The practice has grown beyond our wildest speculations.

James DeLine, M.D.
Our Mission

Vernon Memorial Healthcare will strive to have the vision to continually provide the highest standard of care to our patients and their families while being “close to home.”

Our mission is to provide cost-effective, accessible care and service using professionally educated staff and superior technology to meet the health care needs of our community. Our caring and commitment to the community will be demonstrated by our emphasis on health promotion and disease prevention through education.

To provide the best QUALITY at every step using the best staff, the best technology and having the best facilities possible

To IMPROVE the health of our communities by providing wellness programs, fitness programs and health education programs

To Control and reduce the COST of health care by promoting preventative care and educating our communities on health issues
Runny noses have been bothering people forever. You’d think an ailment that has been around for that long would be simple to treat, but unfortunately that is not the case. There are many ways to treat a runny nose. The treatment you should choose depends on the cause of the runny nose—and there are many.

The most common infectious cause is a respiratory virus. There are many viruses, including the common cold, croup, influenza and bronchitis, that can cause respiratory symptoms. The key is realizing that all these illnesses are caused by viruses. There is no cure for viruses and antibiotics do not work against them. Thus, antibiotics should not be prescribed— they are not going to treat the illness. Plus inappropriate use of antibiotics causes antibiotic resistant bacteria.

We need antibiotics to be reserved for bacterial infections. The more exposure to antibiotics, the more resistant bacteria can become and ultimately the harder it is to treat bacterial infections. We now have “superbugs” that are resistant to many types of antibiotics, which make them more difficult or, in some unique cases, impossible to treat. Overuse of antibiotics has played a large role in this process.

So how do you know that you have a viral infection? Sometimes it can be very difficult. Viruses can make us feel miserable with congestion, sore throats, fever, burning eyes, coughing, sneezing and muscle aching. Testing can guide us at times—for example, influenza testing or RSV testing. Usually the history of the illness, the length of illness and the severity of symptoms can aid the health care provider in deciding a diagnosis. Remember, viruses can still cause misery and symptoms can last 10 to 14 days. It’s out of your hands—you are not going to recover in a couple of days.

That’s not to say you can’t do things to help you feel better. Rest is very important when recovering from a virus. Symptom relief can be provided by gargling, warm drinks, ice or lozenges for a sore throat; nasal saline spray, Neti pots or decongestants for nasal congestion; cool mist vaporizers/ humidifier or steam from the shower or a hot bowl of water for coughs; and over-the-counter pain relievers like acetaminophen or ibuprofen for headaches, muscle aches and fever.

Antibiotics can be life saving in the right circumstances. Let’s keep them that way by providing good stewardship and not using them inappropriately.

Another cause of runny noses is allergic antigens. Some people suffer from allergies all year long, while others have symptoms based on whatever is growing at a certain time. In the late summer/early fall we start seeing ragweed as the cause. Some people can help their symptoms by decreasing their exposure. Sometimes over-the-counter antihistamines are helpful. Some patients require prescription medication or even allergy shots to treat their symptoms. Treatment often depends on the severity of symptoms and response to treatment. There are times when allergy testing is required to guide treatment.

A less common cause of a runny nose is vasomotor rhinitis or nonallergic rhinitis. The underlying cause is not well understood, but it’s not caused by an allergic reaction. A runny nose can be triggered by environmental irritants like perfumes, cleaning solutions or glues. Some food or beverages, especially hot or spicy foods, can also cause symptoms. Cold air or changes in the weather can precipitate it, as well as hormonal changes, like what occur during pregnancy.

Avoiding known triggers can help clear up symptoms. Nasal irrigation can also be helpful to some. Otherwise you may have to resort to being a “damsel in distress” and carry a hankie. So keep in mind, even though runny noses are common, they are not necessarily simple.
The Auxiliary, 80 strong, descended on the hospital... They carried vacuum cleaners, pails, scrub brushes and everything needed for a good housecleaning. Floors were scrubbed, windows washed, woodwork polished. When the women were finished, the hospital glistened.

Auxiliary Archives, September 13th, 1951.

Over the past ten years The Friends of VMH has contributed hundreds of thousands of dollars to Vernon Memorial Hospital. This funding included $50,000 toward the construction of The Iland Bekkedal Center for Hospice Care, start-up money to establish VMH as a regional training center for medical professionals, funding for a birthing bed for the VMH Birthing Center and a new sound system for the VMH Conference Center. In addition, funding from The Friends of VMH has provided various pieces of equipment to the VMH clinics, as well as many areas throughout the organization, including the Nursing and Wellness Departments and The Grille. All of this was, and continues to be, accomplished using money raised in the gift shop and through fundraising events like geranium sales, bake sales, craft shows, soup and salad luncheons, brat sales, chili cook-offs and The Lovelight program. In addition, The Friends of VMH continues to provide yearly scholarships for students entering the health care industry.

The Friends of VMH are vibrant, involved people who strive to make a difference in local health care and their community. They also enjoy the camaraderie that comes from being a part of something important. The group holds regular meetings on the second Monday of the month from October through May in the community rooms on the lower level of the hospital. Dues are only $20 per year.

