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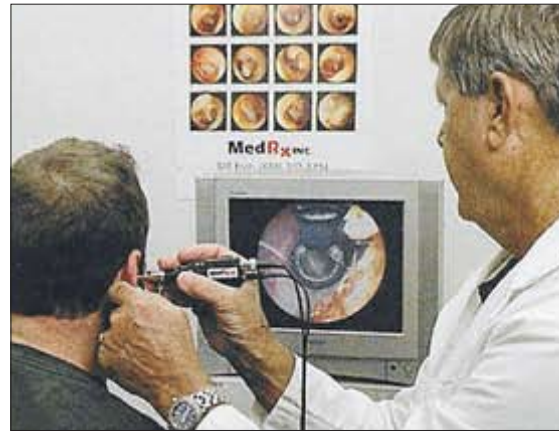


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CRMC opens Breast Center of Excellence

Capital Region Goldschmidt Cancer Center's newest endeavor, the Breast Center of Excellence (BCE) provides patients a multidisciplinary team equipped with the latest technology to reduce sleepless nights and advance the treatment process.

The guiding principles of the BCE are simple: to decrease sleepless nights, to provide support to the patients at every step, maintain a multidisciplinary team approach to the care plan and consistently use evidence-based care and best practices.

"The program's concept is not complicated; however, it does require consistent collaboration from many different disciplines," says Raonak Ekram, M.D., oncologist and program director at the Goldschmidt Cancer Center.

"We are extremely fortunate to have a team of physicians and nurses who are incredibly dedicated to this program and our patients," Ekram continues. "As a team we are able to develop individualized treatment plans to treat the whole patient not just the disease."

At the core of the program are specialized nurses dedicated to guiding their patients through treatment protocols and onto survivorship. Navigation and Survivorship Nurse Specialists, Julie Phelps and Kara Thrash, are experienced oncology nurses who work closely with patients to help them understand the treatment process and provide them with resources and support throughout the journey. The navigators are also a resource for the patients support team, offering education and resources to help them as they embrace their role as a caregiver.

Advancements in diagnostic technology have significantly improved over the years with the addition of 3D mammography and breast MRI's. While these have made detecting breast abnormalities easier, it was the process that needed to be changed to reduce anxiety for patients.

"When a patient hears their screening came back abnormal or inconclusive, the mind automatically leaps to the worst case scenario," says Julie Phelps, Navigation and Survivorship Specialist at Goldschmidt Cancer Center. "We have worked very hard to streamline our process to reduce the number of days from the time of screening to receiving results to contacting the patient and deciding on the next steps. Our goal is no sleepless nights"

"Finding out you or someone you love has cancer often leads to more questions than answers," comments Kara Thrash, Navigation and Survivorship Specialist at Goldschmidt Cancer Center. "Our commitment to our patients and our community is to find the answers and to be there every step of the way. As a team, we rally for our patients."

Understanding sarcoma

Cancer can affect various areas of the body. For those newly diagnosed with cancer, they may be unsure of what comes next, especially if the cancer isn't well known.

Sarcoma is a cancer that some people may have heard about but are unsure of how it affects the body. Sarcoma is the general term for a broad type of cancers that begin in the bones and in the soft, connective tissues of the body. These tissues include muscle, fat, blood vessels, nerves, tendons, and the lining of the joints, according to the Mayo Clinic.

Scientists aren't entirely sure what causes soft tissue sarcomas. The American Cancer Society says that some risk factors can make a person more likely to develop these cancers. Certain genes carry the recipes for developing sarcomas, and these may be present in certain families. However, DNA mutations in soft tissue sarcomas are more so a result of exposure to cancer-causing chemicals or radiation, says the ACS.

Some people may experience no symptoms, while others may develop a lump. Certain symptoms of sarcomas include:

- Pain that affects the local tissues, nerves or muscles.
- Inflammation from tumor growth.
- Inability to move joints or muscles, depending on the location of the cancer.

Other symptoms depend on which soft tissue is affected. For example, tumors in the gastrointestinal system may produce blood that shows up in the stool.

There are more than 70 types of sarcomas, so proper diagnosis and treatment is essential. Visit MayoClinic.org or Cancer.org for lists of the more common sarcomas. Imaging tests, biopsy, and then treatment with radiation, surgery, chemotherapy, or targeted treatments may be advised for people diagnosed with sarcoma, who can speak with an oncologist about their prognosis.

