

Spring 2018

health+care

A PUBLICATION FROM MERCY REGIONAL MEDICAL CENTER

#FitnessMotivation

Local cycling celebrities share tips for keeping their edge
page 6

Am I having a heart attack?

Knowing the signs could save your life
page 8

Putting our best foot forward

Learn about comprehensive care at the Mercy Foot and Ankle Center
page 10

A warm welcome

NEW ORTHOPEDIC AND FAMILY CARE PROVIDERS
JOIN THE MERCY FAMILY.

Mercy welcomes certified physician assistant Kay Christian, M.S., PA-C, and family medicine physician Brooke Cheatham, DO.

Kay joins Mercy Orthopedic Associates, where she will provide care as part of the Ortho Now program, which allows patients to schedule same-day appointments for initial assessments of orthopedic injuries. Kay earned her Master of Science degree in physician assistant studies from the University of St. Francis's Albuquerque campus and has six years of experience in general, head, neck and thoracic surgery.

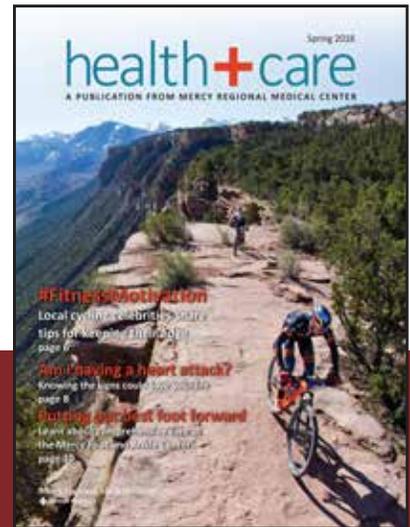
Dr. Cheatham will provide care to patients at Mercy Family Medicine's Horse Gulch campus. Dr. Cheatham cares for patients of all ages, and has a passion for women's health, pediatrics and nutritional counseling.

She earned her undergraduate degree in psychology at Oklahoma State University in Stillwater, Oklahoma and received her Doctorate of Osteopathic Medicine from Oklahoma State University's Center for Health Sciences in Tulsa. She completed her family medicine residency at Oklahoma State University Medical Center.

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On the Cover:

Payson McElveen races at Moab Rocks in April.

Read more on page 6.

What's Inside

- 5** Small acts of kindness
- 6** Fitness inspiration
- 8** Signs of a heart attack
- 10** Foot pain? We can help
- 12** Preparing for the worst
- 16** How much water is right?

John Peel is a contributing writer for Health+Care.



Kay Christian, PA-C.



Brooke Cheatham, D.O.

Avoid the burn

You've been dreaming of warm summer days all winter long. But now that summer's right around the corner, it's in your skin's best interest to resist the desire to bask in the sun in a tank top, shorts and tanning oil.

Skin cancer is the most common cancer diagnosis. The good news? It's also the most preventable cancer. Most skin cancer is caused by damage from the sun's ultraviolet radiation (UV rays).

"Skin cancer is the most common cancer in the U.S.," explained Dr. Brooke Cheatham, D.O., family medicine provider, Mercy Family Medicine-Horse Gulch. "One in five Americans will develop skin cancer in their lifetime. However, you can decrease your risk of developing skin cancer by taking preventive measures."

Protection from UV rays is important year-round. Dr. Cheatham recommends you follow these American Academy of Dermatology recommendations to reduce your risk:

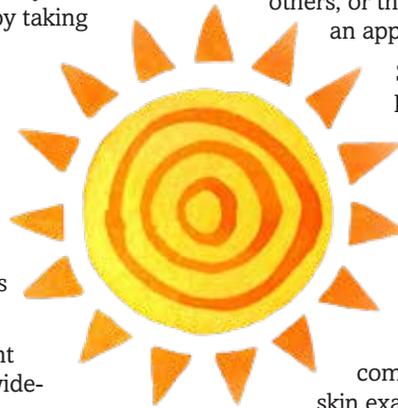
- Apply a broad-spectrum sunscreen with an SPF of 30 or higher whenever you are outside. Reapply sunscreen every two hours or after swimming or sweating.
- Wear protective clothing, such as lightweight long-sleeved shirts, pants, sunglasses and wide-brimmed hats.
- Choose cosmetics with a SPF for added protection.
- Avoid tanning beds. The ultraviolet light used in tanning beds is associated with the development of skin cancer.

"Also use caution when around snow, water or sand, as they reflect the sun and increase your chance of sunburn," Dr. Cheatham said.



What should you watch for? Dr. Cheatham suggests you follow the ABCDEs of skin care. When you notice a spot on your skin, look for the following:

- **Asymmetry.** One half is unlike the other.
- **Borders.** An irregular, scalloped, or poorly defined border.
- **Color.** Most benign moles are all one color – often a single shade of brown. Having a variety of colors is a warning signal. Many different shades of brown, tan or black could appear. It may also become red, white or blue.
- **Diameter.** Melanomas, the deadliest forms of skin cancer, are usually greater than 6 mm (the size of a pencil eraser) when diagnosed, but they can be smaller.
- **Evolution.** Be aware of any moles or spots on your skin that are changing. If you notice a spot that is different from others, or that changes, itches or bleeds, you should make an appointment to see a dermatologist.



Skin cancer can appear anywhere on your body. It occurs most often on skin that receives the most sun exposure, such as your face, ears, arms and hands.

"Everybody should be cautious, no matter their age," Dr. Cheatham stated. "One severe sunburn as a child can double your chances of getting melanoma in your lifetime."