Men and women interested in joining the organization are invited to call Diane Brown, President at 608-677-1541, or Phyllis Malin, President-Elect at 608-677-4655. New members are always welcome.
Dizzy? Vestibular Rehabilitation could help stop the room spinning

Katie Schwarz PT, MPT, CLT
Physical Therapist, VMH
Michelle Willis PT, MSPT
Physical Therapist, VMH

If you experience dizziness when rolling over in bed? Lying down in bed? Bending over? Looking up? Do you feel off balance while walking or standing?

If you answered yes to any of these questions, you may benefit from scheduling an appointment with one of the physical therapists at Vernon Memorial Healthcare who specialize in vestibular rehabilitation.

Dizziness and imbalance are common symptoms in adults reported to their physician during routine doctor visits.

Dizziness can be caused by many different sources, but as many as 45 percent of people with dizziness symptoms have problems with their vestibular system; the balance organs of the inner ear.

What is Vestibular Rehabilitation?
Vestibular rehabilitation is an exercise-based program designed to decrease or eliminate symptoms of dizziness and imbalance associated with inner ear disorders.

Exercises vary depending on the type of inner ear disorder. They may include coordinating movements of your eyes and head, desensitization exercises for motion sensitivity and exercises to improve balance and walking.

Vestibular rehabilitation can help with a variety of inner ear disorders including the following: Benign Paroxysmal Positional Vertigo (BPPV) or “displacement of ear rocks in your inner ear”, reduced inner ear function in one or both ears caused from Meniere’s disease, vestibular hypofunction, vestibular neuritis, fear of falling or a history of falls.

The physical therapist will perform an extensive evaluation that takes a comprehensive medical history of your symptoms and how they affect your daily life. It will include an oculomotor examination, which includes use of infrared video goggles to assess for BPPV. It will also include an assessment of your balance and walking.

Treatment will then be based on the physical therapists assessment. The exercises prescribed will depend on your symptoms and how these symptoms affect your daily life.

For example, if you have BPPV, the physical therapist may perform a canal–repositioning maneuver.

If you have a vestibular hypofunction, the physical therapist may provide exercises for balance and gaze stabilization.

If you have a fear of falling or history of falls, the physical therapist will provide exercises for balance and falls prevention.

Vestibular Therapy at VMH
Vernon Memorial Healthcare has four physical therapists that treat patients with vestibular deficits. Two of the physical therapists, Michelle Willis and Katie Schwarz have recently become Herdman Certified in vestibular rehabilitation.

Willis and Schwarz attended a six day advanced level competency course for vestibular rehabilitation at the Emory Conference Center in Atlanta, GA in late March 2014.

Michelle Willis and Katie Schwarz (left to right) Physical Therapists Kathryn Anderson (Manager), Michelle Willis, Katie Schwarz and Derek Waddell.

If you feel you may benefit from vestibular rehabilitation, please contact your medical provider for a vestibular rehab referral, if you have any questions regarding vestibular therapy you can contact physical therapy directly at 608-637-4385.

The Bistro completes rennovation

Dan Howard
Marketing, VMH

The latest renovation project to be completed at VMH is The Bistro, a small restaurant serving simple meals with a taste of home.

The new facility opened its doors to VMH staff and the public on July 19th, 2014. The Bistro is decorated in a modern mix of warm and neutral tones with comfortable seating and booths. It also features a television, allowing patrons to catch up on the days news. Staff and the general public are not the only ones who will benefit from the remodeling. Included in the updates are additions to the kitchen, which also serves the entire inpatient population and their guests.

"With the addition of some new pieces of equipment we were able to add items to the inpatient menu such as individual pizzas, milkshakes and malts,” said Lynn Edwards, Interim Food & Nutrition Services Manager.

The renovation is also complimented further with the development of a brand new inpatient menu and specialty nutrition literature. These improvements aim to educate and inform patients with specialized and more sensitive dietary needs such as diabetes, heart disease or gluten allergies.

“The VMH mission is about providing the patient with quality care and an exceptional experience. This is evident in the improvements we have made during the Bistro project. We want to provide great quality, nutritious, home cooked food. Food which doesn't fall under the typical standard of 'hospital food' but is more aligned with the quality of food you would expect from a restaurant or bistro,” Edwards said.

The Bistro also operates a fresh vending area, which provides fresh food items such as sandwiches, wraps, bagels and juice around the clock for VMH’s evening and night shift staff.

Further improvements are in the pipeline including being able to accept credit and debit cards at the register starting October 1st.
BREAKING GROUND IN LA FARGE

Community turns out to usher in a new future for health care in La Farge, WI

Dr. DeLine and the La Farge Medical Staff soften up the ground.

VMH CEO Kyle Bakkum talks about the importance of local medical care.

Dr. Sedgwick talks about La Farge’s future.

The plans for the new clinic were on display for the public.

Dr. DeLine reminisces about the clinic’s history.

VMH CEO Kyle Bakkum with VMH AACO Dan Nelson.

Dr. DeLine and the La Farge Medical Staff soften up the ground.

Over 100 people joined VMH for the groundbreaking ceremony.

