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Surprising Screenings That Can Pick Up The Early Signs Of Illness

Jessica Girdwain

You're familiar with blood pressure tests, cholesterol screenings and blood workups to analyze your health. But did you know there are lesser-known, noninvasive tests that often detect signs of an underlying disease? The five modified tests that follow may pick up warning signs of dementia, Parkinson's, even premature death. Try them, and if you perform poorly, bring your concerns to your doctor.

Name That Famous Face

What it detects: Dementia

How it works: Do you find yourself blanking out on names of famous celebrities or close friends? Researchers recently published a study that found that the inability to recognize or name famous faces in midlife was associated with an increased risk for a form of dementia known as primary progressive aphasia (PPA). The rare disease usually affects adults ages 40 through 65, says the study's lead author, Tamar Gefen. PPA, marked by a loss of tissue in the frontal and temporal lobes

of the brain (the language centers), is characterized by a gradual deterioration in the ability to communicate with others.

What to do: While the test used in the study involved 20 faces, you can do this simplified version at home. Pick up a magazine and see if you can name the celebrities. You get two points for first and last names, one point for one or the other, and zero points if you draw a blank. If you miss a few, no big deal. If you find yourself struggling (PPA patients scored lower than 50 percent), ask your doctor or a neurologist for a cognitive evaluation.

Assess Your Sleep Quality

What it detects: Parkinson's disease

How it works: Many people equate Parkinson's disease with tremors, but more subtle symptoms may provide earlier clues. In a new study, patients from a special clinic for early Parkinson's were given questionnaires to evaluate pain, sleep and gastrointestinal symptoms, and their olfactory

function was assessed. Compared with a control group, the Parkinson's patients were more likely to suffer abnormal REM sleep (the dreaming stage), a loss of smell, and constipation.

What to do: Ask yourself these questions.

1. Do you act out your dreams through talking or fighting (a sign of a REM sleep disorder)?
2. Are you having problems with smell (especially pungent foods, such as garlic)?
3. Have you been dealing with constipation for a month or longer?

If you answered yes to all of these, you may want to see your doctor. While there are no lab tests to diagnose Parkinson's, your physician may want to conduct neurological and physical exams. Early diagnosis can mean better treatment

Smell the Peanut Butter
What it detects: Alzheimer's disease



Surprising Screenings That Can Pick Up The Early Signs Of Illness (Cont)

How it works: Alzheimer's typically affects your sense of smell because the area of the brain that processes odors, the olfactory cortex, is the first to show signs of dysfunction. (Memory problems come later.) That's why Jennifer Stamps, developed the peanut butter test. Normal aging can affect your sense of smell, but peanut butter isn't an odor usually lost with time, Stamps says, making it a good tool for evaluating early Alzheimer's. In the study, researchers measured the distance at which participants could smell peanut butter through the left nostril compared with the right. Those with early Alzheimer's could not detect the smell until it was an average of almost 5 inches closer to the left nostril compared with the right.

What to do: It's hard to perform the test by yourself, so grab a partner. Close your eyes and ask your partner to hold a small jar of peanut butter 12 inches away from your left nostril while you hold your right nostril closed. Slowly move the jar closer until you're able to detect the smell. Now test your right nostril. You should be able to smell the peanut butter equally well in both nostrils. If you can't, see your doctor to rule out treatable conditions that affect smell.

Sit Down, Stand Up

What it detects: Early risk of death

How it works: A 2012 study asked adults ages 51 through 80 to do a sit-and-stand test to see how well they could sit on the floor and then stand up. Partici-

pants could get a maximum score of 10; researchers subtracted one point each time a hand, forearm or knee was used for support. Scoring just one point higher was associated with a 21 percent lower mortality, says Jonathan Myers. "This is a strong measure of muscle strength, coordination, balance and flexibility, which are critically important to maintain with age, as they allow you to perform daily activities and also prevent falls, which can be devastating for older adults," he says.

What to do: Test yourself by sitting on the floor, legs crossed, then rising back up (you can use your arms for balance, but you shouldn't have to use them or your knees to boost yourself back up). If you have problems standing up without assistance, such as difficulty standing up from the dinner table, or notice issues with everyday activities, this may be a wake-up call to start or ramp up your exercise program. Begin with 30 minutes of daily moderate physical activity, like walking. If you're already a walker, add some strength or flexibility training.

Open That Jar

What it detects: Likelihood of future disability

How it works: You might not think of grip strength as an important indicator of overall fitness. But low grip strength has consistently been associated with disability later in life, as well as with postoperative complications and premature death, according to Richard Bohannon whose

review study on the subject was recently published. While grip strength on its own doesn't affect your ability to climb stairs, for instance, it's a marker that is correlated with walking ability.

