Neurologist joins Northfield Clinic

Dr. Layne Moore has a lot of questions. “I’ve always been inquisitive,” says the Mayo-trained neurologist, who joins Northfield Hospital & Clinics this month. “I love to learn.”

He also likes to teach, and that helps put patients at ease. “When you don’t understand things, it’s more likely to be scary,” Dr. Moore says. “I like to show patients a diagram or visual image when we’re discussing their care, and then it’s not so scary.”

Neurologists treat brain disorders, such as multiple sclerosis (MS), epilepsy, Alzheimer’s and strokes. Reasons to see a neurologist include problems with thinking or remembering, muscle weakness, trouble walking or swallowing, and sleep problems.

Dr. Moore is board-certified in Neurology, Clinical Neurophysiology – care for the nervous system – and Sleep Medicine. He has special training in epilepsy, a seizure disorder that affects about 3 million Americans.

“We have a number of medications to treat epilepsy now,” Dr. Moore says. Plus, neuroimaging – the tools like CAT scans and MRIs used to diagnose conditions in the brain – “is better than ever,” he says. “MRIs can see things we simply couldn’t see in the past.”

That has improved care for many conditions, including strokes. “We can see whether a stroke is present, how recently it happened, where it started, and if blood is present in the head,” Dr. Moore explains. “New medications, new imaging techniques, new ways to delivering clot-busting drugs have all changed care for strokes.”

Dr. Moore sees patients at the Northfield Clinic, through a partnership with Mayo Clinic that brings Mayo specialists into NH&C Clinics to provide a wide range of services.

Northfield Hospital welcomes new specialist

Dr. Marie Gebler is happy to be home.

Dr. Gebler joins NH&C this month as a dedicated hospitalist for patients in Northfield Hospital.

Hospitalists are doctors who treat patients during a hospital stay. They pay special attention to conditions that can complicate recovery, such as diabetes or high blood pressure. These doctors remain in the hospital while on duty, and can respond quickly when needed.

Hospitalists coordinate with your primary doctor to give you the best care in and out of the hospital. “We make it as seamless as possible,” Dr. Gebler says. “Getting regular care from your primary doctor keeps your health information up to date.” Hospitalists find this information helpful if you have to be in the hospital.

“Having specialists devoted to hospital medicine is good for patient care,” says Dr. Jeff Meland, chief medical officer of Northfield Hospital & Clinics. “It increases the quality, continuity, and expertise for patients being cared for in the hospital. Hospitalists have excellent referral networks for follow-up care, and for help with specific problems. They are skilled with the electronic health record, a crucial resource for continuity of care.”

Dr. Gebler helped establish the hospitalist program at Franciscan Healthcare in La Crosse, WI, part of Mayo Clinic Health System. She earned her medical degree from the University of Minnesota and com-
Celebration marks ten years for Lonsdale Clinic

The Lonsdale Clinic recently celebrated its 10th anniversary with an Open House. Community members were delighted to reminisce with Dr. Randall and staff. The clinic has brought excellent care to Lonsdale and surrounding towns. Two exciting developments in recent years have been the digitization of x-rays using computer software, and the use of electronic health records. Both make it easier for doctors and staff to share and use health information to provide efficient, effective care.

Dr. Mary Ann Scheid is now seeing patients in the Lonsdale Clinic.

Outside the clinic, Dr. Randall has built a reputation on the baseball field, throwing out the first pitch at many youth ballgames over the years. Watch for him again this Spring.

Neurologist: Mayo expertise for Northfield Clinic

Dr. Gebler joins Randolph Reister, MD and Katherine Helgen, MD in providing hospitalist care for patients at Northfield Hospital. Dr. Reister and Dr. Helgen, both internal medicine specialists, also see patients in NH&G’s Northfield Clinic. (Allina doctors also provide hospitalist care at Northfield Hospital.)

A Faribault native and graduate of Carleton College, Dr. Gebler enjoys cycling, reading, and training her two dogs in her free time. She and her husband Adam are eager to put down roots in Northfield. “This is a great place to settle down and have kids,” she says.

After all, there’s no place like home.

Hospitalists: A special touch with in-patient care
Reshaping health habits, one at a time

Old habits are hard to change – especially lifestyle habits that affect your health. It’s a process that takes time, attention, and encouragement along the way.

Researchers have pinpointed “Stages of Change” that many people experience when changing a health behavior. Understanding the stage you’re at can help you shift habits more effectively, and form healthier habits that stick.

These “Stages of Change” are an important foundation of ReShape U! nutrition and weight loss services. Led by registered and licensed dietitian nutritionists, ReShape U! programs apply insights from the “Stages of Change” to your nutrition and physical activity. Each program covers the stages in different ways.

Coaching: One-on-one nutritional coaching starts by identifying your current stage to determine your starting point. Then you and your coach develop an individual plan to move you forward toward your own goal.