The La Farge Medical Staff is excited about the future home of medical care in La Farge.
LIVING WITH DIABETES

Diabetic Education Program Gives Patients Valuable Information

Mark Sandmire faced a long recovery after having rotator cuff surgery in November of 2013, but he had no idea that his recuperation would lead to a lifelong battle.

“I had been doing the physical therapy, but I hadn’t been watching what I was eating, so I probably put on 30 pounds in the time that I was off work,” he said.

When Sandmire went back to work after three months of rest and rehabilitation, he started experiencing some vision problems. He couldn’t see across the room, let alone the people working nearby.

He decided to see an eye doctor to identify the problem—but it wasn’t his eyes that were the problem. Sandmire found out he was one of the nearly 30 million Americans with diabetes. The blurriness of his vision had been brought on by the chronic condition.

“When your doctor tells you that you need to lose weight and you need to get better at things because you’re going to die, that gets you focused on trying to get better at things because you’re going to be here for a long time,” he said. “I tell people that I’m not on a diet, I’m on a lifestyle change crusade.”

McDonald’s journey to the Diabetic Education Program began seven months ago—a couple of weeks after he was diagnosed with Type 2 diabetes in 2011. “The environment here gives you the opportunity to be successful,” he said.

Sandmire turned to the Diabetic Education Program offered at Vernon Memorial Healthcare to get his health back on track. The program offers knowledge and life skills to people who are dealing with diabetes so they can better manage the condition on their own.

“Our goal is to get patients to commit to caring for themselves and provide them with the resources and support needed to assist them in meeting their health related goals,” said Rikki Sprosty, a Registered Nurse and Diabetic Educator at Vernon Memorial Healthcare. “We assist patients in understanding diabetes, preventing or delaying chronic complications, and using nutrition, physical activity, and medications to manage this chronic condition.”

Patients can take part in individual and group classes that cover the emotions associated with diabetes, establishing a support network, blood glucose monitoring, taking medications, meal planning and other information that can help someone live well with diabetes. The group sessions last two hours and are held once per week for four weeks.

“One thing I learned from Rikki and the program is that it’s not a death sentence to have diabetes. You can help yourself by doing the things that you should be doing,” Sandmire said. “You yourself have to be willing to do something,” said Joe McDonald, who was diagnosed with Type 2 diabetes in 2011. “The environment here gives you the opportunity to be successful.”

McDonald’s journey to the Diabetic Education Program began seven months ago—a couple of weeks after he was diagnosed with pneumonia. He wasn’t feeling well, so he went to the doctor.

“He called me late at night and told me I was having cardiac arrest. That was probably my wake-up call,” he remembered.

McDonald was introduced to the Diabetic Education Program while he was participating in the Fresh Start Program at VMH. Fresh Start is a comprehensive clinic evaluation and management program designed for people at risk for, or diagnosed with, a chronic disease. The two programs have helped him fight diabetes each and every day.

“In the environment here you can sit and have an hour dialogue. There is so much passive information that is passed back and forth that has more value for me than an office call,” he said. “I tell people that I’m not on a diet, I’m on a lifestyle change crusade.”

For Sandmire and McDonald, that crusade is just beginning. Both admit they have made strides, but are a long way from their goals. However, those goals have become a little clearer and more reachable because of their experience with the Diabetic Education Program.

The Diabetic Education Program will be offering free support groups on the last Wednesday of each month starting in October from 2pm-3pm, in the Viroqua Area Medical Office Building Conference Room-Lower Level. The support groups will cover a new topic each month in hopes of making people more knowledgeable and comfortable with their condition.

For more information on the Diabetic Education Program, contact Rikki Sprosty by phone at (608) 637-4465 or by email at r艰巨timesypevmh.org.

VMH FOUNDATION
AWARDS 7 SCHOLARSHIPS

The Vernon Memorial Healthcare Foundation and the Friends of VMH offer scholarships to individuals pursuing or furthering their education in the health care field.

This year, seven applicants have been selected to receive funding to help them with their education. Congratulations to the 2014 Scholarship recipients.

Brooke Bakken
Graduate of UW-La Crosse, Brooke is currently employed on weekends as a Rehabilitation Aide in the Physical Therapy Department.

In 2014, Brooke will enter her 2nd year at Western Technical College to complete her degree in Respiratory Therapy before moving on to obtain her Bachelor of Science in Pulmonary Science from Concordia University.

Caitlin Malin
Currently working a degree in Therapeutic Recreation from UW-La Crosse, Caitlin is looking to pursue a career as a Child Life Specialist.

Cassandra Steadman
Cassandra is currently employed at VMH as a Clinical Dietitian, providing both inpatient and outpatient nutrition services.

Courtney Stilwell
A student of Viterbo University, Courtney is pursuing a Bachelor of Science in Nursing degree with an anticipated graduation date of May, 2015, after which she hopes to work as a Registered Nurse in a hospital setting.

Kaitlyn Kaniewski
Kaitlyn is a second year student pursuing a Nursing degree at Viterbo University, which she expects to complete in May 2016.

Katee Heisel
A student of UW-Oshkosh, Katee is pursuing a Medical Technology major and Chemistry minor.

Katee was inspired to follow this line of work by a Child Life Specialist who had worked closely with her brother as he battled leukemia.