What to do: Physical therapists use an inexpen-

sive machine called a hand-grip dynamometer to analyze grip strength, but you can measure your grip strength in other ways, Bohannon says. Open a tight jar lid. Pick up a gallon of milk and carry it across the room. Lift a long-handled pan with one hand. If you can't do these tasks successfully, you need to build your overall fitness.



This Months Employee All Stars



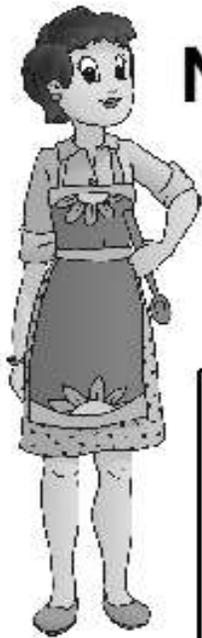
Shelbi
RN
1 Year



Amy
PT
1 Year

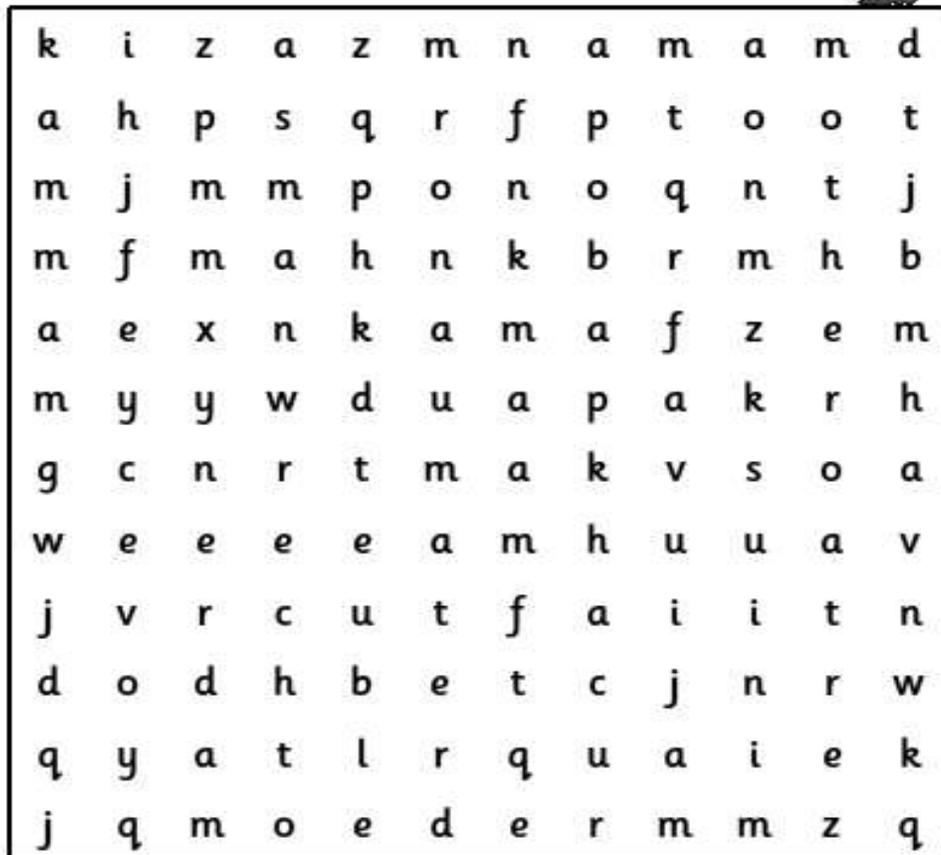


Yumiko
OT
5 Years



Mother's Day Wordsearch

Can you find the word for Mother in all these different languages?



Ahm (Arabic)

Haakui (Maori)

Madre (Spanish)

Maji (Hindi)

Makuahine (Hawaiian)

Maman (French)

Mamma (Italian)

Mater (Latin)

Moeder (Afrikaans)

Mother (English)

Muter (Yiddish)

Mutter (German)

Mzazi (Swahili)

Okaasan (Japanese)

Pabo (Punjabi)

How Good Is Your Memory?