Did you know?

According to the Department of Health and Human Services, about \$117 billion in annual health care costs in the United States is linked to a lack of physical activity. And that burden is not exclusive to the United States, as estimates from the World Health Organization suggest that the global cost of physical inactivity exceeds \$54 billion annually. The WHO also notes that, worldwide, one in four adults and, perhaps most alarmingly, three in four adolescents between the ages of 11 and 17 do not currently meet the organization's recommendations for physical activity. That's unfortunate and potentially dangerous, as a lifestyle

that includes routine physical activity has been linked to a number of benefits that can promote both short- and long-term health. The National Institute of Diabetes and Digestive and Kidney Diseases notes that regular physical activity may help prevent or delay type 2 diabetes, heart disease, high blood pressure, and stroke.

The NIDDK also says that regular physical activity may help people reduce their risk for certain cancers and maintain healthy body weights. Appropriate physical activities depend on various factors, including age and existing physical condition. Adults and children who want to become more physically active should speak with their physicians and get a comprehensive physical exam before beginning a new exercise regimen.

Eye conditions that can affect children

While a loss of visual acuity is often associated with senior citizens, various diseases and conditions of the eye can affect children. The American Academy of Ophthalmology says many conditions and diseases can impact a child's vision. Early diagnosis and treatment are critical to improving a youngster's eye health and helping him or her see and feel better.

Learning about certain conditions and how to recognize their accompanying symptoms can help parents ensure kids get the treatment they need.

Amblyopia

Often referred to as "lazy eye," amblyopia may be characterized by reduced vision in an eye that has not received adequate use during early childhood. Amblyopia may result from misalignment of a child's eyes or from one eye focusing better than the other. If left untreated, the weaker eye can continue to weaken until it is rendered useless. Sight in the affected eye can be restored if treatment is begun early, says Prevent Blindness America. Glasses, eye exercises or surgery may be prescribed to help fix the underlying causes of the condition.

Astigmatism

Astigmatism is a condition wherein objects viewed at both a distance and close up can appear blurry. Experts say it occurs from the uneven curvature of the cornea or lens, which prevents rays of light from entering the eye and focusing on a single point on the retina, otherwise known as a refractive error. Prescription eyeglasses often



fix astigmatism. All About Vision also says that refractive surgery may correct astigmatism.

Color blindness (color vision deficiency)

The main symptom of color blindness is difficulty

distinguishing between colors or making mistakes when identifying colors, particularly those shaded red and green. Typically by age five, children with normal color vision will be able to identify groups of colors, so if a school-aged child is having difficulty or showing disinterest in coloring, he or she may benefit from a colorblindness test. The National Eye Institute says color blindness is much more common in males than in females.

Pediatric glaucoma

This rare condition, also known as congenital glaucoma, occurs in infants and young children. The Glaucoma Research Foundation says incorrect development of the eye's drainage system before birth leads to increased intraocular pressure, which can damage the optic nerve. Enlarged eyes, corneal cloudiness and sensitivity to light can be symptoms. Medication and surgery are required in most cases.

Strabismus

Strabismus is a condition of misaligned eyes. It occurs when the eye muscles fail to work together and the eyes turn inward, outward, upward, or downward. By the age of three to four months, an infant's eyes should be able to focus and be straight and parallel. Parents should consult an eye care professional if they notice eye alignment problems in their children.

Pink eye (conjunctivitis), diabetes-related eye problems and other refractive errors also can occur in children. Routine eye examinations can identify problems and get children the treatment they need.

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What diseases cause loss of sight? One of the leading causes of vision loss is Age-related Macular Degeneration (AMD).

In the past, we were helpless to treat AMD. All we could do is watch as vision slowly faded away. It was terrible. The only medical treatment available pertained to "wet" AMD where there was bleeding in the back of the eye called the retina. Then as now, the only medical treatment is aimed at stopping the bleeding. Sometimes, it helped to improve vision. But, it could never restore vision once the retina was damaged.

But now there is renewed hope in helping people before they actually develop damaging AMD. New research has determined that worsening night vision could be an early indication of AMD even if no AMD is seen in the eye. In our Cuba office, we can test for dark adaptation (how well the eyes adjust to the dark) and identify those who are at greatest risk. Also, research has shown that making certain changes in nutritional and lifestyle habits, people can take charge and reduce their health risks.