Dr. Cheatham recommends that everyone complete regular self-exams and have one thorough skin examination completed by a dermatologist in their lifetime. People who have had any previous diagnoses of skin cancer should see their dermatologist yearly for skin checks.

"Once a month, do a quick check of your whole body and if you find something of concern, bring it up with your physician," she said. "Those who are more prone to skin cancer should have yearly checks performed by a dermatologist."

If you have any concerns, talk to your doctor or consult a dermatologist.

Scary, but RARE

BE ON LOOKOUT FOR HANTAVIRUS, OTHER 'ZOONOTIC' DISEASES



While Zika has little affect on its host, it can affect a fetus. In the worst cases, babies have been born with abnormally small heads. So, health officials recommend that pregnant women not travel to these places. Talk with a doctor if you have any questions.

Without trying to scare you, here is a rundown of dangerous infectious diseases found in the Four Corners that are transferred by other creatures (“zoonotic diseases”).

Dr. Jennifer Rupp and Physician Assistant Kelly MacLaurin offer tips and advice on these potentially dangerous — and in rare cases lethal — viruses and bacteria. Dr. Rupp heads Mercy Regional Medical Center’s Four Corners Infectious Disease and Internal Medicine office at the Three Springs campus. MacLaurin specializes in infectious disease and works alongside her.

The viruses (and one bacterium) below cannot be spread via human-to-human contact, with the exception of the Zika virus, which can be sexually transmitted.

“Don’t let it overwhelm you,” MacLaurin said of the rare diseases. “We still want you to go out and enjoy the outdoors.”

HANTAVIRUS

Beginning in 1993, medical professionals in the Four Corners documented this virus, which is transferred primarily by the deer mouse. The mouse’s dried droppings or saliva can be stirred up in dust, and humans contract it by breathing this dust. Generally this happens in

enclosed places such as sheds, basements, or attics. Often the victim is doing spring cleaning.

So, where rodent droppings may be present, spray them with a bleach solution and clean them up with paper towels. Dispose the droppings and paper towels in a plastic garbage bag. Wear a dust mask, preferably a N95 respirator, available at home improvement stores.

Whether the risk of hantavirus will be greater this spring and summer is uncertain. Two unconfirmed cases were reported in New Mexico in March.

If you suspect that you’ve been exposed and might have hantavirus, seek medical help immediately. In Colorado, of 110 confirmed cases between 1993 and 2017, 40 were fatal. Two of those were La Plata County residents.

Symptoms include fever, severe muscle aches and fatigue within about two weeks of exposure. Mercy’s emergency room doctors are on the lookout for hantavirus and other infectious diseases.

WEST NILE VIRUS

Although it’s on the downswing, West Nile is still out there. It arrived in the Four Corners in 2002, apparently from the East Coast, where people started seeing large populations of birds dropping dead. It is generally transferred, like multiple other diseases, via mosquitos. (DEET is effective. And it’s safe if used correctly, Dr. Rupp said.)

Both hantavirus and West Nile cannot be cured, but victims can be supported. The sooner the support, the better the outcome, Dr. Rupp said.

ZIKA VIRUS

You have to travel south to get this, generally to the Caribbean, or Central and South America, or be in contact with someone who has already contracted the virus. It is passed on by mosquitos or can be sexually transmitted.

RABIES

Once it takes hold in a human, rabies is almost always fatal. But if you are bitten by a dog, raccoon, or other animal you suspect may be rabid, or come in contact with a bat, a series of shots can provide immunity. The shots, MacLaurin emphasized, are not as intensive as they once were.

Plague, unlike the diseases above, which are all viruses, is a bacterial infection, and that makes it easy to treat if diagnosed, Dr. Rupp said. Symptoms include high fever, muscle aches, and lumps under armpits or in the groin area.

Plague is transmitted by fleas, which tend to live on rodents. But fleas also can latch on to cats, and, more rarely, dogs, and then transfer to a human.

It is rare. Only eight cases have been confirmed in La Plata County since 2005.

MORE INFORMATION

To reach Four Corners Infectious Disease and Internal Medicine (which includes the Travel Clinic) call **970-764-3810**.

For details on these infectious diseases, as well as helpful information such as hantavirus cleanup and how to safely trap a bat, visit <http://sjbpublichealth.org/communicabledisease/>

✦ An updated CDC list of places where there is a risk of Zika: <https://www.cdc.gov/zika/geo/index.html>



small kindness

ACTS OF

MERCY'S VOLUNTEERS MAKE A DIFFERENCE

Poet and playwright Oscar Wilde said, "The smallest act of kindness is worth more than the grandest intention."

Small acts of kindness occur every day at Mercy, and many are performed by the more than 80 talented volunteers who play a key role in day-to-day operations. By donating their time and skills, Mercy volunteers have discovered that, by lifting someone else's spirits, they lift their own. Among the volunteers doing all they can to make a visit to the hospital a little more enjoyable are Gail Gardner and Janene Bettin.

Gail has been a volunteer with Mercy's pet therapy program since the hospital stood at what is now the site of the Durango Public Library. Gail leads Mercy's pet therapy program and is an avid dog trainer and a certified evaluator with Therapy Dogs International.

"I do a lot of training with my dogs, and I was looking for a way to share them," Gail said when asked what prompted her to begin volunteering.

Gail and her three-year-old Papillons, Joleen and Mani, visit Mercy twice a month to spend time with patients, families and staff at the hospital, as well as the Durango Cancer Center and Mercy Hospice House. It's hard not to smile at the sight of the two petite canines whose toothy grins are framed by wing-like ears (The ears of a Papillon,

which means "butterfly" in French, resemble the wings of a butterfly).