Hey, all you geezers and geezerettes, give this a try. It's your chance to prove that your memory is still (pretty much) intact. Don't worry, the answers are at the end. with thanks

suddenlysenior.com

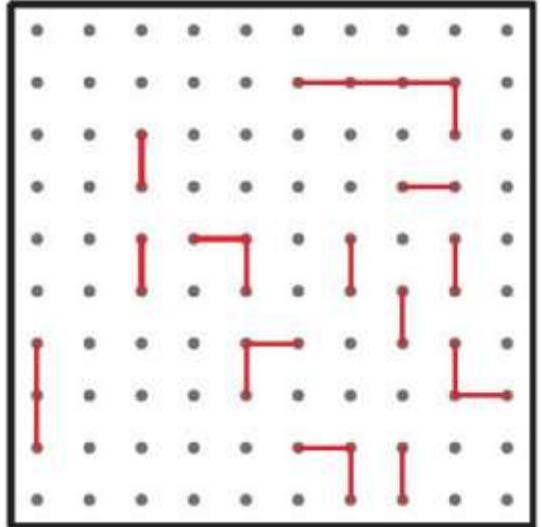
1. "Kookie; Kookie. Lend me your _____."
2. The "battle cry" of the hippies in the sixties was "Turn on; tune in; _____."
3. After the Lone Ranger saved the day and rode off into the sunset, the grateful citizens would ask, "Who was that masked man?" Invariably, someone would answer, "I don't know, but he left this behind." What did he leave behind? _____.
4. Folk songs were played side by side with rock and roll. One of the most memorable folk songs included these lyrics: "When the rooster crows at the break of dawn, look out your window and I'll be gone. You're the reason I'm traveling on, _____."
5. A group of protesters arrested at the Democratic convention in Chicago in 1968 achieved cult status, and were known as the _____.
6. When the Beatles first came to the U.S. in early 1964, we all watched them on the _____ show.
7. Some of us who protested the Vietnam war did so by burning our _____.
8. We all learned to read using the same books. We read about the thrilling lives and adventures of Dick and Jane. What was the name of Dick and Jane's dog? _____.
9. The cute little car with the engine in the back and the trunk (what there was of it) in the front, was called the VW. What other name (s) did it go by? _____ & _____.
10. A Broadway musical and movie gave us the gang names the _____ and the _____.
11. In the seventies, we called the dropout non-conformists "hippies." But in the early sixties, they were known as _____.
12. William Bendix played Chester A. Riley, who always seemed to get the short end of the stick in the television program, "The Life of Riley." At the end of each show, poor Chester would turn to the camera and exclaim, "What a _____."
13. "Get your kicks, _____."
14. "The story you are about to see is true. The names have been changed _____."
15. The real James Bond, Sean Connery, mixed his martinis a special way: _____.
16. "In the jungle, the mighty jungle, _____."
17. That "adult" book by Henry Miller - the one that contained all the "dirty" dialogue - was called _____.
18. Today, the math geniuses in school might walk around with a calculator strapped to their belts. But back in the sixties, members of the math club used a _____.
19. In 1971, singer Don Maclean sang a song about "the day the music died." This was a reference and tribute to _____.
20. A well-known television commercial featured a driver who was miraculously lifted through thin air and into the front seat of a convertible. The matching slogan was "Let Hertz _____."
21. After the twist, the mashed potatoes, and the watusi, we "danced" under a stick that was lowered as low as we could go in a dance called _____.
22. "N-E-S-T-L-E-S; Nestles makes the very best..." _____.
23. In the late sixties, the "full figure" style of Jane Russell and Marilyn Monroe gave way to the "trim" look, as first exemplified by British model _____.
24. Sachmo was America's "ambassador of goodwill." Our parents shared this great jazz trumpet player with us. His name was _____.
25. On Jackie Gleason's variety show in the sixties, one of the most popular segments was "Joe, the Bartender." Joe's regular visitor at the bar was that slightly off-center, but lovable character, _____.
26. We can remember the first satellite placed into orbit. The Russians did it; it was called _____.
27. What takes a licking and keeps on ticking? _____.
28. One of the big fads of the late fifties and sixties was a large plastic ring that we twirled around our waist; it was called the _____.
29. The "Age of Aquarius" was brought into the mainstream in the Broadway musical _____.
30. This is a two-parter: Red Skelton's hobo character (not the hayseed, the hobo) was _____.
31. Red ended his television show by saying, "Good night, and _____."

Answers on page 15





Draw a single continuous loop that visits all the dots or centers of all squares. The loop has only horizontal and vertical line segments. The loop cannot intersect or overlap itself. Some line segments are already drawn.



