurse at DRMC.

To learn more about the cardiac rehabilitation program at DRMC, call (256) 997-2301 or visit www.dekalbregional.com.



Dear friends,

Welcome to the winter edition of *Health Connection*, your source for medical information and updates on your community hospital—DeKalb Regional Medical Center (DRMC).

As we look ahead to another exciting year, I would like to pause for a moment to reflect on 2008. It was certainly an eventful year for the DRMC family as we added five new physicians to our growing medical staff: David Koury, M.D., neurology; Willam Bruce Harris, surgical oncology; Thomas Horton, M.D., family practice; Bart Barber, D.O., anesthesiology; and Wael Halaseh, M.D., interventional cardiology.



J. Peter Selman
Chief Executive
Officer

THE YEAR AHEAD

In 2009, our primary focus will be to further enhance the level of service in our emergency department. We're proud of the quality of emergency care our team of physicians and nurses provides 24 hours a day. Our wait times are currently more than an hour below the national average, and we'll soon be implementing a Fast Track component to improve efficiency and patient comfort.

For the first time ever, we have a full-time neurologist, surgical oncologist and interventional cardiologist who call DeKalb County home. This further highlights our commitment to meeting the healthcare needs of our community and providing comprehensive care close to home.

God bless,

J. PETER SELMAN
Chief Executive Officer
DeKalb Regional Medical Center

'Brake' for breakfast



You wouldn't take off for a road trip with no fuel in your car, so it doesn't make much sense to send your body out for the day with nothing to run on. Your tank needs breakfast.

Studies have shown that those who eat this most important meal of the day are less tired and irritable, have better concentration and are more likely to maintain a healthy weight. Not a bacon-and-eggs person? No problem. Try these

out-of-the-cereal-box suggestions from the American Dietetic Association:

- one cup of vanilla low-fat yogurt topped with whole-grain cereal and berries
- leftover veggie pizza with a piece of fruit and a glass of milk
- whole-grain toast topped with a little peanut butter and apple slices
- whole-grain waffles or pancakes topped with fresh banana
- a super-fast smoothie, made from frozen fruit and yogurt, whipped up in a blender
- a breakfast wrap (try low-sodium deli turkey, low-fat cheese and spinach in a tortilla)
- oatmeal sprinkled with cinnamon and walnuts



Ready, aim, vaccinate!

Vaccines aren't just for babies. If your child hasn't been to the pediatrician in a while, he or she may have missed some important shots. And don't forget that adults need vaccines, too! Talk

with your pediatrician about your child's specific needs and whether he or she is at high risk. And ask your own physician about *your* needs. Use this handy chart as your guide.

IMMUNIZATION	BIRTH TO AGE 6	AGES 7-18	AGES 19+
Diphtheria, tetanus, pertussis (DTap, Td/Tdap)	4 doses by 18 months; final dose at age 6	Kids need a booster at ages 11-12. For teens, ask your pediatrician if your child is up to date.	Get a Td booster every 10 years. If you're under age 65 and haven't been vaccinated with Tdap before, you need a single dose.
Haemophilus influenzae type b	4 doses by age 15 months		
Hepatitis A	2 doses between 12 and 23 months	High-risk kids and adults need a vaccination.	
Hepatitis B	3 doses within first 18 months of life	Ask your pediatrician if your child is up to date.	High-risk adults should be immunized.
Human papillomavirus (HPV)		3 doses are recommended for girls ages 11-12, or later if a young woman isn't up to date. Ask your physician about the pros and cons of vaccination.	
Inactivated polio virus	3 doses by 18 months	Ask your pediatrician if your child is up to date.	
Influenza	Yearly, for kids ages 6 months to 19 years		Anyone <i>can</i> get vaccinated; high-risk adults and those over age 50 <i>should</i> be.
Measles, mumps, rubella (MMR)	1 dose at 12-15 months; another at ages 4-6	Ask your pediatrician if your child is up to date.	If you haven't had this vaccine, you need it. High-risk adults need a second dose. If you were born before 1957, you're considered immune to measles and mumps.
Meningococcal (meningitis)	Ask your pediatrician if your child is high risk.	It's recommended for kids ages 11-12; otherwise, ask your pediatrician if your child is at high risk.	It's a must for high-risk groups.
Pneumococcal (pneumonia)	4 doses of pneumococcal conjugate by 15 months	High-risk kids and adults need the pneumococcal polysaccharide vaccine. Adults should get vaccinated at age 65; some older adults may need a booster.	
Rotavirus	3 doses by 6 months		
Varicella (chicken pox)	1 dose at 12-15 months; another at ages 4-6	Ask your pediatrician if your child is up to date.	If you aren't up to date and never had the chicken pox, speak with your physician.
Zoster (shingles)			Get it once, at age 60 or older.