"I enjoy putting a smile on people's faces and meeting new people," Gail said. "For a few minutes, we take their mind off their troubles or illness."

Mani and Joleen love it too.

"They love coming to Mercy," Gail said. "When we pull in the parking lot they get so excited."

Joleen and Mani were originally in training to be service animals for children, helping to detect seizures or low blood sugar. But the guidelines for becoming a guide dog are stringent and demanding, and the two canine candidates didn't make the cut. Because of all their training, however, they were well suited to becoming therapy dogs.

"Becoming a therapy dog is a great career change for dogs trained to be service animals or guide dogs," said Gail, who will lead another therapy dog examination for Mercy in May. "We're always looking for volunteers."

Not all of Mercy's volunteers have furry sidekicks. Janene Bettin has been volunteering at Mercy for nearly a year. A semi-retired realtor, Janene greets visitors at Mercy's front desk and operates a hospitality cart. In addition to free beverages, she serves up a kind smile and friendly conversation with everyone she meets.

For Janene, the call to volunteer is very personal. When she and her husband first moved to the Western Slope, he suffered from some health issues including a stroke.

Janene admits those weeks spent in the hospital were a difficult and lonely time for her.



Mercy volunteer Janene Bettin.

"If someone had just smiled or asked, 'Can I help?' it would have made a world of difference," Janene explained. "I promised myself that I would be that smile for someone. The person to ask, 'Can I help?'"

Janene also loves the people she meets. After being in real estate for 40 years, Janene found she missed the social interaction that came with her job and was happy to rediscover it in the halls of Mercy.

"Volunteers are so important," Janene said. "I would encourage people who have the time and the desire to give it a try. There are hundreds of different ways to volunteer and it's an opportunity to do something of value."



Gail Gardner with her dogs Joleen and Mani.

Inspired to spread a little kindness to patients, visitors and staff at Mercy? People interested in volunteering at the hospital are asked to fill out a volunteer application, which can be found under "Volunteer Opportunities" at: www.mercydurango.org.



To volunteer with Hospice of Mercy, email Sherri Guyett at: SherriGuyett@Centura.org.

Elite Advice

FIVE CYCLING CHAMPIONS SHARE DOWN-TO-EARTH MOTIVATIONAL TIPS

**A CARROT TO CHASE. A TRAINING TO PLAN.
ACCOUNTABILITY. A CONSISTENT SCHEDULE.**

Professional cyclists aren't exactly like the average weekend warrior who squeezes exercise into a busy schedule that includes work, and possibly a family and other obligations. But a discussion with a quintet of the Four Corners' elite cyclists revealed more similarities, like those listed above, with the general fitness buff than you might think.

Olympians Todd Wells and Howard Grotts, and national champions Shonny Vanlandingham, Payson McElveen, and Rotem Ishay shared with **Health+Care** some helpful tips, particularly involving the psychology of motivation.

Q: It's easy to get lazy and not work out. Do you have a trick for staying motivated?

Having a race on the horizon is an obvious goal, but it doesn't have to be a race, said Grotts, 25, a Durango native who competed in mountain biking in the 2016 Olympics in Brazil.

Now that racing doesn't consume his life, Ishay, 31, a former Israeli champion, said that a progression of measurable goals, perhaps one every three or four weeks, keeps him going. It could be a segment of trail that he wants to ride faster.

"Having those carrots to chase is definitely the key," said McElveen, 25, a Texas native who latched on to Fort Lewis College so he could both race and learn.

If you have a goal, then you need a plan, continued Wells, 42, a three-time Olympic mountain biker. If your goal is to ride the Iron Horse, and it's eight weeks away, it's easy to procrastinate.

"A plan doesn't have to be super structured, but just a guideline can help you stay on track to get to that goal," Wells said.

Ishay, now the Lab Coordinator for the Fort Lewis Exercise Science Department, agreed with Wells. Weather, sickness, your job — all can throw you off track if your plan is too structured.

"Things may not fall in line perfectly," Ishay said. "Then when you fall off that structure, you feel like you've lost the goal. Keep it more loose."

Q: What tools help you stay motivated?

A phone app called Strava is widely used. Your phone can track your route, and compare your segment times either with your previous times or with others who've done the same segment. Many cyclists use a power meter to gauge a performance and push them through a ride.

McElveen brought up the term "accountability." Whether it's to yourself, or a coach, or a club, or a half-dozen co-workers you're training with, having someone to whom you're accountable is a big motivator.



Vanlandingham, first a national mountain bike champion and then a world champion off-road triathlete, retired a couple of years ago. Now 48, she sees how the social aspect gets her going. It's fun, and refreshing, to meet new people.

She regularly plays pickleball at the Durango Community Recreation Center, where dozens gather nearly every day to enjoy the rapidly growing sport. Group workouts, such as yoga or CrossFit where others are encouraging you, can also be beneficial.

"Utilize social training groups to keep things fun or to push yourself," she said.

Grotts gives heaps of credit for his success to Durango DEVO, a mountain biking program that emphasizes fun but also has a serious side. Grotts joined DEVO as a high school freshman, and found he loved being part of that community, and making and being with friends. Then it evolved into racing, which he discovered he did pretty well, and continued on that path with spectacular results.

Get a schedule down, said Wells, who retired from professional racing in 2017. Now a mortgage broker, he still races periodically, and coaches. He's had to adjust to a steady job, and shuttling his 4-year-old son to preschool. So he schedules a workout for first thing in the morning, or lunch.

"Then it's easier to implement it," Wells said. "When you just tell yourself, 'I don't know, we'll see what happens,' it's easy to miss it."

Feeling good when you finish a ride, from the psychological boost or the endorphins created, can be motivation.