- | | |
|------------------|-------------|
| 20. Cozy | 1. Firefly |
| 17. Special | 2. Friend |
| 16. Mommy | 3. Yellow |
| 15. Pollywog | 4. Show |
| 14. Sap | 5. Shares |
| 13. May | 6. Parent |
| 9. Babies | 7. Shorten |
| 12. Hearts | 8. Cup |
| 11. Down | 9. Squigly |
| 10. Weather | 4. Seeds |
| 16. Mother's Day | 5. Seeds |
| 18. Owl | 10. Weather |
| 19. Picnic | 11. Down |
| 21. Yes | 12. Hearts |
| 22. Ladybug | 14. Sat |
- Across



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Debra Lynn Day reviewed CMS Health Care — 5 star — November 3, 2016 .

We used their services for a couple years for my sweet Poppa. They were all amazing. So many too mention. They all treated my father in law as if he were their only patient. Love and appreciation for this group. Highly highly recommend.

Vicci Devery Jenkins reviewed CMS Health Care — 5 star — September 8, 2016 .

I had a 3-4 week adventure with being down and I would not have made it without CMS & Shelby Taylor. She would come and dress my wounds and give me a pep talk, & just be positive in every way. I looked forward to my visits cause some days she was the only friend I would see. and on the days she would not come she might ☹️ just to ck on me. I would Recommend them to anyone. She would always ask if I needed anything else or help in any other way! Plus she always gave my dog Millie a treat!!! Debra Pinson also came a couple of times and she was great too! Thanks so so much! Love you all...you are all angels.

Vicki Elliott reviewed CMS Health Care — 5 star — August 13, 2016 .

CMS was AWESOME when they were taking care of my sweet daddy & for a short time for my mom! I loved everyone that came out during this difficult time.

You are all such a Blessing & will ALWAYS have a special place in my heart!

Joy Churchwell Smith reviewed CMS Health Care — 4 star — August 9, 2016 .

Chris was really awesome with working with my husband. All of the other people that came and helped was so understanding and kind. I know with what they all did to help let us have nine more months with Phil. Lee , Nelson and I want you all to know how much we appreciated all your hard work to help us

Rosemary Phillips reviewed CMS Health Care — 5 star — April 25, 2016 .

this caring wonderful people are excellent they are always ready to assist anyone that has a need even if it isn't in their department they will try to find a way to get the kind of help any one may be needing this wonderful people work beyond their limit .



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Happy Birthday

Etiquette Rules for Dealing with Death on Social Media

Kimberly Hiss

There's no right way to deal with death on social media. The first thing to bear in mind when sharing or hearing of a loss on social media is that everyone is different. "When it comes to grief, there's no one way to deal with it, and no correct prescription, so each person's way needs to be respected," says Fran Walfish, PsyD. "When people are experiencing a loss, it's very important to step aside, not tell them what to do, and take your cues from them."

Let the closest loved ones post first. While anyone affected by a death can feel a strong impulse to share the news on social media, such announcements should be left to the deceased person's closest family members, who should have the prerogative to decide when, what, and how they want to post. "Sharing is really for the closest loved ones' benefit, so leave it up to that core group to post the initial news of the passing," says Stef Woods. "Note what information has been included or excluded from that post, then follow suit and show support."

Streamline logistics. Because social media has the power to reach such a large network simultaneously, it can be a helpful tool for a family dealing with preparations for a service or memorial. "When the loss is fresh and there are lots of plans to coordinate, it can save people time and emotional energy rather than re-sharing the same information in call after call," says

Woods. If you're on the phone with someone, she explains, you could get stuck in a conversation that's not just about you relaying information, it's also about the other person processing it, and you may not have the time or mental patience for such an exchange. "It can be easier to post the information on Facebook, and then go focus on logistics. It can help give the closest loved ones their own time," she adds.

Get your facts straight While it seems like it should go without saying, when posting about a death on social media, it's especially crucial to make sure your information is accurate. "I have a niece who was in the ICU for many months with pneumonia teetering between life and death, and all of a sudden on Facebook, I saw a close friend of my brother express condolences, but my niece was still alive!" says Walfish. She rushed to do damage control by contacting the friend—who was a kind, well-meaning person—to prevent her brother from ever seeing such an upsetting post. Fortunately her niece ultimately recovered. "We were lucky in my case, but you can't always erase what goes out there."

Be careful with details People hearing of a death on social media may want to get more information, understandably, but your curiosity is less important than the family's need for privacy. "If the core group doesn't indicate the details of how someone passed in the post, there's some reason they included or excluded

that information," says Woods. If you happen to know details that weren't publicly shared by the relatives, it isn't your place to put that information out there. "Let the core group take the lead," adds Woods, who points out that ultimately, "finding out the Why and How doesn't change the fact that someone is gone." In addition, whether you're the closest family or the most distant friend of the deceased, be aware that whatever information you post could be viewed by children.