At Crawford County Eye Care we educate our patients so they can know how to improve their odds of having a life time of good vision. It's not fancy, it's just making sensible decisions now that will improve your quality of life in the future. Like the old man said, "If I knew I was going to live this long I would have taken better care of myself!"

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Talk to your loved ones about organ, tissue donation

The conversation with your family about being an organ, eye and tissue donor can be uncomfortable to think about. Yet when a loved one passes suddenly, family members can find themselves facing a hard decision that may be riddled with doubt; a situation that is made easier if you are a registered donor and they know about your decision. According to Mid-America Transplant, 98 percent of organ recovery and 91 percent of tissue recovery was possible because individuals were registered. People want to honor their loved ones' decisions. So, make it easier for them. Research organ, eye and tissue donation, determine what is best for you, register as a donor at www.MissouriOrganDonor.com, and then talk to those you love. If you choose not to be a donor, let your loved ones know that too.

How do you have that heartfelt conversation?

Prepare. Think about the questions your loved ones might ask. Seek the answers. Prepare in advance for the conversation; preparing will make it more relaxing for you and your loved ones.

Talk/Discuss. Start the conversation. Discuss your decision at a time and place where you and your loved ones are already comfortable talking about tough issues. Inform any others who may need to know. Include in your conversation:

- Your decision and why their support is important to you.
- Listen openly to their concerns and talk about those concerns. You may need to give your loved ones some time to think more about what you shared.
- If there is a question or concern raised that you are not familiar with, consider finding the answer together.
- Explain how your decision can help people waiting for a life-saving transplant.

Encourage. If loved ones want to learn more about organ, eye and tissue donation, share what you have learned and encourage them to learn more and register to be an organ, eye and tissue donor at www.MissouriOrganDonor.com.

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Managing cholesterol starts with what you eat

High cholesterol, particularly high levels of “bad” cholesterol, is a risk for heart disease. The Mayo Clinic says that high cholesterol also can increase risk for heart attack. Understanding cholesterol and how to control it can help people live longer, healthier lives.

Cholesterol is a waxy substance that comes from two main sources. It is produced naturally by the liver and is obtained by eating certain foods, primarily animal products like meat, dairy and eggs. When these foods are consumed, the liver makes more cholesterol than it normally would, says the American Heart Association.

Harvard Medical School says that making certain food choices can help lower cholesterol levels. Some foods help prevent cholesterol from forming, while others lower low-density lipoprotein, also referred to as “LDL” or “bad” cholesterol. Some foods increase the amount of high-density lipoprotein, also known as “HDL” or “good” cholesterol. Still other foods block the body from absorbing cholesterol.

Because food and cholesterol are so closely linked, dietary changes can have a

profound impact on people diagnosed with high levels of bad cholesterol. The following are some changes such individuals can implement.

- Increase soluble fiber. Soluble fiber is found in oatmeal and other whole grains, flax, apples, legumes, and beans. Because soluble fiber can’t be broken down, it goes through the body and bloodstream like a giant mop, collecting bile generated to digest fats. The fiber and the fat-soaked bile are then excreted in the stool. According to Healthline, bile is made from cholesterol, and when the liver needs to make more of it to digest fat, it does so by pulling cholesterol out of the bloodstream, naturally reducing cholesterol levels as a result.

- Eliminate trans fats. Trans fats, or those foods listed on labels primarily as hydrogenated oils, can raise overall cholesterol levels. The Food and Drug Administration has banned the use of partially hydrogenated vegetable oils by Jan. 1, 2021.

- Eat more fatty fish. Harvard Medical School says that eating fish two or three times a week can lower LDL by replacing meat and by delivering LDL-lowering omega-3 fats



to the body. Omega-3s reduce triglycerides in the bloodstream and also protect the heart by helping to prevent the onset of abnormal heart rhythms.

- Use vegetable oils. Liquid vegetable oils, like canola or soybean, can be used in place of solid fats like butter or lard when

cooking.

- Choose low-fat dairy. Substitute the low- or no-fat varieties of milk and cheeses instead of high-fat versions.

Dietary changes can make a big difference when it comes to reducing cholesterol.