"I just always know that after a ride I'm going to be happier than I was before," Grotts said. "It doesn't always have to be a super serious ride."

Ishay, Wells, and McElveen all serve as coaches in some capacity. McElveen has just a few clients, yet "the number of excuses I hear is unbelievable." He urges people to at least start a planned activity. Sometimes even when you feel like you've been hit by a truck you can have an amazing day.

"It's OK to get out there, and pull the plug after you give it a shot," he said. "If you can get out the door, and just get one or two intervals in, or an hour in or whatever, it almost always takes care of itself."

Q: How do you avoid burnout with one sport and stay fresh?

"I've really started to tap into other activities," Vanlandingham said, mentioning kayaking and hiking. The former college basketball scholarship athlete has also gotten back into that sport. "That keeps me motivated."

Ishay said the best advice for anyone not at the elite level (most of us), is to be attuned to the season. Changing sports provides a new perspective, and helps your body stay well-rounded. Grotts said that even he switches it up, snowshoeing or skiing in the winter, and climbing in the summer. While he can make only incremental gains in cycling, he can make rapid gains as a beginner in a new sport. McElveen has added weight training to his regimen, and now has fewer overuse injuries.

Q: Any other advice?

Whether it's Strava or some other social media, or one downhill section of trail you're excited to ride, or you've paid a registration fee and don't want to waste it, or you promised yourself a post-ride burrito, just find that thing that motivates you to get out there, Wells said.

"Make your habits and your habits will make you," McElveen said, quoting an elementary school teacher. "We're just such creatures of habit. If you can come up with healthy routines, a lot of other things fall into place."

Keep it fresh by trying new sports, Vanlandingham emphasized. "You may find a new sports passion even after 40."

Grotts recently won the Cape Epic, a major mountain bike race in South Africa. Rubbing elbows with those who grew up in true poverty helped him maintain his ever-present humility.

"I'm super lucky to be able to do what I'm doing."

"I'm super lucky to be able to do what I'm doing," Grotts said. "We go out and say we're suffering by going hard on a bike. That's not really suffering. It's really quite an enjoyable way to spend your time."



Todd Wells



Howard Grotts



Shonny Vanlandingham



Payson McElveen



Rotem Ishay



A patient experiencing a heart blockage is treated in Mercy's cardiac catheterization lab.

Mercy's 'incredible dream'

TO SAVE EVEN MORE HEARTS

Tim Petrick, a ski industry mogul for decades, had just schussed down Silverton Mountain. When he finished the steep run, he felt “out of sorts” and thirsty.

Anna Crawford, visiting Southwest Colorado from Louisiana, thought her discomfort and inability to take a deep breath were caused by the enchilada she'd had for dinner.

Both were having a heart attack. Both ended up at Mercy Regional Medical Center's Cardiac Catheterization Lab, where board-certified cardiologists quickly went about saving their lives. Both are forever grateful for the skill and the positive attitude of the teams that took care of them.

Two “incredible” saves, one might say.

Mercy has come a long way to get to this point — where it has the doctors, staff, and equipment to perform life-saving heart procedures at a moment's notice. But the drive to do even better remains.

The latest drive is called “*The Incredible Dream*.” Mercy Health Foundation is in the process of kicking off this three-year, \$4 million campaign to expand its services in the cardiac cath lab and beyond. The goal is to provide even better care and better accommodations to a growing population. In the next ten years, according to the Colorado Demography Office, the

60-plus population of La Plata County will increase 36 percent, from 14,290 to 19,494.

The average age of a first heart attack is 65.3 for men and 71.8 for women, according to the American Heart Association.

“We want to dream big, and we want to save more lives here,” says Karen Midkiff, chief development officer of Mercy Health Foundation.

As much as possible, Mercy wants to keep residents close to home by providing quality service for as many life-saving procedures as possible. But for less common heart procedures, patients are sent to Penrose-St. Francis, another Centura Health hospital in Colorado Springs. Mercy's relationship with Penrose-St. Francis means that patients can make a seamless transition from one facility to the other.

THE FOUR ELEMENTS OF THE INCREDIBLE DREAM:

The Incredible System: Your heart is indeed amazing. It operates a vast network of blood vessels that, laid end-to-end, would stretch 60,000 miles — that's 2½ times around the Earth's circumference. It pumps 2,000 gallons of blood every day.

The Incredible Team: At Mercy, you're surrounded by a specialized staff that includes five board-certified cardiologists, two cardiac nurse practitioners, a vascular surgeon, three nephrologists, infection and wound care specialists.

The Incredible Project: The three-phase campaign has begun, and the goal of the first phase is raising \$700,000 by the end of 2018. This money will go toward electrophysiology equipment that will analyze heart rhythms, and pinpoint and correct problems.

Phase two will raise \$2 million for increasing space for cardiovascular services in the 12-year-old hospital. Also in this phase, equipment such as a Thermoguard unit will be added. The device efficiently controls body temperature, thus protecting all the body's organs following a heart event, while assisting patient recovery and enhancing patient care.

Phase three will raise \$1.3 million by 2020 for additional build-out of the cardiology clinic. One of the big additions will be what's been dubbed a "radial lounge." Interventional cardiologists have moved away from inserting the catheter into the femoral (leg) artery, and now use the radial (wrist) artery whenever possible. Other than increasing safety, the biggest advantage of the radial approach is that patients can be discharged sooner, often in the same day. Thus, the "radial lounge," where recovering patients relax on a reclining chair, check their email, or watch television. Studies show that minimizing the feeling of hospitalization leads to a better mental attitude and quicker recovery, says Shawn Putman, Mercy's director of Imaging and Cardiovascular Services.

