

The Atlas Times

Issue # 12

Baker - Borski Chiropractic, S.C.

December 2014

Merry Christmas!



Welcome to the following New Patients!

Amy P. Neva W.
Levi D. Anna Marie L.
Abigail P. Maren P.

Thank you for your referrals!

Penny W. Dave W.
Elaine H. Mike & Charis M.
Meganne C. Amy P.

Welcome back!

Cody F. Sue M.
Jolene G.

Thank you for the gifts, recipes

Betsy S. James B.

Office hours:

We will be **closed** Wednesday, December 24th **after 1 p.m** and **all day** Thursday, December 25th for Christmas. We will be **open** Friday, Dec. 26th **8:30 – 12:30 p.m.** **We will be open all day Tuesday, Dec. 23rd.**

CONGRATULATIONS to our winners for the drawing from Patient Appreciation Day!

Rick S. Laurelie G.
Rachelle N. Judy W.

Sharon G.

Gladys B.

High Blood Pressure

There is a CURE for high blood pressure. But the “cure” is severing the renal nerve connecting the kidneys to the nervous system, one for each kidney. If your phone has interference do you cut your land line? If the television has interference do you cut your cable or antenna connection? Do you stop one problem to create 10 more? They even say blood pressure as low as 178 would warrant this type of procedure. This may be a perfectly normal reading for some people. Slightly higher blood pressure does occur as we age because blood vessels become slightly less efficient with age.

Healthcare Costs L

Speaking of high blood pressure, here’s a sore subject that should get everyone’s B.P. up: In 2008 the government spent **THREE TIMES** what it spent in 1990 on healthcare. We as a nation spend as much on healthcare as on food, yet our health continues to decline as a whole. Premiums for employer-sponsored health insurance have gone up 131% since 1999. That could explain some of the lack of hiring and increased layoffs. Medical Technology – The U.S. Center for Disease Control and Prevention shows an increase in high-tech medical tests and surgeries with questionable benefits.

Administrative Costs – Inefficiencies in the current system account for much of

the cost structure. We reward the medical system financially for more complicated and expensive services that haven't necessarily increased overall health and have unproven results.

Disease and Aging -

75% of healthcare costs go for chronic disease conditions: arthritis, diabetes, obesity, heart/cardiac conditions (blood pressure, stroke, and heart attacks), cancer, asthma. Most if not all of these conditions can be dealt with by diet, exercise, and safer environments.

Medical Malpractice -

These costs have risen 15% from 2000-2002 and it is a matter of debate how much it affects healthcare costs since it is "buried" into the overall cost of being in practice. I can share with you that malpractice insurance is a very objective and respected manner of assessing risk and based on that **Chiropractic is at least 150 times safer than any medical procedure.** Anyone who tries to scare someone out of seeing a chiropractor has no basis in reality - its only fear and ignorance.

Prescription Drugs -

The pharmaceutical industry employed **2,084 lobbyists in 2005** to influence law and procedure in their favor. With 535 members of Congress that equals **3.895 lobbyists/Congresspersons.** If the average salary is around \$90k, give or take +\$20k with bonuses/perks, then you know how much money is being spent on special interests. They spend **twice** as much on advertising as research. Since 2006 when Medicare Part D was implemented healthcare costs shot up significantly for prescription drugs.

Kaiser Family Foundation
ABC News
Opensecrets.org

45,000 Americans will die this year because they have no insurance.

Harvard Medical School

F I G H T F I G H T F i g h t !

Remember to maintain your health this winter with Zinc/Vitamin C lozenges, Vitamin D and multivitamins. Get enough rest, water intake and healthy, live food to keep your immune system strong and vibrant. That is the best defense against colds and flu – not the flu shot. There is no evidence that flu shots are best, in fact quite the opposite is true. Exercise is also found to be helpful in fighting illness.

Mercola.com
cdc.gov
naturalhealthnews.com

Knee Surgeries

There's no doubt that knee replacements are increasingly popular. More than 600,000 such surgeries were performed in 2012, compared with about 250,000 just 15 years ago. But some new studies suggest that people may be electing to have the procedure prematurely and, perhaps worse, gaining limited benefit from it. According to figures from the American Academy of Orthopedic Surgeons, the number of knee replacements in people between 45 and 64 soared by 205 percent between 2000 and 2012; among people 65 and older, the increase was only 95 percent.

For two major studies published this year, researchers at Virginia Commonwealth University in Richmond conducted a surgical-validity assessment. Using criteria developed in Europe, they concluded that knee replacements could be judged appropriate for only those whose arthritis in the knee was medically proven to be advanced. This means not just severe pain but also impaired physical function, like an inability to climb stairs, get out of a chair or walk without aid. Based on others' work done

in Spain, the researchers also determined that surgical for patients replacements were better suited older than 65. Their reasoning? The implanted materials wear out after a couple of decades, meaning a 45-year-old patient might need an additional knee replacement during his lifetime.

Researchers then [analyzed the data from a large study](#) of almost 200 men and women with aching, arthritic knees who went on to have replacement surgery within five years of entering the study. It turned out that approximately a third of the subjects would not have been regarded as appropriate candidates by the researchers. Many in this group had only slight arthritis, according to scans of their knees or the levels of their reported pain and physical impairment.

In a [separate study](#), the same researchers also found that people who were good candidates for surgery — basically, they had really bad knees — benefited substantially from the surgery, reporting much less knee pain and much better physical functioning in the months immediately following the procedure and again two years later. On one commonly used measure of knee function, their scores improved by about 20 points on average. By contrast, subjects whose surgeries the scientists deemed inappropriate did not improve much. After a year, their scores on knee function had risen by only about two points.

“They had less room for improvement,” says Daniel Riddle, the professor of physical therapy and orthopedic surgery at Virginia Commonwealth University who led the studies.

The message is not that people should wait until their knees break down completely before replacing them. But they should question the need for surgery. “Ask your doctor how advanced your arthritis really is,” Dr. Riddle

advises. If you do not have bone-on-bone arthritis, in which all of the cushioning cartilage in the knee is gone, think about consulting a physical therapist about exercise programs that could strengthen the joint, reducing pain and disability, Riddle says. Losing weight helps, too.

A version of this article appeared in the Nov. 16 issue of the New York Times Magazine

We would add that maintaining proper alignment/biomechanics of the knee joint with chiropractic adjustment would be needed.

Peanut Butter/Banana Overnight Oats **Vegan/Gluten free**

2 Servings

1 lrg. ripe banana, mashed
¼ c. creamy peanut butter
1 c. gluten free rolled oats
1 c. unsweetened almond milk
1 T. chia seeds
½ t. vanilla extract
½ t. grd. cinnamon
1 t. light agave syrup or honey

Optional toppings

Sliced bananas, cinnamon, dark choc. &/or coconut shavings, honey/maple syrup/agave syrup drizzle.

In a medium bowl mash banana, add remaining ingredients and mix well. Pour the mixture into 2 airtight containers and refrigerate for 3 hrs. minimum. Stir and eat.

Thanks, Betsy!

H a p p y N e w Y e a r !