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The myth of 'no place like home' when it comes to end of life

COLUMBIA, Mo. – She died at home, but it wasn't the romantic scene found in movies, where the family held her hand and she simply closed her eyes. In reality, there was a night when she had diarrhea 12 times. In reality, every time she had to be moved she was in pain. This was how a caregiver described caring for her mother as she died at home to social scientists studying end-of-life decision-making.

In a new study, Jacquelyn Benson, assistant professor of human development and family science at the University of Missouri, found that home deaths can be physically and emotionally challenging, especially for caregivers.

"The realities of a home death experience present challenges for family members, especially those with limited resources and social support," Benson said. "It is important that people understand that home death does not automatically equate a good death."

MU researcher finds that home deaths present multiple challenges for caregivers

In recent decades, there has been a groundswell of social movements championing the ideal of dying at home. According to the Centers for Disease Control and Prevention, home deaths in the U.S. increased nearly 30 percent from 2000 to 2014, while deaths in hospitals, nursing homes and long-term care communities dropped.

To study how home deaths might impact caregivers, Benson along with fellow MU researchers Benjamin Schwarz, Ruth Brent Tofle and Debra Parker Oliver, captured stories from caregivers to identify common themes surrounding the experiences of home deaths. Through the in-depth interviews, the researchers uncovered several themes that exposed the challenges that are often not included in conversations about dying at home. In some cases, challenges arose because there was uncertainty for the decision maker, and some caregivers were not prepared for making decisions regarding the end of a loved one's life.

The researchers also found that financial resources and strong relationships can help in differentiating good deaths from bad ones. Researchers found that the "good" death experiences involved high levels of emotional support for the dying individuals and the caregivers, and that the place of death played less of a role.

"A few well-known sayings about home are relevant to our findings," Benson said. "For instance, many people believe there is 'no place like home,' which suggests the physical space we call home is paramount when it comes to our comfort. However, another saying, 'home is where the heart is' suggests that the essence of home can be replicated in less familiar spaces. When making end-of-life decisions it is important to remember that death can be quite gruesome and that it might be easier on both the dying individual and the caregiver to make a plan that carries the concept of 'home' to wherever they might be."

"The motivations and consequences of dying at home: family

caregiver perspectives," was published in a special issue of the Journal of Housing for the Elderly on Environments of Dying, Death, and Caregiving at End-of-Life. Benson served as guest editor for this

special issue.

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Health screenings men should discuss with their physicians

Routine doctor visits are a vital component of a healthy lifestyle. As noted by the U.S. National Library of Medicine, even men who feel healthy and live active lifestyles must make routine visits to their healthcare providers. Such visits can assess risk for future medical problems and offer men the opportunity to update vaccinations. Routine health checkups also give doctors a chance to screen for medical issues.

Doctors consider a man's age and other risk factors to determine when and how frequently he will need certain medical screenings. For example, while men between the ages of 40 and 64 are often advised to get blood pressure screenings at least once per year, those with diabetes, heart disease, kidney problems, and other conditions may need more frequent screenings.

No two men have the same medical histories, which only highlights the need for men of all ages to schedule annual physical exams with their physicians. Such exams can reveal potential problems and also make for great opportunities to discuss more specific medical screenings with their physicians. The following are some general screening tests and guidelines recommended for all men between the ages of 40 and 64, courtesy of the USNLM.

Prostate cancer

The USNLM notes that most men age 50 or older should discuss screening for prostate cancer with their physicians.



Ethnicity and family history are some of the recognized risk factors for prostate cancer. As a result, African American men and men with a family history of prostate cancer in a first degree relative younger than 65 should discuss screenings beginning at age 45. There are pros and cons to prostate cancer screenings, and these should be part of men's discussions with their physicians.

Colorectal cancer

All men between the ages of 50 and 75 should be screened for colorectal cancer. Physicians may recommend colorectal

screening for men under age 50 with a family history of colon cancer or polyps. In addition, physicians may consider screenings for men under 50 who have a history of inflammatory bowel disease.

Cholesterol

The USNLM advises men to have their cholesterol levels checked every five years. Men with certain conditions, such as diabetes and heart disease, may need to be checked more often.

Diabetes

Diabetes screenings are recommended every three years for men age 45 and older. Men who are overweight and younger than 45 should ask their physicians if they should be screened before they reach 45.