The Incredible Dream: To raise the \$4 million in three years and make this vision a reality.

TWO INCREDIBLE STORIES

To illustrate what Mercy can do, here are the stories of two lives changed in a short time.

Tim Petrick: It's a common misconception that only the overweight and out-of-shape have heart attacks. Take the case of Tim Petrick, chief operating officer at Silverton Mountain.

The 63-year-old Petrick has been skiing gnarly slopes and "training like a madman my whole life." He felt fine last January 18, 2018, as he finished the run and crossed the South Fork of Cement Creek to make his way back to the base.

Then it hit him. He felt uneasy, and dehydrated. Water didn't help. Next came shortness of breath, and a tightness in his chest that he tried to relieve by extending his elbows behind his back. An elephant, it seemed, was sitting on his chest.

A helicopter was on its way when Petrick was handed a computer tablet to sign. When Petrick lifted his head, his body crashed. His heart suddenly stopped, as did his breathing.

Paramedics shocked his heart back into rhythm. Petrick wondered aloud, "Did I just pass out?"

The helicopter flight "was the longest twenty-five minutes of my life," Petrick says. "Now I know I'm in trouble," he thought.

Dr. Susie Kim, interventional cardiologist, met his gurney at the Mercy landing pad and got Petrick's verbal OK to begin procedures. Time was of the essence. Petrick bypassed the emergency room and was rolled right into the catheterization lab.

Dr. Kim ran a radial line into his heart, where dye was injected. Petrick had been given fentanyl, but was alert and watched the procedure on the screen. He saw where the dye backed up in his left anterior descending artery, and watched as Dr. Kim expanded the artery and inserted a stent to reopen the passage.

"It's instant relief," Petrick recalls. "That elephant was on my chest for a couple of hours before he got off."

Recovery had begun. Petrick remains impressed that the whole ordeal, from the onset of symptoms at Cement Creek to the reopening of his artery, took only about 2½ hours. By mid-March, just two months after the heart attack, he'd gone for a 35-mile bicycle ride.

"The staff and the hospital couldn't have been more concerned, empathetic, whatever word you want to use," he says. "Just a great group of human beings."

"I wasn't going to walk away from this. I was in deep trouble."

Anna Crawford: Anna, a 60-year-old nurse practitioner, and husband John, a retired emergency room doctor, were vacationing in Durango in mid-November. The Lake Charles, Louisiana, couple were having a great time, but one evening as they went to bed, Anna felt uncomfortable and couldn't take a deep breath. It was indigestion, she assumed, perhaps esophageal spasms.

The symptoms worsened, and it was late afternoon the next day before John insisted they get relief. He drove her to Mercy's emergency room. By then John Crawford was pretty sure it was a heart attack, and alerted the staff, who brought Anna straight back to the catheterization lab.

Dr. Frank Torres, interventional cardiologist with Mercy, quickly arrived to perform the catheterization. Anna watched as the team discovered three blockages, and inserted three stents.

"Everybody was just amazing," she says. "Put me at ease. Made me comfortable."

During the recovery process, nurses made sure both Anna and her husband were taken care of. Dr. Kim kept track of Anna and earned her trust and respect.

"There was not an employee who was not accommodating, and just compassionate," Anna says. "We both just could not believe the quality of the care and the personalization."



To donate visit: www.mhffnd.org or call 970.764.2800

the incredible DREAM

MERCY Foot and Ankle CENTER

You might have a chronic pain in your foot. Or an ingrown toenail. Or what feels like plantar fasciitis. Sometimes it's hard to know where to turn for help.

Welcome to the Mercy Foot and Ankle Center, where orthopedic surgeon Dr. Doug Lucas and Dr. Dan Stilwell, a podiatrist, lead a team that offers a full spectrum of services.

The Mercy Foot and Ankle Center takes the stress off those unsure where to go, and takes away the confusion of being led from specialist to specialist.

Located at the Three Springs campus, the center's foot and ankle experts can diagnose, treat, provide physical therapy, orthotics, and more, depending on a patient's needs.

The recent addition of Dr. Stilwell, along with Dr. Lucas and three physician assistants who also care for patients, means easy access to a diagnosis that will start you on the path back to full stride.

For patients, having an orthopedic surgeon, podiatrist, and physical therapists available means a wide variety of their needs can be met. With Mercy Integrated Physical Therapy next door, and other Mercy doctors available for consult, patients are plugged into an impressive team — all focused on your feet. Your chart follows you through this system, says Amber Manwaring, assistant practice administrator at Mercy Orthopedics, removing paperwork from your worry list.

Dr. Lucas, a fellowship-trained foot and ankle orthopedic surgeon, estimates that he touches an astounding 5,000 patient feet per year. He inspects the foot's structure for problems, not necessarily following the pain.

"If I fix the structure, your pain should follow," he says.

One-quarter of the body's bones (56 counting both feet) are in the feet.

But, perhaps counterintuitively, your foot problem may arise somewhere else.

There may be a spinal, postural, weight-related, or even a shoe wear issue. The body is a unit, and structure and function are related, says Dr. Lucas.

"There are a million factors between your head and toe that are going to affect the way you walk."

He's certainly capable of performing the necessary surgery, which can include anything from fixing a fracture to ankle joint replacement, but doesn't push it.

"Our goal is to keep you out of the operating room and keep you healthy," he says.

Dr. Lucas is excited to have Dr. Stilwell on board to focus on other specialties.

Dr. Stilwell is trained in many of the same procedures as Lucas, but has chosen to focus on areas such as tendinitis, fasciitis, skin and nail conditions, and diabetic wound care, to name a few.