Kaitlyn Kaniewski
A student of Viterbo University, Courtney is pursuing a Bachelor of Science in Nursing degree with an anticipated graduation date of May, 2015, after which she hopes to work as a Registered Nurse in a hospital setting.

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Breast Cancer through my eyes

Julie Steiner
Patient, VMH

Six months after retiring from Vernon Memorial Healthcare I found myself dumbfounded by news that I was diagnosed with breast cancer. Shocked, somewhat speechless, and scared is how I would best describe my initial reaction to the disappointing news.

I’ll begin my story back in 2011, when I felt a small lump in the upper, outer quadrant of my left breast during a breast self-exam. I scheduled an appointment with my primary care provider, Dr. Rolando Macasaet at Hirsch Clinic-VMH. His examination and a subsequent mammogram and breast ultrasound, led to a diagnosis of a breast cyst—a fluid-filled sac—something that usually is not cancerous. It was significant enough that I should have the cyst checked out or if I was just a bit tender. I recall wondering if the change in the cyst feeling squishy, like the texture of a grape or water-filled balloon. I learned that cysts are common in women before menopause and I was instructed to continue to pay attention to the cyst and be aware of any significant changes.

Fast forward to early 2014, when I noticed the cyst had become firmer, larger and was, on occasion, tender. I recall wondering if the change was significant enough that I should have it checked out or if I was just a bit paranoid. After putting off a medical appointment for a couple of months, I decided I should have the cyst checked again, if nothing more than to ease my mind.

On May 9th I met with Dr. Macasaet. He concurred that there were in fact significant changes in the cyst. A mammogram and breast ultrasound was scheduled a few days later. I was back at VMH on May 13th when I received the dreaded news from Dr. Macasaet that I likely had breast cancer.

We discussed a couple of options, do a breast biopsy and remove a small piece of breast tissue to determine if cancer was present before scheduling any additional surgical procedure; or perform a lumpectomy and remove the suspected cancerous tumor right away.

Given the high odds that the lump was cancerous, I chose to do a lumpectomy to help confirm the diagnosis of cancer or rule it out. A lumpectomy removes the cancer and abnormal tissue from the breast. It is considered a breast-conserving or breast-sparing surgery because—unlike a mastectomy—only a portion of the breast is removed. During a lumpectomy, a small amount of normal tissue around the lump is also taken to help ensure that all of the cancer or other abnormal tissue is removed.

Dr. Macasaet informed me that recent studies indicate that a lumpectomy followed by radiation is as effective a treatment as removal of the entire breast (mastectomy) for women with early-stage breast cancer. I felt at ease when I learned that Dr. Macasaet was more than willing to perform this same day surgical procedure at VMH. My lumpectomy was performed two days later on May 16th. I felt fortunate that the surgery could happen so quickly, leaving me with less time to worry about the potential outcome or likelihood of cancer.

Dr. Macasaet arranged for the use of a gamma ray probe from Gundersen Health System to assist him with a sentinel lymph node biopsy that would be performed in conjunction with the lumpectomy. The sentinel node is the first lymph node to receive drainage from a cancer-containing region of the breast. If breast cancer begins to spread, the first place it will reach is the sentinel lymph node. A sentinel lymph node biopsy helps determine if the cancer within the breast has spread to the axillary lymph nodes, which are located underneath the arm.

To do this procedure, a radiologist injects a small dose of a low-level radioactive tracer into the nipple of the breast where the tumor is present. The radioactive fluid can be traced using a gamma ray probe, which helps the surgeon locate the sentinel node without an incision. If cancer cells are found in the sentinel node, a secondary search for other cancer cells occurs. If no cancer cells are found, the remaining lymph nodes are not checked.

I was hopeful that the test would be conclusive and that I would not need chemotherapy, but my test result fell within an inconclusive range, leaving the decision to me as to how I would like to proceed. Because there was no cancer in the lymph nodes and my reoccurrence score was closer to the low end of the scale, I opted to forego chemotherapy but participate in radiation therapy. My medical oncologist supported my decision.

Once healed from surgery, I began radiation therapy at Gundersen Health System in La Crosse on July 15th. My radiation oncologist prescribed a total of 33 treatments, which would occur daily, Monday through Friday, over the course of 7 weeks. At 7:30 each morning I lie on my back on a table with my arms above my head while the 10 to 15 minute radiation treatments take place. I feel fortunate that I am able to tolerate the side effects of radiation, which include skin redness and sensitivity similar to sunburn, mild breast swelling and some minor blistering and breaks in skin before each treatment. When I received a follow-up telephone call from the nursing staff.

Throughout my treatment I chose to remain positive and cooperate. Cooperating with breast cancer is a treatable disease, I placed my focus on continuing to do all of the summer activities I enjoy doing with family and friends; gardening, golfing, fishing, cooking, playing with my grandson and spending time with friends and family were all priorities.

Having my husband drive me to La Crosse each morning for seven weeks wasn’t necessarily an inconvenience, it just started our busy days a little earlier than normal. I am fortunate to be surrounded by family and friends who are always caring and concerned and willing to help in any way they can.