Osteoporosis

Women are more likely to develop osteoporosis than men, but that doesn't mean men are immune to this condition marked by a weakening of the bones due to tissue loss. Fractures after age 50, heavy alcohol use, smoking, and low body weight are some risk factors that can make men vulnerable to osteoporosis.

Health screenings can catch diseases and other conditions in their early stages when they're most treatable. Such screenings should be a vital part of men's health routines.

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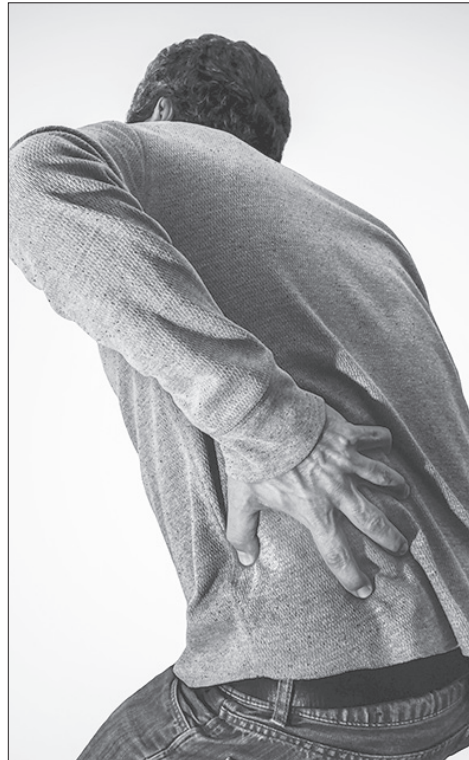
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How to keep back pain at bay

Back pain is a part of life for many people. The American Chiropractic Association says 31 million Americans experience low back pain at any given time, and experts estimate that up to 80 percent of the population will experience back pain at some point in their lives. WebMD says back pain is the second most common reason people visit the doctor.

Back pain can take on various forms, ranging from a dull ache to a sharp pain. Some may experience intermittent back pain, while others may have chronic back pain. The causes can be considerable, from injury to underlying medical conditions. Alleviating back pain — or preventing it in the first place — involves understanding the common causes and taking appropriate actions.

- Try exercise. Routine exercise is not guaranteed to eliminate back pain, but it can make it less frequent, advises doctors at Harvard Medical School. Low back pain due to muscle strain or muscle spasm can be tamed by exercise. Yoga, or a similar stretch-based exercise, can be very effective at alleviating back pain. Yoga relaxes muscle tension and expands range of motion in the joints. It also can build muscle strength.



- Maintain proper posture. Slouching over computers or looking down at phones while texting may be doing damage to the

back. Work ergonomically and take breaks to stretch. Sit up straight in chairs and try to keep a straight back while walking as well.

- Shed some pounds. Extra pounds at the midsection can shift the center of gravity and put strain on the lower back, advises WebMD. Try to stay within a range of 5-10 pounds of your ideal weight.

- Don't smoke. The Arthritis Foundation says research shows a high prevalence of spinal stenosis and back pain among smokers. It is believed that smoking can damage blood vessels that supply blood to the back. Smoking is also bad for the bones and is a risk factor for osteoporosis.

- Try a different sleeping position. Talk with a doctor about the best position for sleeping to ease up back pain. It may include being on your side with knees pulled up, or placing a pillow under your knees if you're a back-sleeper.

- Lift cautiously. Always bend at the knees and use the legs to lift items. This can help you avoid straining your back.

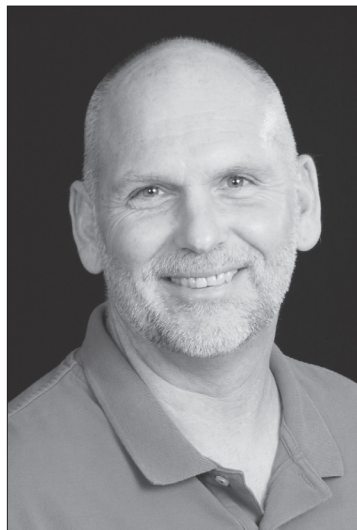
Back pain can be overwhelming, but with some strategies a person can reduce his or her propensity for pain.

Did you know?