Whether it's corns, bunions, fungus or ingrown toenails, Dr. Stilwell can diagnose and treat. A native Durangoan, Dr. Stilwell knows he's treating an active community of patients, many of whom don't want to stop running, hiking, cycling or skiing. He offers various treatments and therapies before resorting to something more invasive.

Dr. Stilwell has a passion for helping those with diabetic wounds of the lower leg; limb preservation, he points out, can mean life preservation. And the annoying and often painful ingrown toenail is one of his specialties; many can be alleviated with a 10-minute office procedure.

Patients at the Foot and Ankle Center also benefit from a team of physical therapists who specialize in rehabilitation of the foot and ankle. Utilizing tools such as the Alter-G treadmill, the center's physical therapists are able to help patients return to activity sooner than with standard rehab techniques. The Alter-G "anti-gravity" treadmill allows rehabbing patients to walk or run while offloading as much as 80 percent of their normal body weight. It also has integrated cameras for video analysis of your stride.

Mercy Foot and Ankle Center was designed to fully meet each patient's needs.

"We are a center of excellence for foot and ankle, cradle to grave," Dr. Lucas says. "If you need it, it's here."

MORE INFORMATION

If you have foot or ankle problems, your first step toward healing is to make an appointment with one of the specialists from the Mercy Foot and Ankle Center. Call **970-764-9450** for appointments or more information.



Dr. Dan Stilwell

Dr. Dan Stilwell: CONTINUING A LONG LEGACY OF SERVICE TO THE COMMUNITY

Dr. Dan Stilwell, a podiatrist who recently joined Mercy Orthopedic Associates and the Mercy Foot and Ankle Center, may be new to Mercy, but his family history in Durango is long and storied.

Perhaps best known is the story of Dr. Stilwell's great, great grandfather, William J. "Big Bill" Thompson, who was elected La Plata County Sheriff in 1904. After losing the election, Thompson's opponent, Jessie Stansel, became a town marshal of Durango, and although both men were involved in law enforcement, they never got along. Their animosity ended up cost one man his life.

The bad blood that began in the contentious election only got worse with Sheriff Thompson's raids on illegal gambling operations in Durango saloons. While the county sheriff was willing to enforce Colorado's anti-gambling laws, the Durango police appeared to turn a blind eye to the illicit activity — most, including Sheriff Thompson, assumed their complicity meant they were on the take.

On January 8, 1906, the day after the sheriff's nighttime raid of Durango's El Moro saloon, Thompson confronted Stansel on the street, accusing him of having ties to gambling operations. The exchange quickly escalated until the two lawmen drew their pistols and started shooting.

Sheriff Thompson was mortally wounded in the exchange, and Stansel, who survived a pair of gunshot wounds, was later tried for murder but ultimately acquitted.

Despite the tragic loss of one of its most prominent members, the family's legacy of service in Durango continued with Dan's great-grandfather, Charles E. Stillwell, who married Sheriff

Thompson's daughter Pearl. Charles is best known for owning and operating the Strater Hotel for more than 20 years, but also later became the president of Burns National Bank and served as the mayor of Durango — for five terms.

In more recent times, the Stilwell family legacy continued with Dr. Greg Stilwell, Dan's father, who operated a podiatric practice in Durango for 14 years. The younger Dr. Stilwell hadn't intended to follow in his father's footsteps, but recalls a college trip abroad, where he became interested in the footwear worn by the indigenous people. In doing so, he noticed some of them suffered from foot deformities. "It dawned on me then that I really did have an interest in podiatry," Dr. Stilwell said.

After college, he went to podiatric school, earning his doctor of podiatric medicine and completing a residency in podiatric medicine and surgery in Utah before returning to Durango and opening Stilwell Feet, a podiatric private practice. When he was offered the opportunity to join Dr. Douglas Lucas, fellowship-trained foot and ankle surgeon at Mercy Orthopedic Associates and the Mercy Foot & Ankle Center, he jumped at the chance.

"It really is a perfect marriage," Dr. Stilwell said of his partnership with Dr. Lucas. "As soon as I could join Mercy, I did. It's great to be a part of a larger orthopedic practice and hospital."

Dr. Stilwell says he enjoys podiatry because it's functional medicine. While he studied rearfoot and ankle surgery during his residency, he truly enjoyed learning minimally invasive surgical techniques and preventative medicine.

"Sometimes it's as simple as changing someone's shoes," he said. "Usually, we can solve the problem without surgery. I also enjoy the service aspect of podiatry. I'm literally working at a patient's feet."

Reflecting on his family's past, he appreciates those who came before him and the role they played in Durango's history. "I think it's important that I continue my family's legacy," Dr. Stilwell concluded. "I love the area and I feel a deep connection to it."



Dan Stilwell with his father local podiatrist Dr. Greg Stilwell.



Dan's ancestor Sheriff William "Big Bill" Thompson



Makeup artist Robyn Foster applies fake wounds on volunteer Lou Fontana.

Thinking about the unthinkable

MERCY'S EMERGENCY PREPAREDNESS CONSTANTLY IN 'WHAT-IF?' MODE

Full-service hospitals such as Mercy Regional Medical Center deal with emergencies every day. That's normal, and the staff is fully prepared.

But sometimes communities are hit with the unthinkable. A plane crashes. A chemical spill exposes a group to an airborne hazard. A shooter leaves mass casualties. The resulting surge on a hospital can tax or even surpass its immediate capabilities.

Rest assured that Mercy — along with the rest of the community — is prepared.