Respond in the medium in which you received the news. Remember that in the first hours and days after someone passes, the loved ones of the deceased are dealing not only with a storm of emotion but also a long list of logistics. While social media can help that core group to share information

more easily, such a public announcement can leave them open to getting bombarded with hundreds of calls and texts. "If you've been notified on social media rather than receiving a call, that means for whatever reason that the closest family members didn't want to or didn't have time to talk to everyone," says Woods. "So when acknowledging the news, stick to the medium through which you received the information." If someone posts on Facebook, she says, reply briefly online, but don't rush to call or text; instead, give the family space to deal with what they need to deal with. "Wait and reach out later," Woods advises. "The loss will still be felt long after the services have passed."

Decide whether to keep the departed's online profiles. There's a good chance that the person who passed has an online profile, and it's up to their loved ones to decide what to do with it. "Sometimes a person's profile page is deleted, sometimes the page is kept



Etiquette Rules for Dealing with Death on Social Media (Cont)

up, sometimes a separate memorial site is created," says Woods. "It's all up to what's best for those who are grieving the most—there's no right or wrong way to handle it." If a deceased person's Facebook page, for example, continues to be active with respectful photos and posts, it can become a space where everyone can process the loss and remember together. "It can be healthy to express that those who are gone are not forgotten," says Woods.

Make your own wishes known. When it comes to looking ahead to your own passing, if you have specific wishes about your own social media presence, share them with your loved ones, says Pamela Sandy. "Because we live so much of our lives on various

social media platforms, we need to think about whether we want all that out there after we're gone," she says. Speaking from personal experience, Sandy adds that when her significant other passed, she wasn't sure of his wishes for his Facebook page and didn't know where his username and password was. After a time, she found his login credentials and deleted his page, which is what she believes he would have wanted. Additionally, in 2015 Facebook introduced a feature that lets people choose a legacy contact—a family member or friend who can manage their account when they pass away.

Avoid platitudes. When you're trying to show support for someone who has experienced a loss, avoid comments containing

trite platitudes such as "They're in a better place," especially if you don't know the family's beliefs. "For example, saying the person lived a long life may not sit well because the family may not feel it was long enough," says Woods, adding that it's fine to be honest and say you don't know what to say. "It's OK to write 'I'm so sorry; there are no words,'" says Woods. "It's OK to be honest and sincere."

Check your privacy settings. When posting, sharing, or commenting on any sensitive information—such as a death—make sure you understand who will be able to see it. "People have different social media privacy settings, so they may think no one can see a particular post when they can," says

Woods. Your phone may have a different default setting than your laptop."

Don't give into a grief Olympics. Sometimes a close family member's post about the loss of a loved one can attract not only sincere condolences, but also comments in which more distant family or friends get carried away with their own feelings. "It can become a 'grief Olympics,' and it should be avoided," says Woods. Once news of someone's passing has been announced by their core group, she says, avoid comments about yourself such as bemoaning how hard the news is for you. "If you feel the need to process your own grief, record that processing on your own page," she suggests. "And do so without tagging any of the core loved ones or the person who passed. If they want to know your views, they'll see it."



Mother's Day Rebus -

In this puzzle, you need to break the rebus codes to discover words related to Mother's Day. To decode the rebuses, first identify the pictures and then add and subtract letters as required. If you figure them out correctly, the remaining letters will spell out a word! Can you decode them all?

1.  -ose +  -eg = _____

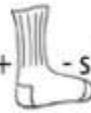
2.  -n +  -a + y = _____

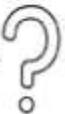
3.  -y +  -m +  -  = _____

4.  +  -c = _____

5.  -a +  -lte +  -n = _____

6.  -r +  -n +  -gt +  -tip = _____

7.  -air +  -sk +  -w +  -g = _____

8.  -w + **u** +  -sion = _____

Answers: 1. hug, 2. family, 3. flower, 4. jewelry, 5. perfume, 6. beautiful, 7. chocolate, 8. bouquet



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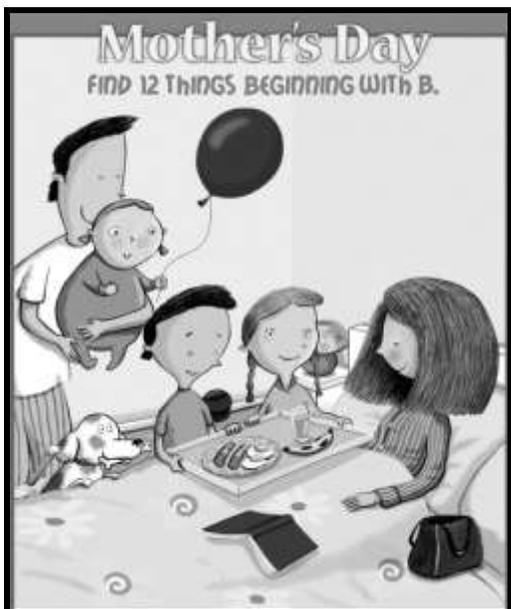
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Famous TV Moms
 Write the fictional characters name
 with the TV Show they were in!