Source: Centers for Disease Control and Prevention

PROSTATE CANCER SCREENING

Should you or shouldn't you?

It seems not all medical experts can quite agree on how necessary the prostate-specific antigen, or PSA, test really is. Some organizations recommend that physicians offer the prostate cancer screening test to men older than 50, while others aren't convinced that the test is truly beneficial. So where does that leave you?

WHAT IS A PSA TEST?

PSA is a protein made in the prostate gland. A simple blood test can detect elevated PSA levels, which could be a sign of cancer. Sometimes used in conjunction with a PSA test, the digital rectal examination, or DRE, also looks for prostate cancer. Your physician inserts a gloved finger into the rectum to feel for growths that may be cancerous.

IS IT RIGHT FOR YOU?

Ultimately, you and your physician need to discuss whether a PSA test is in your best interest. It can be a lifesaver for some men, but for others it may be unnecessary. Consider these points:

- **Age and other risk factors.** Experts who recommend the PSA screening encourage it in men between ages 50 and 75 who expect to live at least another 10 years. Men who have a high risk of prostate cancer, such as African-Americans and those with a father, brother or son who was younger than 65 when diagnosed with prostate cancer should begin at 45. For those with several close family members diagnosed with the cancer at a younger age, screening may be started at 40. Screening is generally not recommended for those over 75.
- **False positives/false negatives.** No screening test is perfect, but false positives (the test indicates you may have

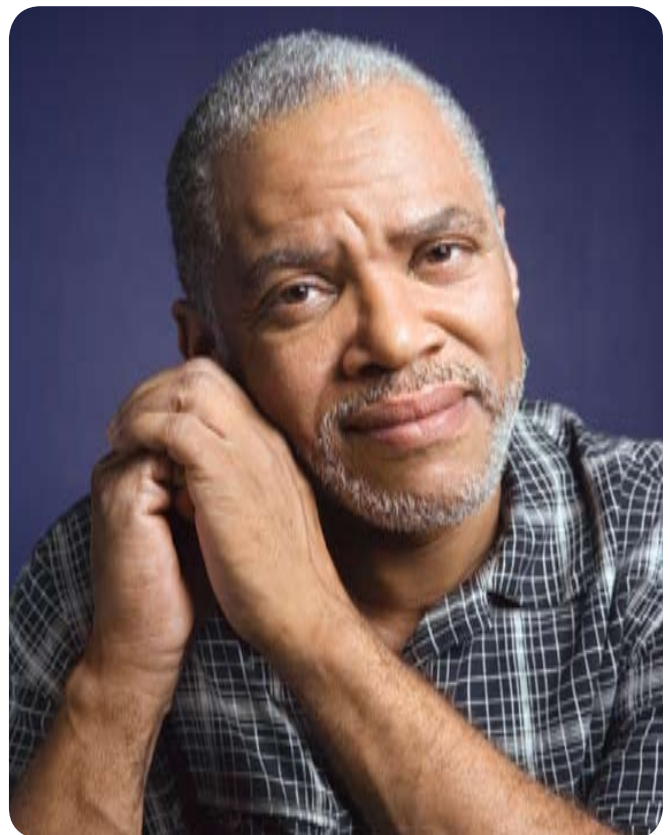
prostate cancer, but you don't) are fairly common with a PSA test. That's because other conditions or circumstances can cause higher PSA levels. These include prostate enlargement (benign prostatic hyperplasia, or BPH), aging, prostate infection or recent ejaculation. False negatives (the test says you don't have cancer, but you do) can also occur. BPH medications, herbal mixtures used for prostate health and obesity are all possible causes. A fast-growing cancer may also produce a false-negative result.