Ron Trucott, a former Air Force man, is Mercy's Emergency Preparedness and Safety Coordinator. He is focused on Mercy, but an emergency means being able to quickly coordinate with other entities in the community: fire departments, law enforcement, county and city emergency officials, and other agencies in the regional healthcare coalition. Mercy is part of a team ready for events that we hope will never occur.

"We live in the 'what-if?' world in emergency management," said Trucott, a Mercy employee since 2013. "So we're always looking at, 'What if this happens?'"

In the Air Force, Trucott performed aircraft maintenance and was part of a crash recovery team. He's eager to serve the hospital and community.

"It's what I like to do," he said. Trucott admits that he can't help himself:

Wherever he goes — a restaurant, a movie theater, a concert hall — he's always evaluating the risks, sometimes to the chagrin of his family.

Here's a look at part of Trucott's duties:

PLANS AND PROCEDURES

Each year Mercy conducts a table-top drill and a full-scale simulation of an emergency. Also, Mercy is involved with several community groups that meet regularly to establish plans and procedures for emergency responses. Most recently, a simulation of an airplane crash was held at Durango-La Plata County Airport; volunteers were realistically posed with various injuries, life-threatening and otherwise.

During such a drill, each entity involved can grade how it performs. The key aspects Mercy evaluates include:

- Can Emergency Medical Services deliver patients swiftly to the hospital's emergency room?
- Is information being passed along efficiently so that the hospital knows what's coming and can be sufficiently prepared?
- Can Mercy's emergency room, surgery department, patient units, and other areas handle a "surge," which is defined as more than 20 percent over its capacity?

Trucott is responsible for training Mercy's staff members to understand their various roles in handling such an emergency — particularly the patient surge above the norm.

As this patient surge occurs, Mercy puts into effect a Hospital Command Center, which is filled by hospital leadership. The Center supports emergency needs, whether it's extra staff, or resources, or even security and traffic control. It's impossible to plan for every contingency, so it's important to have leadership in place to make decisions on the fly.

EVALUATION AND IMPROVEMENT

Finally, following the exercise, Mercy and other participating organizations evaluate positives and negatives. Trucott puts out a report, and leads efforts on improving items deemed to need work.

And the cycle begins again, as Mercy re-evaluates its plans and procedures, and continues the process of improving its emergency response in coordination with other community entities.

The Mercy team, led by Trucott and his boss, Andrew Miller, director of security, facilities, and telecommunications, is constantly evaluating the many possible risks, and determining which ones demand the most attention. "I've got a list of over fifty hazards," Trucott said.

Mercy regularly holds smaller drills on its own, as well, practicing for an equipment failure, for instance. Trucott works tirelessly on making the hospital and community a safer and more prepared place.

"It's what I like to do. I consider myself a public servant. And I'm here to help the community, and I'm very active with all the groups in the community.

"To me, Mercy and its emergency team are a huge asset for the community."

HPV Vaccine: What you should know?



If you have a child about to turn 11, you may have some questions about human papillomavirus (HPV), and the HPV vaccine. Mercy Family Medicine recommends three vaccines during the 11-year-old checkup: TDAP (tetanus, diphtheria and pertussis), meningitis, and HPV.

Here, with the help of Lisa Isenberg, Mercy Family Medicine pediatric nurse practitioner, are a few answers to typical questions:

Q. Why does my child need the HPV shot?

A. There are over 40 different types of HPV, Isenberg said. Some can lead to genital warts, some can cause cancers. Among those are cancers of the cervix, vagina, and vulva in women; cancers of the penis in men; and cancers of the anus and back of the throat in both women and men. HPV causes 30,700 cancers every year in the U.S., according to the U.S. Centers for Disease Control and Prevention.

Q. At what age are vaccinations appropriate?

A. Beginning at age 11 or 12, both girls and boys should get two shots of the HPV vaccine, and those shots should be given 6 to 12 months apart. (Before late last year, the CDC recommendation was three shots.) HPV is transmitted by intimate sexual contact, and although we want to trust our children, we don't know for sure when they'll start having those interactions.

“The idea is that they're fully vaccinated and fully protected before they ever become sexually active,” Isenberg said.

For those 15 and over, three shots are recommended in a six-month period. Studies showed that two doses for ages 9-14 worked as well as three doses for those 15-26.

Q. Is it just for kids?

A. The HPV vaccine is recommended for women and men through age 26.

Q. What side effects are there from shots?

A. Arm soreness, irritation at the injection site, and dizziness can be experienced, Isenberg said. Most side effects are mild.

Q. How common are HPV infections?

A. Very. Almost everyone will get one at some point in their lives. Most won't know it and will pass it on to a sex partner without knowing it. Most infections go away within two years without treatment. About one in four people in the U.S. have HPV right now, and about 14 million become infected each year, according to the CDC.



HPV safety information:

www.cdc.gov/vaccinesafety/vaccines/hpv-vaccine.html

FOOD FOR THOUGHT

MERCY'S BUSY KITCHEN FEEDS OVER 1000 PEOPLE PER DAY

Let's face it, hospital food doesn't have the best reputation. Luckily that's not the case at Mercy's Garden Terrace Café. Thanks to its talented kitchen staff, the café has long been a favorite of not only Mercy staff but community members as well.

With a kitchen staff of less than 20, the café feeds around 1,000 people a day. According to Mercy's Executive Chef Mike O'Brien, to feed this many, two food orders are received weekly, totaling about 800 cases. To put that in perspective, Mercy's weekly food purchases fill up half of a semi-trailer.

On an average day, the café serves an estimated 250 breakfasts, 560 lunches, and 200 dinners. About 30 percent of these meals are consumed by community members, while the remaining 70 percent are served to hospital employees. In addition to serving those in the dining room, the café prepares 40 to 50 patient meals three times per day.