The Golden Girls _____
 Mama's Family _____
 Bewitched _____
 Leave It To Beaver _____
 Good Times _____
 Married with Children _____
 That '70s Show _____
 The Gilmore Girls _____
 Dallas _____
 The Jeffersons _____
 Happy Days _____
 Family Ties _____

Answers: Sophia Petrillo, Thelma "Mama" Harper, Endora, June Cleaver, Florida Evans, Peg Bundy, Kitty Forman, Lorelai Gilmore, Ellie Ewing Farlow, Flo Jefferson, Marian Cunningham, Elyse Keaton



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A 103-year-old's big appetite for life, work and sticky buns was inspiring to the end

Petula Dvorak / The Washington Post

Mabel Sawhill died with a full appointment book – work gigs scheduled for weeks on end.

The Silver Spring caterer was 103.

“And a half,” she would remind folks. You get to count the halves when you’re 103, that’s fair. You also get single-name status. She was not Miss Sawhill. Just Mabel, thank you.

“She died with her boots on,” said Paula Eve, who had to phone Mabel’s catering clients over the weekend to cancel her bookings.

Mabel’s death, which came after she fell asleep in front of the television one night last week, leaves us with two lessons.

The first is Mabel’s key to longevity – vital engagement and a delight in every-thing life had to offer.

The second? Make that call you’ve been meaning to make. (More on that later).

Eve befriended Mabel years ago and became her assistant, driving Mabel to do the shopping and to events when she could no longer drive at 101.

It was on one of those drives just a few weeks ago that Eve tried to ask Mabel about retirement. Seems that would be a reasonable conversation to have with someone who’s trending toward 104.

“Mabel, what do you think about next year with this club?” Eve said, as they left the Bethesda Women’s Club luncheon, having done another successful spread that included her beloved chicken salad and those sticky buns everyone raved

about.

“What about it? I know they’ll book me,” Mabel snapped back.

No way she was going to stop. Catering was her third career, launched after she’d retired as an administrative at the Navy’s Bureau of Medicine and Surgery. With events booked well into the spring, why would she even consider closing down a business she started when she was 70?

Plus, she was already planning the menu for her 105th birthday. She’d never forget what happened at her 100th. They cooked for about 450 people, but 700 showed up. Mabel briefly left the party to sneak into the kitchen so she could cut all the meatballs in half.

This was the problem with being around so long.

She’d catered some people’s weddings as well as their 50th anniversaries. She’d also catered many of their funerals.

She got the friends, their kids, then their grands and even great-grands. Even while her contemporaries died, her circle of friends grew and grew. Her 105th was going to be huge.

Eve, who knows all the recipes to Mabel’s greatest hits, will cater her funeral instead.

“We have to make her strawberry and spinach salad, and those sticky buns,” she said.

I met Mabel almost two years ago, when I visited the Bethesda Women’s Club and was blown away when I went back into the kitchen and met their caterer, the tiny, whirling won-

der that was Mabel.

She loved politics, put together an NCAA bracket every year and created a scholarship in her name at Gallaudet University, to honor her deaf brother and niece. She was close to all her nieces and nephews, but she also created a family from the people around her.

I wrote a column about her and another 102-year-old who was still working, artist Marilee Shapiro Asher. The women had wildly different lives – Mabel never married and had no children, Marilee had two husbands and two children. But the thing they both had in common was their voracious appetite for their work and a constant curiosity.

Mabel was a school-teacher in her native Iowa until World War II, when she decided that “everybody was doing their part, and I thought I should do something for my country.” So she moved to Silver Spring and took that government job.

She began helping with food at church, social and Navy events. So it was logical for her that after retiring from the government in 1983, she’d launch a cater-

ing business.

Mabel, Eve and I went to lunch not long after we met. We went to one of the trendy, foodie places in town. She said yes to just about everything on the menu – pate, salad, soup, the fussy entree, the hipster seasonal lemonade. She didn’t even snark when they brought the Iowa farm girl her drink in an ironic Mason jar. She consumed everything – with her eyes, nose and mouth -- peppering the server with a million questions and studying the composition of a salmon BLT as if it were the Dead Sea Scrolls. It’s how she lived her whole life. All in.