- **Treatment.** Because prostate cancers tend to be slow growing, not every case threatens your health or even requires treatment—especially if you're older. That means you may have never known about the cancer if you weren't diagnosed. However, because a physician can't know for sure how aggressive the cancer is, he or she may recommend radiation and surgery anyway. These treatments can have serious side effects, such as urinary and bowel incontinence and erectile dysfunction. It's up to you and your physician to determine the best treatment option given your age and the stage of your cancer.

Look for the signs

Most prostate cancers are now caught before symptoms arise, but if you experience any of the following signs, see your physician:

- urination problems such as pain, bloody urine, difficulties starting or stopping the stream or dribbling
- constant pain in the lower back, pelvis or thighs
- painful ejaculation





A very special delivery

Stranded about 440 miles away from home on the heels of a Category 2 hurricane isn't the most ideal spot to be in at nine months pregnant.

But when the time comes to give birth, there's little that can be done to stop it, as Ashley Samuels learned when her water broke at 3 a.m. Wednesday, September 3, while in a shelter set up for Hurricane Gustav evacuees at Northeast Alabama Community College.

Family members rushed Samuels to DeKalb Regional Medical Center where Warren Scott, M.D., delivered T'aliyah Rocquel Samuels. At 6 pounds, 1 ounce and 20 inches long, mother and baby did just fine.



Ashley Samuels, of Gretna, La., holds her third child, T'aliyah Rocquel Samuels, at DeKalb Regional Medical Center. The Samuels family evacuated the Gulf Coast because of Hurricane Gustav.

"I was very scared," Samuels says. "I didn't know what to expect. I was hoping to find a hospital wherever I got. Thank God I did."

These are just some of the many things the Samuels family have been through while waiting for the green light to return home to Gretna, La., on the west side of New Orleans.

MANDATORY EVACUATION

A mandatory evacuation notice was issued on Thursday, August 28, giving the Samuels

family about 24 hours to grab what they could and load into a caravan of vehicles headed north. The Samuels family, which included Ashley and her two children, sister, two brothers, sister-in-law and her baby, brother-in-law and mother, left New Orleans on Friday, August 29. Samuels' due date was the following Tuesday.

The family arrived in Fort Payne on Monday, September 1, after trekking through Mississippi in bumper-to-bumper traffic and across Alabama looking for an open shelter to accommodate the extended family. Weary, they asked a Fort Payne police officer if they could rest awhile in the Kmart parking lot.

Samuels said the officer granted their request, and returned a short time later to let them know about the shelter at Northeast Alabama Community College. "It's a big relief and a blessing I didn't have to have [my baby] on the road," says Samuels.

Samuels was actually the third family member treated at DeKalb Regional Medical Center. Her younger child was treated for a sprained ankle and her mother, Lisa Samuels, had to be seen. "I love the hospital," says Samuels. "Everyone has been so nice and kind."

! Expecting a baby?

For more information about maternity services at DRMC, call (256) 997-2425.

Safeguarding against kidney stones and gallstones

You've no doubt heard how painful kidney stones and gallstones can be. What's more, they can lead to frequent bladder infections, inflammation of the pancreas and kidney damage. While there's no surefire way to prevent stones, you can take steps to try to reduce your risk.

KIDNEY STONES

» What they are

Kidney stones are small, hard deposits of minerals and acid salts that form in the kidneys. Some medications and conditions such as gout can cause the stones. You're at greater risk if you don't drink enough fluids; have a family or personal history of stones; have high blood pressure; are male; eat a high-protein, high-sodium, low-calcium diet; are sedentary or obese; have had gastric bypass surgery; or suffer from inflammatory bowel disease or chronic diarrhea. Kidney stones are usually thought of as an adult condition, but more and more children are developing the painful problem.