Breast cancer has not damaged or changed who I am; rather it has allowed me to appreciate my life and retirement even more.

Infusing Care with Love

Kevin Hoy
Marketing, VMH

It’s celebration day for Alice Diehl—the day she goes through the last of nine sessions of preventative chemotherapy.

Alice’s battle with cancer started in August of 2013, when she was diagnosed with pancreatic cancer. She went through chemotherapy to shrink her tumors before she began weeks of radiation therapy. Then, nearly eight months after her diagnosis, Alice had successful surgery and was given good news—the pathologist report came back negative for pancreatic cancer.

“Yet, I was pretty lucky, one of the lucky ones according to the doctors,” she remembered. “But my cancer doctor decided I should have some preventative chemo.”

Alice underwent her first preventative chemotherapy in La Crosse before going through her final eight rounds at VMH Infusion Therapy. When she was first diagnosed in 2013, she had no idea that chemotherapy was even offered in Viroqua.

“I wasn’t really sure what to expect to be honest. I’ve just been very overwhelmed with their procedures here and the way they take care of you,” said Alice, who lives in West Prairie, just nine miles southwest of Viroqua. “They are very accommodating. They try to make you feel comfortable and care while you’re getting your treatment.”

A typical chemotherapy appointment for Alice starts with a check of her blood. Then she sees a provider to make sure her blood counts are at the proper level for treatment. From there it’s up to the third floor of the Viroqua Area Medical Office Building, where she gets the treatment in her own room.

“One check in at the front desk, it isn’t long until they’re out to get me and bring me back to a comfy chair for the treatment,” said Alice. “Everything seems to be working very good as far as I can tell.”

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I cannot say enough about the excellent care that I received both at VMH for my surgery and at Gundersen Health System for my radiation therapy. I am particularly grateful for my surgery at VMH, trusting that the staff I had worked with for 14 years would provide me with “So Much Care, So Close.” I wasn’t disappointed. I recall entering the VMH Surgery Center 

Winning VA war veteran and breast cancer survivor, Jose Garcia, passed away on Oct. 14th, 2015. His last wishes were to give back to the community and help others suffering from cancer.

During a lumpectomy, a small amount of the breast is removed. If breast cancer begins to spread, the first place it will reach is the sentinel lymph node. A sentinel lymph node biopsy helps determine if the cancer within the breast has spread to the axillary lymph nodes, which are located underneath the arm.

To do this procedure, a radiologist injects a small dose of a low-level radioactive tracer into the nipple of the breast where the tumor is present. The radioactive fluid can be traced using a gamma ray probe, which helps the surgeon locate the sentinel node without an incision. If the sentinel node is located, a minor incision is made and one to three nodes are removed. There are several methods by which lymph nodes are reviewed by a pathologist to determine if they show signs of cancerous growth. In rare cases the tumor was cancerous, but the lymph nodes showed no signs of cancer.

A lumpectomy and sentinel lymph node biopsy is a procedure used to remove a breast cyst, the surgery is usually followed by radiation therapy to reduce the risk of cancer recurrence and/or not chemotherapy would be beneficial. I recall thinking how amazing it is that advancements in medicine allow doctors to tailor therapy to the DNA changes in cancer, rather than using the same drugs and treatment for all patients with breast cancer.

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Despite the cancer, Jose Garcia had a passion for helping others. He believed that cancer could be defeated, and that it was our responsibility to give back and help others suffering from cancer.

Jose Garcia's spirit of giving inspired others to step up and help those facing cancer. His legacy continues, as his wish to give back was honored with the establishment of the Jose Garcia Fund at the Viroqua Community Foundation.

The Jose Garcia Fund was established to support programs and services that help those affected by cancer, particularly those on the upper peninsula of Wisconsin. The fund has provided grants to a variety of local organizations, including the Viroqua Health System, which provided the extensive radiation therapy that Jose Garcia received.

In 2017, the Viroqua Health System opened a new radiation oncology center, which was named in honor of Jose Garcia. This center provides state-of-the-art radiation therapy services to improve the quality of life on an outpatient basis. These services include radiation therapy, chemotherapy, wound care, and support groups. The center is equipped with a linear accelerator and a state-of-the-art radiation therapy planning system.

The Jose Garcia Fund has also supported the Viroqua Health System's cancer education programs, which provide information and resources to help people cope with the diagnosis and treatment of cancer. These programs include support groups, educational workshops, and one-on-one counseling.

Jose Garcia’s legacy lives on through the work of the Jose Garcia Fund and the Viroqua Health System, which continue to help those affected by cancer. His spirit of giving and his commitment to helping others is an inspiration to us all.
Prostate cancer detection
Making sense of current recommendations

James DeLine, M.D.
La Farge Medical Clinic, VMH

The early diagnosis and treatment of cancer in men has been an important focus of research and patient care throughout recent history. This is true as well for prostate cancer. Prostate cancer is the second most frequent cause of cancer death in men. Significant strides have been made in early detection and treatment. However, questions remain about the application of these advances to the individual man in the community.

The American Cancer Society (ACS) advises discussing screening PSA with their physician beginning at age 50 (younger in certain patients with a family history). So how does one make sense of it all.