Psoriasis is a common skin ailment that affects approximately 7.5 million people in the United States, according to the American Academy of Dermatology. While psoriasis affects people in all age groups, it is primarily seen in adults — with the highest rates of affliction among those between the ages of 45 and 64. The most common form of psoriasis is called “plaque psoriasis,” which is characterized by raised patches of reddish skin with silvery-white scale. Between 25 and 30 percent of those with psoriasis will also experience complementary joint inflammation that produces symptoms of arthritis. This is called psoriatic arthritis. Although there is no cure for psoriasis, which is believed to be an autoimmune disorder, it can be managed with topical treatments for mild cases or immune-suppressing medications for severe cases.

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Braces are often a rite of passage for middle school students with overbites or crooked teeth.

But the oral problems those braces are solving likely started way back in elementary school – possibly as early as first or second grade.

So perhaps it shouldn't be a surprise that the American Association of Orthodontists recommends children make their first visit to an orthodontist no later than age 7.

"That doesn't mean they are going to get braces," says Dr. Jamie Reynolds, an orthodontist, national and international lecturer and author of "World Class Smiles Made in Detroit" (www.AskDrReynolds.com). "In fact, it's pretty unusual to put braces on a child that young."

But with those early visits, the orthodontist might be able to head off problems before they get worse. Reynolds says these are a few of the things an orthodontist would be checking with your child:

- Are the jaws growing properly? You would think the upper jaw and the lower

jaw grow pretty much in tandem, but you would be wrong. The upper jaw stops growing around age 8 while the lower jaw keeps on growing like the rest of the body. That means orthodontists can spot problems with the upper jaw earlier and recommend treatment if it's needed, Reynolds says.

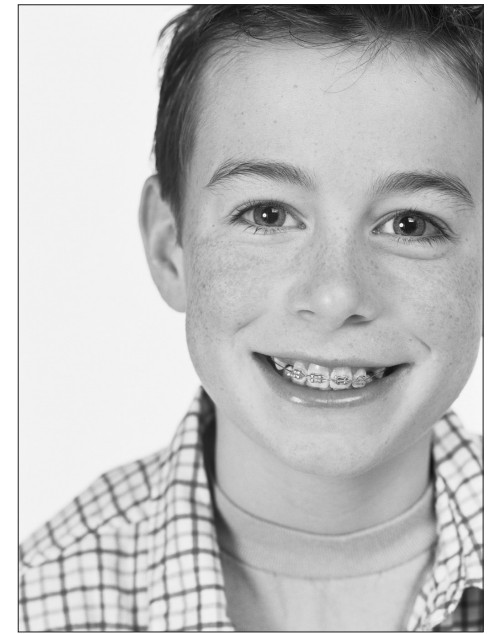
- Is there enough room for the teeth to grow in? Sometimes permanent teeth don't have enough room to grow in properly, possibly because a baby tooth is in the way. Generally, baby teeth fall out on their own, but occasionally a stubborn one needs to be pulled so that the permanent tooth doesn't start growing in an awkward direction and become impacted. "Removing a misbehaving baby tooth is often the simplest and best solution to a problem that could become much bigger," Reynolds says.

- Are there too few or too many teeth? One of the things an orthodontist would do when examining a young child is to make sure the correct number of permanent teeth are forming. Extra teeth can be removed, but if a child is a tooth or two short the orthodontist will wait until all the permanent teeth are in before starting any treatment.

"Before I went to dental school, I assumed everyone had the same number of teeth – 32," Reynolds says. "But it's not unusual at all to see people with missing teeth or with extra teeth."

- Does the child snore? Snoring is a potential sign of sleep apnea, a condition in which a person stops breathing while sleeping. It can cause serious health problems and has been diagnosed in children as early as 4 or 5 years old. One common and treatable type of sleep apnea is obstructive sleep apnea, in which the airways become partially or completely blocked by the tongue or fatty tissues of the throat. An orthodontist can widen the child's palate so the upper jaw expands, and that expands the nasal passages. It also provides more room for the tongue so it rests on the roof of the mouth and not the bottom.

"Usually, orthodontists offer complimentary exams so it really is a good idea to have your child checked out by an orthodontist at age 7," Reynolds says. "The odds are that no treatment will be necessary. But if problems are starting to develop, early detection could make a big difference."



Dr. Jamie Reynolds (www.AskDrReynolds.com) is recognized on an annual basis as one of the top orthodontists in metro Detroit. His book, "World Class Smiles Made in Detroit," puts an emphasis on the many benefits of having a great smile.