I was remembering that last week and knew I needed to invite her to see our new offices, especially to tour the gorgeous, new test kitchen, and I wanted her to meet Greg, the amazing sushi chef in the cafe downstairs.

I never made that call.

Make that call. And live like Mabel. Go ahead, order it all. Ogle, smell and savor every bit. Launch another career. Book yourself solid – whatever it is – if you love doing it. Don’t slow down, befriend a Paula Eve to help you keep going.

Thank you, Mabel. You fed us all.



A Doctor Discovers An Important Question Patients Should Be Asked

Mitch Kaminski

This patient isn't usually mine, but today I'm covering for my partner in our family-practice office, so he has been slipped into my schedule.

Reading his chart, I have an ominous feeling that this visit won't be simple.

A tall, lanky man with an air of quiet dignity, he is 88. His legs are swollen, and merely talking makes him short of breath.

He suffers from both congestive heart failure and renal failure. It's a medical Catch-22: When one condition is treated and gets better, the other condition gets worse. His past year has been an endless cycle of medication adjustments carried out by dueling specialists and punctuated by emergency-room visits and hospitalizations.

Hemodialysis would break the medical stalemate, but my patient flatly refuses it. Given his frail health, and the discomfort and inconvenience involved, I can't blame him.

Now his cardiologist has referred him back to us, his primary-care providers. *Why send him here and not to the ER?* I wonder fleetingly.

With us is his daughter,

Philadelphia, an hour away. She seems dutiful but wary, awaiting the clinical wisdom of yet another doctor.

After 30 years of practice, I know that I can't possibly solve this man's medical conundrum.

A cardiologist and a nephrologist haven't been able to help him, I reflect, so how can I? I'm a family doctor, not a magician. I can send him back to the ER, and they'll admit him to the hospital. But that will just continue the cycle. . . .

Still, my first instinct is to do something to improve the functioning of his heart and kidneys. I start mulling over the possibilities, knowing all the while that it's useless to try.

Then I remember a visiting palliative-care physician's words about caring for the fragile elderly: "We forget to ask patients what they want from their care. What are *their* goals?"

I pause, then look this frail, dignified man in the eye.

"What are your goals for your care?" I ask. "How can I help you?"

The patient's desire

My intuition tells me that he, like many patients in their 80s, harbors a fund of hard-won wisdom.

He won't ask me to fix his kidneys or his heart, I think. He'll say something noble and poignant: "I'd like to see my great-granddaughter get married next spring," or "Help me to live long enough so that my wife and I can celebrate our 60th wedding anniversary."

His daughter, looking tense, also faces her father and waits.

"I would like to be able to walk without falling," he says. "Falling is horrible."

This catches me off guard.

That's all?

But it makes perfect sense. With challenging medical conditions commanding his caregivers' attention, something as simple as walking is easily overlooked.

A wonderful geriatric nurse practitioner's words come to mind: "Our goal for younger people is to help them live long and healthy lives; our goal for older patients should be to maximize their function."

Suddenly I feel that I may be able to help, after all.

"We can order physical therapy — and there's no need to admit you to the hospital for that," I suggest, unsure of how this will go over.

He smiles. His daughter sighs with relief.

"He really wants to stay at home," she says matter-of-factly.

As new as our doctor-patient relationship is, I feel emboldened to tackle the big, unspoken question looming over us.

"I know that you've decided against dialysis, and I can understand your decision," I say. "And with your heart failure getting worse, your health is unlikely to improve."

He nods.

"We have services designed to help keep you comfortable for whatever time you have left," I venture. "And you could stay at home."

Again, his daughter looks relieved. And he seems . . . well . . . surprisingly fine with the plan.

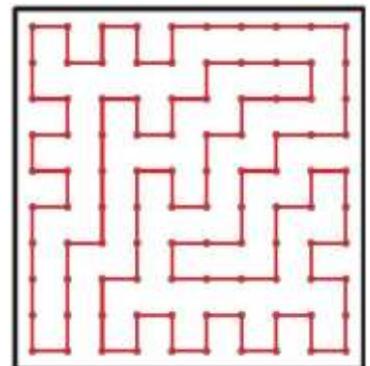
I call our hospice service, arranging for a nurse to visit him later today to set up physical therapy and to begin plans to help him to stay comfortable — at home.

Although I never see him again, over the next few months I sign the order forms faxed by his hospice nurses. I speak once with his granddaughter. It's somewhat hard on his wife to have him die at home, she says, but he's adamant that he wants to stay there.