On an average day, 200 hamburgers are grilled, 250 chicken breasts are prepared, 16 pizzas are sliced, 150 meals are served from the café's grill, 150 more from the café's deli, and 14 gallons of soup are made fresh.

Most of the café's menu items are made from scratch, and the kitchen staff strives to provide a healthy option each day, ensuring that both vegetarian and gluten-free options are available at every meal service.

"I love coming to work everyday."

"We have fun," said Mike, who has worked at Mercy since 2006. "I love the people I work with and preparing the food. I love coming to work every day."



Over 1000 people eat at the Garden Terrace Café every day.



Spine Colorado physicians, staff, and family members enjoy the event.

Saying Thank You – For another great Soup for the Soul

An estimated 400 people gathered March 14 at the La Plata County Fairgrounds to indulge in gourmet soups and other delectables at the annual Soup for the Soul event organized by Mercy Health Foundation. The event raised an estimated \$65,000 to benefit Hospice of Mercy.

Seventeen local restaurants, some of which have participated in the event since its inception 14 years ago, created soups, appetizers and desserts that wowed the crowd. Participating eateries were asked to bring 11 gallons of soup and an appetizer or dessert. They also provided staff who served everything from savory lamb and green lentil soup to roasted garlic and bacon Swedish meatballs.

“Our sincere thanks go to these restaurants for their dedicated commitment. This is not an easy task,” said Karen Midkiff, Mercy Health Foundation’s chief development officer.

Each guest was given the opportunity to vote for their favorite soup. This year’s winner was The Glacier Club’s tomato basil bisque soup and grilled cheese sandwiches.

The theme for this year’s event was “*Gift and Gratitude.*”

“Our gratitude for all those in the audience that have given of their time, for looking at Mercy and seeing the potential, and for indeed enabling us to escape or to transcend,” Mercy chaplain Josh Magyar told the audience. “Thank you for your vision. Thank you for coming together, as only you can, to make the

Mercy Hospice House—and so much more—for making the mission happen.”

The most popular item in this year’s silent auction was a flight for three over the Four Corners with General Ron Fogleman in his Lancair Evolution turboprop-powered airplane. The Foundation also invited Al the Only, an “amusionist,” to perform comedy and magic tricks for the audience.

Jerry Martinez, Mercy Health Foundation board member, thanked all the restaurants, sponsors, volunteers, and the Animas High School students who have helped set up the event for the last eight years. He also thanked the audience for helping raise \$5.6 million to support Hospice of Mercy and Mercy Hospice House.

“This event would not be possible without the sponsors who generously give to Mercy Health Foundation in support of Hospice of Mercy,” Midkiff said.

Dr. Mark Saddler, board-certified nephrologist at Mercy’s Durango Nephrology Associates, concluded the evening by sharing a story of one of his patients who, at the end of his life, found comfort through the services provided by Hospice of Mercy.

“Hospice is about living until the very end and allowing those with serious illness to die with dignity and with caring and love surrounding them,” Dr. Saddler said. “Hospice has a serious mission that continues to need support in the way of donations.”



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mercydurango.org



Dr. Mark Saddler

Do you worry that you're not drinking enough water? Do you carry around a water bottle from meeting to meeting, making sure you're constantly sipping?

Many Americans are obsessed with water intake. A common piece of uncertified wisdom is to drink eight 8-ounce glasses of water per day. But what truly is the "proper" amount to consume? We turned to a professional for help.

"Surprisingly enough, it's a really difficult question to answer," says Dr. Mark Saddler, nephrologist with Mercy's Durango Nephrology Associates, "There's a lot of divergent opinions."

Dr. Saddler emphasized that his statements come more from personal observation and opinion than by any established fact. The "8-by-8" recommendation, which adds up to 64 ounces, or 2 quarts per day, came decades ago from an expert who basically made an educated guess. Dr. Saddler says studies

Solving the Hydration Equation

show that very few – even the healthiest of us – actually drink that much daily.

VARIABLES

The reality is that how much we drink depends on several factors, but mainly on activity level, the ambient temperature, and how much clothing you're wearing (the heat you're generating).

"It's just so variable that it's hard to give a specific number," he says. (If you force him into a corner, he'll tell you that 1½ quarts per day is a reasonable, round number. But he'll add several caveats.)

We lose water four ways – through breathing, sweating, stool, and urine. Intense exercise – and to some degree moderate exercise – can mean a large loss through breathing and sweating, and, obviously, calls for more water intake, Dr. Saddler says.

ATTACHED TO A BOTTLE

While it's probably not harmful to be drinking water all the time, in most cases, it's probably not necessary. Even when you're running a marathon, it's OK to wait until you're actually thirsty.

"Your thirst mechanism is going to drive you to replace water, for the most part, when you need it," Saddler says. "There are exceptions, but for most of us that's true."

The exceptions include a small proportion of the population who need to drink as much water as they reasonably can. That includes those prone to kidney stones, and those who have recurrent kidney infections. Another small percent can't easily get rid of water and needs to limit intake.

DON'T IGNORE 'BIG PLAYERS'

In extreme cases, severe dehydration can lead to a drop in blood pressure; a decreased flow of blood to vital organs, including the kidney; and even kidney failure.

Dr. Saddler emphasized that a preoccupation with water intake could take the spotlight off the "big players" that cause kidney problems: diabetes, hypertension, and over-the-counter painkillers. Eat well, get regular exercise, and try to avoid excessive stress. And yes, drink water when you're thirsty.

"I don't want to come across as the anti-water guy," Dr. Saddler says. "We definitely need water. But more than enough isn't going to be better."