First, it is important to distinguish between screening of asymptomatic men and evaluation and early treatment of men with symptoms. I will focus primarily on the screening of asymptomatic men for prostate cancer.

The United States Preventive Services Task Force (USPSTF) gives prostate cancer screening a “D” rating “no evidence of benefit; likely causes harm.” The American Urological Association (AUA) advises considering overall health, personal values, and family history.

Early PSA testing in asymptomatic men starting at age 50 (or earlier to some men with a significant family history) has been demonstrated to find cancer at an early stage. Most patients detected in this fashion have early disease which is curable if it is caught early and treated properly.

PSA screening is applicable for over 25 years. It clearly identifies prostate cancer at an earlier stage. Early treatment is effective in curing or controlling the disease in most patients. Death rates from prostate cancer are declining in the US while the population of men is getting older. Yet there is significant controversy regarding screening men for prostate cancer.

The USPSTF generally gives the most conservative guidelines regarding screening. They are a panel whose charge is to give unbiased recommendations to the nation based strictly on the evidence. Appropriately they are cautious and their guidance is a good starting point on any issue.

The AUA is an organization made up of urologists. While they studied the same evidence as the USPSTF, their conclusions were in favor of PSA screening. While one might assume that this organization is biased in favor of testing and treating, urologists also see many patients with advanced and terminal prostate cancer. Their preference towards screening and treatment reflects this reality.

The American Cancer Society supports an individualized approach considering overall health, personal values, and family history.

The studies leading to the current discordant recommendations are imperfect and ongoing research will continue to clarify the issue. The USPSTF recently published four articles against screening primarily on two studies published in 2012 suggesting link between increased overall death rate between screened and unscreened groups. Critics of these studies argue that many men in the “unscreened” group had screening as PSA testing became more widely used. It is difficult to know if since widespread PSA screening, death rates from prostate cancer have been declining in spite of the aging of the population.

In my experience, when provided with the information, most men approach the question in one of two ways:

1) Some prefer no screening (given the difference of opinion between informed clinicians) and believe “when in doubt, less is better.”
2) Others prefer to know and if they receive a cancer diagnosis, make a decision regarding treatment using current available information.

I believe either approach is reasonable given current state of knowledge. In general, the case for PSA screening is weaker in the elderly or those with poor health. It is stronger in those with a family history of prostate cancer, especially occurring in relatives less than 65 years of age. It is important to realize that each clinician has their own insights regarding the risks and benefits of treatment. Your clinician can give you additional guidance taking into account your specific situation.

So while most patients are cured of their cancer, some of them go through the difficulties of treatment with potential for long term side effects but would never have had symptoms from the cancer. Trying to understand which patients are more likely to develop progressive symptomatic cancer is an active area of research. When this is better clarified, treatment can be focused on those patients more likely to progress.

Currently radiation and radical prostatectomy have adverse effects, especially including varying degrees of loss of sexual function (impotence), incontinence, or impaired sexual function (impotence). Surgery also has the potential for complications seen with any surgical procedure such as blood clots and infection. As treatment becomes less aggressive with less side effects, it will become less worrisome that some treated patients might never have developed progressive disease.

This is already occurring with both radiation and surgery. Minimally invasive surgical techniques are decreasing the burden of surgery. In the future, identifying the involved areas of the prostate with imaging and destroying them (rather than removing the prostate) with cryotherapy (freezing), thermal ablation (heating), or high intensity radiation (“gamma knife”) may be possible, decreasing side effects further.

In 2014, more than 233,000 men will be diagnosed with prostate cancer and an estimated 29,000 men will die from it. In fact, a man is 35 percent more likely to be diagnosed with prostate cancer than a woman is likely to be diagnosed with breast cancer. Prostate cancer is the second-leading cause of cancer-related deaths in men. However, if detected and treated early, prostate cancer has a staggering 97 percent success rate.

Testicular cancer is the most common cancer in American males between the ages of 15 and 34. Testicular cancer treatment is so successful that the risk of dying from testicular cancer is now very low; about 1 in 5,000. However, testicular cancer still claimed lives in the past year.

Mental illnesses generally have a low level of awareness in men. That doesn’t stop over six million being diagnosed with depression each year. So, what’s the real issue here?

The greatest challenge men face in regards to their general well being is a reluctance to discuss the health issues they face either with their partner, family or doctor. It’s a common trait in men to shrug off these discussions. We like to think of ourselves as the protector of the family. We don’t like the feeling that something is getting the better of us, so we sweep these problems under the carpet. This is why it is important to encourage discussion around these health issues and we can start by growing a moustache.

What do Tom Selleck, Burt Reynolds and Ron Burgundy all have in common?

That’s right, they all have a prostate...

Dan Howard
Marketing, VMH

...a man is 35% more likely to be diagnosed with prostate cancer than a woman is to be diagnosed with breast cancer.

The Movember Foundation is the leading global organization committed to changing the face of men’s health by challenging men to grow moustaches during Movember—the month formerly known as November. The purpose is to raise awareness, promote discussion and generate funds for prostate cancer, testicular cancer and mental health programs around the world.

Since its inception in 2003, the Movember community has had great success, spanning 21 countries and raising over $550 million for 832 year-round programs.