A faxed request for sublingual morphine (used in the terminal stages of dying)



Happy Mother's Day



prompts me to call to check up on him.

The nurse confirms that he is near death.

I feel a twinge of misgiving: *Is his family happy with the process that I set in place? Does our one brief encounter qualify me to be his primary-care provider? Should I visit them all at home?*

Two days later, and two months after we first met, I fill out his death certificate.

Looking back, I reflect: *He didn't go back to the hospital, he had no more falls, and he died at home, which is what he wanted. But I wonder if his wife felt the same.*

Several months later, a new name appears on my patient schedule: It's his wife.

"My family all thought I should see you," she explains.

She, too, is in her late 80s and frail, but independent and mentally sharp. Yes, she is grieving the loss of her husband, and she's lost some weight. No, she isn't depressed. Her husband died peacefully at home, and it felt like the right thing for everyone.

"He liked you," she says.

She's suffering from fatigue and anemia. About a year ago, a hematologist diagnosed her with myelodysplasia (a bone marrow failure, often terminal). But six months back, she stopped going for medical care.

I ask why.

"They were just doing more and more tests," she says. "And I wasn't getting any better."

Now I know what to do. I look her in the eye and ask:

"What are your goals for your care, and how can I help you?"

The Answers:

1. *"Kookie; Kookie; lend me your comb."*
2. *The "battle cry" of the hippies in the sixties was "Turn on; tune in; drop out." Many people who proclaimed that 30 years ago today are Wall Street bond traders and corporate lawyers.*
3. *The Lone Ranger left behind a silver bullet. Several of you said he left behind his mask. Oh, no; even off the screen, Clayton Moore would not be seen as the Lone Ranger without his mask!*
4. *"When the rooster crows at the break of dawn, look out your window and I'll be gone. You're the reason I'm traveling on; Don't think twice, it's all right."*
5. *The group of protesters arrested at the Democratic convention in Chicago in 1968 was known as the Chicago seven. As Paul Harvey says, "They would like me to mention their names."*
6. *When the Beatles first came to the U.S. in early 1964, we all watched them on the Ed Sullivan Show.*
7. *Some who protested the Vietnam war did so by burning their draft cards. If you said "bras," you've got the right spirit but nobody ever burned a bra while I was watching. The "bra burning" days came as a by-product of women's liberation movement which had nothing directly to do with the Vietnam war.*
8. *Dick and Jane's dog was Spot. "See Spot run." Whatever happened to them?*
9. *It was the VW Beetle, or more affectionately, the Bug.*
10. *A Broadway musical and movie gave us the gang names the Sharks and the Jets. West Side Story.*
11. *In the early sixties, the drop-out, non-conformists were known as beatniks. Maynard G. Krebs was the classic beatnik, except that he had no rhythm, man; a beard, but no beat.*
12. *At the end of "The Life of Riley," Chester would turn to the camera and exclaim, "What a revolting development this is."*
13. *"Get your kicks, on Route 66."*
14. *"The story you are about to see is true. The names have been changed to protect the innocent."*
15. *The real James Bond, Sean Connery, mixed his martinis a special way: Shaken, not stirred.*
16. *"In the jungle, the mighty jungle, the lion sleeps tonight."*
17. *That "adult" book by Henry Miller was called Tropic of Cancer. Today, it would get a PG-13 rating.*
18. *Back in the sixties, members of the math club used a slide rule.*
19. *"The day the music died" was a reference and tribute to Buddy Holly.*
20. *The matching slogan was "Let Hertz put you in the driver's seat."*
21. *After the twist, the mashed potatoes, and the watusi, we "danced" under a stick in a dance called the Limbo.*
22. *"N-E-S-T-L-E-S; Nestles makes the very best....chooo-c'late." In the television commercial, "chocolate" was sung by a puppet - a dog. (Remember his mouth flopping open and shut?)*
23. *In the late sixties, the "full figure" style gave way to the "trim" look, as first exemplified by British model Twiggy.*
24. *Our parents shared this great jazz trumpet player with us. His name was Louis Armstrong.*
25. *Joe's regular visitor at the bar was Crazy Guggenheim.*
26. *The Russians put the first satellite into orbit; it was called Sputnik.*
27. *What takes a licking and keeps on ticking? A Timex watch.*
28. *The large plastic ring that we twirled around our waist was called the hula-hoop.*
29. *The "Age of Aquarius" was brought into the mainstream in the Broadway musical "Hair."*
30. *Red Skelton's hobo character was Freddie the Freeloader. (Clem Kaddiddlehop per was the "hay seed.") Red ended his television show by saying, "Good night, and may God bless."*



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