Sleep, rest, active rehab are key for children to recover from concussions

School is out for most children and with summer comes baseball, football, soccer and other extracurricular activities. While participation in team sports offers many benefits for children, there also is a major concern for parents: the risk of concussions.

When a child experiences a blow to the head, concussion symptoms might include abnormal behavior, confusion, dizziness or nausea. A common myth about concussion recovery is that a child with a concussion should not sleep through that first night because they might slip into a coma or lose consciousness. Michael Mohrland, pediatric neuropsychologist at the University of Missouri, tells parents to let children with concussions sleep and to get adequate rest after sustaining a concussion as a healthy sleep schedule seems to promote recovery.

"Recovery from a traumatic brain injury is a long, difficult process for the patient, family members and friends," Mohrland said. "The most important thing that people need to understand about concussions is that there are a lot of factors that can impact recovery, and time for recovery is necessary before returning back to school or sport."


To help families understand the cognitive and psychological factors associated with concussions, Mohrland helped develop the Concussion Neuropsychology Clinic in the Thompson Center for Autism and Neurodevelopment Disorders.

The clinic provides timely evaluations specific to children and young adults up to 21 years of age who have sustained a concussion at least three weeks prior. Specialized therapy is also offered through a brief treatment model. This therapy focuses on a paced-return to life model rather than focusing on symptoms.

While concussion recovery can vary based on a variety of factors, Mohrland offers the following advice to parents to better understand risks associated with concussions:

- Let your child sleep and adhere to a healthy sleep routine, avoiding naps if possible.
- Recovery time can vary. For most middle school students, recovery can last up to three weeks. High school students can recover in about two weeks.
- Understand outside factors. Multiple concussions, stressors in and outside of the home, and other social factors can all interfere with timely recovery after a concussion.
- Manage stress. Stress reduction strategies along with education related to the nature of concussions and recovery expectations have been shown to aid in recovery.


See **Concussion** page 11B



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Types of juvenile arthritis

Arthritis is a condition many people associate with aging. That association is not necessarily unfounded, as the Centers for Disease Control and Prevention notes that a person's risk for most types of arthritis increases as they get older. However, hundreds of thousands of children also suffer from arthritis, proving that this painful condition that affects the joints or tissues around the joints can affect anyone.

The Arthritis Foundation® notes that juvenile arthritis, or JA, affects nearly 300,000 children in the United States, while The Arthritis Society reports that three out of every 1,000 kids ages 18 and under in Canada have arthritis.

JA is not a disease itself, but rather an umbrella term used to refer to various con-

ditions that can develop in children under the age of 16. The Arthritis Foundation® notes that each condition that falls under the umbrella of JA is distinct, though they also share many common symptoms. Such symptoms include pain, swelling of the joints, redness, and warmth.

JA describes many autoimmune and inflammatory conditions or pediatric rheumatic diseases, including the following.

• **Juvenile idiopathic arthritis:** Sometimes referred to as "JIA," this is considered the most common type of arthritis. Oligoarthritis, polyarthritis and juvenile psoriatic arthritis are some of the subtypes of JIA. JIA occurs when the immune system mistakenly attacks the body's tissues, resulting in inflammation in joints and possibly even

other areas of the body.

• **Juvenile dermatomyositis (JDM):** JDM causes muscle weakness and a skin rash on the eyelids and knuckles. Most cases of JDM occur in children between the ages of five and 10, and roughly 20 percent of JDM patients experiences joint symptoms, which tend to be mild.

• **Juvenile lupus:** Lupus is an autoimmune disease in which the immune system inexplicably turns against the body. The Arthritis Foundation® notes that systemic

lupus erythematosus, or SLE, is the condition most often referred to when speaking of childhood lupus. SLE can affect every organ system in the body, and children with SLE may experience fatigue, pain or swelling in the joints, skin, rashes, fever, or hair loss, among other symptoms.

• **Kawasaki disease:** Kawasaki disease, which usually affects children age two and younger, is not well understood. The disease often begins with fever of 102 F or as high as 104 F, and the fever may last

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"When we are evaluating concussions, we have to look at all aspects of a child's life, including things happening in the child's home and school," Mohrland said. "Our goal is to determine a plan that will help the child return to his or her baseline level of activity. Parents need to realize concussions are not 'one-size-fits-all'."

For more information about the Concussion Neuropsychology Clinic please call 573-884-6052.



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