» Symptoms

When stones move into the ureter—the pathway connecting the kidney and the bladder—you may experience severe pain, cloudy or bloody urine, nausea and vomiting.

» Prevention

• **Drink up.** If you have a history of kidney stones, your physician may recommend drinking at least 14 cups of water a day—more if you're in a hot, dry climate. You can also try drinking lemonade made from real lemons or from frozen concentrate. It can increase citrate levels in your urine, which can help prevent stones.

• **Change your diet.** Some kidney stones contain oxalate, a chemical that's also found in rhubarb, beets, collards, okra, spinach, swiss chard, sweet potatoes, soy and other foods. Your physician can tell you whether your previous stones contained oxalate. If they did, he or she may suggest that you eat fewer oxalate-containing foods. You may also need to cut back on salt.

• **Consider calcium.** Higher intakes of calcium from food (milk, cheese and other dairy products) may inhibit stone growth, but check with your physician first. Some people absorb too much calcium. For them, cutting back on calcium may help.



• **Ask your physician about reducing your intake of animal proteins** such as chicken, beef, pork, fish and eggs. In some people, a protein-rich diet can cause problems.

Most kidney stones pass out of the body without medical intervention. However, some people may need medications to prevent stones, while others may require surgery to remove them.

GALLSTONES

» What they are

Gallstones are clusters of cholesterol or calcium salts that form in the gallbladder. You may have one large stone, many pebble-sized ones or a combination of both.

» Symptoms

About 75 percent of gallstones cause no symptoms. Some people may experience pain, nausea, vomiting or indigestion—usually after high-fat meals.

» Prevention

- **Lose weight** gradually, no more than a pound or two a week. Gallstones are more common in people who lose more than three pounds a week, those who undergo bariatric surgery and yo-yo dieters.
- **Cut the fat.** High-fat fare can trigger a gallbladder attack. Instead, eat a diet rich in fruits, vegetables and whole grains.
- **Exercise regularly**, which can help you maintain a healthy weight. Obesity is a strong risk factor for gallstones.

Once you have one gallbladder attack, having another is likely, so most physicians recommend surgically removing the gallbladder to prevent future problems.

For the love of Parker

Often, the most divisive political issue in Alabama comes down to which side of the state's SEC football fence one chooses to stand on. However, as seen recently at DeKalb Regional Medical Center (DRMC), even the most devout Alabama or Auburn fans can put aside their differences for a good cause. DRMC hosted an Alabama-Auburn themed bake sale to raise money for a local family in need, a family with strong connections to the facility.

Four-year-old Parker Miller, of Rainsville, suffers from a condition called hydrocephalus, which causes excessive amounts of fluid to build up in his brain, and is in need of a special car seat. Parker's grandmother, Betty Miller, and father, Joey Miller, are both employed by DRMC.

Some of the Millers' co-workers decided to hold a bake sale to help the family raise money for the needed equipment. Hospital employees contributed a number of Alabama-Auburn themed baked goods, which were sold in the hospital's cafeteria. Employees also bought chances on a pair of Alabama football tickets and other prizes, with all proceeds going toward the purchase of the car seat.

! Donations still being accepted

In addition to the funds raised through the bake sale, donations for Parker Miller are also currently being accepted at any local Regions Bank or Redstone Federal Credit Union.



▲ Parker Miller enjoys the day's festivities with his dad, Joey Miller.

Sharon Wigley, a DRMC employee who helped organize the bake sale, says the event raised a total of \$3,400.

Parker has already had 43 neurosurgical procedures. "Through everything, all we ever prayed for was that he would have the ability to be happy, and he is," says Parker's mother, Selena. "One of the things that really makes him happy is to be able to ride in the car and go places."

The special car seat is designed to turn and adjust to any height needed and make it easier for the Millers to get Parker in and out of a vehicle.

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WINTER 2009

Health
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