So why the moustache?

Movember was born from the recognition that a fun and engaging initiative could help encourage men to talk about these health issues in their own health. The growth of a moustache on an otherwise bare lip sparks both public and private discussion. “Mo Bros” (participants in Movember) effectively becoming walking, talking billboards for men’s health.

So why the moustache? Movember aims to increase awareness and support for men’s health by getting conversations started at a grassroots level, educating men about the health risks they face and raising vital funds for support programs.

Let’s get the conversations started!

This year, VMH staff will be supporting the Movember Foundation by growing moustaches to raise awareness of men’s health issues such as Testicular Cancer, Prostate Cancer and Mental Health, and you can join in too.

Growing a moustache through the month of November is more than just a ‘Movember’ event. It’s an opportunity to spark a conversation about men’s health issues.

If everyone reading this article can tell a male friend about these issues, maybe together, we can reduce the number of men who die from these diseases and illnesses.
We use our hands, wrists and elbows functionally every day. Simple things like tying your shoes, preparing food and driving can be affected by movement limitations, pain and decreased strength in your hands, wrists and elbows.

It is important to address any pain or concerns you have with your upper extremities to promote pain free function and prevent deformities. For example, an injury initially limiting the movement of one joint that is left untreated can lead to further imbalance as hand use and movement patterns are adapted to prevent pain at the initial injury site. This imbalance can lead to pain, and at times, deformity at the injured joint as well as joints surrounding the initial injury. In other words, a minor injury can lead to other problems if left untreated, which would likely result in a more complicated course of rehabilitation.

We at Vernon Memorial Healthcare are here to help. We have knowledgeable hand therapists with a combined total of more than 70 years of experience. Our goal is to help patients return to their highest level of function with a direct, patient-centered approach. Additionally, VMH has a certified hand therapist (CHT) on staff. In order to gain this certification, a therapist must be licensed a minimum of 5 years, pass an extensive certification exam and complete 4,000 hours of direct, upper extremity treatment. There are just 5,657 certified hand therapists throughout the United States, and VMH is proud to provide this service close to home.

When you come to VMH for hand therapy, you can feel confident that you are getting the best treatment available to you. Our hand therapists focus on helping patients regain function through decreasing pain and improving movement and strength. The treatment can help you recover from both new or acute injuries and chronic ailments brought on by repetitive use or improper positioning. Our hand therapists create an individualized treatment program focused on decreasing pain and increasing functional use of your hands, wrists and elbows.

We can help you make sure you can use your arms, wrists and hands to the best of your ability for years to come, so you can keep doing the simple things in life.

Sleep Studies Available at VMH

Comprehensive sleep medicine services are now available at VMH. Patients can now be diagnosed and treated for sleep disorders right in Viroqua. Receive follow up from a Board Certified Sleep Specialist who will explain the results of your sleep study and your treatment options. Untreated sleep apnea can lead to increased risk for heart attack, stroke, high blood pressure, diabetes, atrial fibrillation and auto accidents (just to name a few).

A simple screening tool can help you determine if you are a candidate for a sleep study. If you think you may have sleep apnea or need a sleep study, talk with your healthcare provider about a referral for a sleep study at VMH.

Sleep studies now available at VMH
Group Exercise Class Schedule

**Monday**
- 5:15am RIPPED (45mins)
- Noon MINI BOOTCAMP (30mins)
- 6:00pm TAE KWON DO (45mins)

**Tuesday**
- 5:15am STEP/CORE (45mins)
- 8:30am YOGA/CORE (45mins)
- 10:00am STRENGTH 101 (45mins)
- 4:00pm SPIN/CORE (55mins)
- 5:15pm TOTAL BODY (45mins)
- 5:15pm POWER YOGA (60mins)

**Wednesday**
- 5:15am RIPPED (45mins)
- 8:45am SILVER SNEAKERS CLASSIC (45mins)
- 10:00am STRENGTH 101 (45mins)
- 4:00pm SPIN/CORE (55mins)
- 5:15pm TOTAL BODY (45mins)
- 5:15pm POWER YOGA (60mins)

**Thursday**
- 5:15am STEP/CORE (45mins)
- 8:30am YOGA/CORE (45mins)
- 10:00am STRENGTH 101 (45mins)
- 4:00pm SPIN/CORE (55mins)
- 5:15pm TOTAL BODY (45mins)
- 5:15pm POWER YOGA (60mins)

**Friday**
- 5:15am SPIN (45mins)

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**Water Exercise Schedule**

**Monday**
- 11:30am AQUA-CISE (60mins)

**Tuesday**
- 11:30am JOINTS IN MOTION (45mins)

**Wednesday**
- 11:30am AQUA-CISE (45mins)

**Thursday**
- 11:30am JOINTS IN MOTION (45mins)

**Friday**
- 11:30am AQUA-CIRCUIT (60mins)

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**Investment**

- **CrossFit** $99 Per Month
- **Racquetball/Table Tennis/Wallyball** $30 For 10 Sessions
- **Group Exercise Classes** $15 Per Class Per Week (Members) $24 Per Class Per Week (Non-Members)
- **Karate** $60 For 12 Weeks
- **Personal Training Sessions** $25 - 1 Session $200 - 10 Sessions $282.50 - 15 Sessions $350 - 20 Sessions

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**Program Information**

- **Aqua-Circuit**
  - Aerobics class in a therapy pool.
- **Aqua-cise**
  - Aqua-based cardio and strength class.
- **Aqua-Fit**
  - Advanced version of Aqua-cise.
- **CrossFit Viroqua**
  - A broad, high intensity and constantly varied workout regime.
- **CrossFit Viroqua Foundations**
  - The basics of CrossFit.
- **Hatha Yoga**
  - Basics of Yoga with relaxation.
  - **Joints in Motion**
  - Water-based exercise for those with arthritis and joint problems.
  - **Mini Bootcamp**
  - 30min strength and cardio circuit workout.
  - **Parenti Yoga**
  - Water-based class to promote Parent/child bonding (6-36months old)
- **Pilates**
  - Engages the mind and conditions the body.
  - **Power Yoga**
  - Strength and flexibility through yoga followed by relaxation.
- **Spin**
  - Cardiovascular workout with a stationary bike followed by core strengthening.
  - **Spin/Box**
  - 40min Cardiovascular workout with a stationary bike followed by core strengthening.
  - **Spin/CORE**
  - Step aerobics followed by core strengthening.
- **Spin/CORE**
  - A full-body strength workout using everything from ropes to kettlebells.
  - **TRX Suspension**
  - Full-body workout using your own body weight.
THE TRAINER’S CORNER

In this edition of The Trainer’s Corner, VMH Wellness Center’s Sam Franke walks you through the Romanian Deadlift.

Romanian Deadlifts (RDLs) are a great way to strengthen your posterior chain, which includes your hamstrings, glutes, back and shoulders. They can be done with barbells, dumbbells or kettle bells.

Basic Romanian Deadlift

1. Make sure you keep your back straight, not to be confused with vertical. Rounding your back could lead to injury.

2. Stand directly over the kettle bell with the handle between the arches of your feet. Keep your back straight and shins vertical.

3. Hinge from your hips with your knees directly over your ankles. Grip the kettle bell, flex your glutes and slowly stand straight up.

4. Squeeze hard at the top. Flex your quads, glutes and abs.

5. Make the move down. Your hips go back and the kettle bell goes down toward the middle of your feet. Touch the ground while maintaining muscle tension and come back up.

6. Make sure you keep your back straight, not to be confused with vertical. Rounding your back could lead to injury.

7. This variation uses your own body weight to provide resistance.

8. Aim for 3 sets of 8-10 reps.

9. If this workout is easy for you by the end of 10 reps, move onto adding weights.

10. Try this variation before adding weights.

Single-leg Romanian Deadlift

1. Put your arms out for balance. Place one foot and hinge at your hips until horizontal. Keep your pelvis square to the floor by flexing the opposite glute. Try to keep a horizontal line from head to toe.

2. Come back up slowly and switch legs. Repeat about five times on each leg.

3. Put the top of your foot on the edge of the couch. Drop your knee as close to the couch as you comfortably can. (You might have to start farther out and move back over time.) Your opposite foot should point straight ahead with your knee right above your ankle. Sit tall and square your pelvis to the wall in front of you.

4. Flex the glute of the foot on the couch. Lean forward you will feel a big stretch in your upper quads and hip flexor. Hold for a couple minutes on each side.

5. You may have to shoot for one minute initially and build up to a couple minutes. Eventually you will want to go up to 10-12 total minutes. That’s when you’ll see and feel the most changes.

Weighted Single-leg Romanian Deadlift

1. Follow body-weight steps to reach down to kettle bell.

2. Grab the kettle bell, making sure to engage your core before slowly standing up.

3. Tap your toe for balance if necessary. Place the kettle bell right in front of your toe when you go back down.

The top three benefits of hiring a Personal Trainer

1. ACCOUNTABILITY
   Having someone hold you accountable for working out regularly is key to maintaining a high level of motivation.

2. TECHNIQUE
   Trainers pay close attention to form, giving you feedback along the way to maximize your workout, giving you better results and lowering the risk of injury.

3. PERSONALIZED PROGRAMS
   Personal trainers tailor fitness programs to your individual goals and strengths, helping you work out more efficiently.

Side-column Stretch

Hip Flexor Stretch

This Hip Flexor Stretch will help address or prevent back pain and give you full range of motion in your hips.

1. Good for back and hip pain.

2. Make sure to put a blanket under your knee if you aren’t on carpet.

3. Put the top of your foot on the edge of the couch. Drop your knee as close to the couch as you comfortably can. (You might have to start farther out and move back over time.) Your opposite foot should point straight ahead with your knee right above your ankle. Sit tall and square your pelvis to the wall in front of you.

4. Flex the glute of the foot on the couch. Lean forward you will feel a big stretch in your upper quads and hip flexor. Hold for a couple minutes on each side.

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To schedule an appointment with a Personal Trainer, or to get advice about your fitness goals, call the VMH Wellness Center at (608) 837-4290.

Sam Franke
Personal Trainer,
VMH Wellness Center

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