Classes: The 10-week series includes a class on the stages. Then the concepts are interwoven throughout the rest of the classes – including actions you can take at each stage to make real progress in developing healthier habits.

Support Group: Being mindful of the stages helps you keep perspective on your journey to lose weight and create a healthier lifestyle. After all, it’s a work in progress.

“It’s natural to go through a range of emotions and thoughts about reshaping our deepest daily habits, and to feel more motivated at some times than others,” says Kristi Von Ruden, RDN, LD, registered dietitian nutritionist coordinator at Northfield Hospital & Clinics. “When you give yourself permission to start where you are – and the tools to be successful at that stage, whatever it is – you’re more patient with yourself and with the whole process of making a significant change.”

After all, eating healthy and being physically active are lifelong behaviors, not one-time events.

Kristi Von Ruden, Courtney Eby and Kristi Winkels are Registered Dietitian Nutritionists at Northfield Hospital & Clinics. To make an appointment, call (507) 646-1410.

---

**STAGES OF CHANGE**

**CONTEMPLATION:**
“I’m thinking about it.”

**ACT ON IT:**
List your pros and cons

**PREPARATION:**
“I have made up my mind.”

**ACT ON IT:**
Review your barriers, and how to overcome them

**ACTION:**
“I have started to make changes.”

**ACT ON IT:**
Track your progress; reward yourself

**MAINTENANCE:**
“I have a new routine.”

**ACT ON IT:**
Add variety to stay motivated

---

**RESHAPE U!**

**10-Week Weight Loss Series**

Two Opportunities

- Mondays, April 4 - June 13; 5:30-6:30 p.m.
- Thursdays, April 7 - June 9; Noon-1 p.m.

**Weight Loss Support Group**
Meet Wednesdays
Noon-1 p.m. or 5:30-6:30 p.m.

**Nutrition Coaching**
Individual 30-minute sessions.

All programs are led by a nutritionist. For information or to register, please call 507-646-1410.
Jack Hoschouer gets back in gear

For Jack Hoschouer, a 100-mile bike ride is a pretty comfortable trek. Until his knees began to complain.

Jack has arthritis in both knees. As the pain worsened, he shifted from running to more biking. He got injections to treat his knees – first cortisone, which fights inflammation, and then visco-supplementation, which lubricates the joint. When it got worse, his wife Aya encouraged him to consider surgery. “I put it off for a long time,” Jack says. “I mean, we’re talking about major surgery.”

Jack met with his orthopedic surgeon, Dr. Brad Wille, to discuss surgery. Dr. Wille came highly recommended by friends and neighbors who all “universally had positive experiences,” Jack says. “He’s a personable guy who gets stuff done, gives useful information, and takes time to answer my questions.”

Dr. Wille replaced Jack’s right knee at Northfield Hospital. Nurses and staff gently got Jack out of bed and walking the same day, he recalls: “I woke up from surgery and took a walk, almost.”

When Jack started post-operative rehab at Center for Sports Medicine and Rehabilitation in Northfield, most of his physical therapy appointments started with a stretching massage, followed by a half hour in CSMR’s gym area for stationary biking and strength exercises. “It wasn’t fun but it’s got to be done, so you grit your teeth and go through it,” Jack shrugs. “It kept getting better; I noticed an improvement week to week, if not day to day.”

“Jack is a good example of somebody who was highly motivated to get better, willing to do the hard work that will get a good result,” Dr. Wille says. The convenient location of Northfield Hospital and CSMR makes it easy to stick with the rehab regimen and receive follow-up care from the surgeons.

Jack’s no stranger to challenges. As a veteran of the Vietnam War with a long career in the military, Jack has witnessed history unfold firsthand, from the Cold War to the Gulf War. As an athlete, he knows the value of regular, vigorous activity.

Jack started physical therapy a week after surgery. He started biking again too, three and a half months after surgery. He was riding 35 miles within five months after surgery. “I can’t walk as fast as I used to, but maybe that’s just because I’m 71 years old now,” Jack laughs.

Dr. Wille recommends trying other options – medication, injections, physical therapy – before considering surgery. “Often, we tell people there is no urgency in doing a knee replacement until their pain warrants it,” he says. (See “Joint Decisions” on Page 5.)

Jack’s advice? “Do it. If you don’t it’s just going to get worse. When it first began, I was training for a marathon, so I kind of put it down to that for a very long time.”

Now Jack’s goal is to ride one of his favorite bike tours next summer. The distance? 100 miles – with a few stops for ice cream.
Joint Decisions

We all get a little creaky as we get older – a twinge in the knee when climbing stairs, or an aching hip that makes it difficult to walk. Orthopaedic surgeons offer a number of options to treat joint pain, from medication and physical therapy to total joint replacement.

One common cause of joint pain is osteoarthritis, which occurs when the protective cartilage on the ends of bones wears down over time. About a third of adults 65+ have osteoarthritis, according to the Centers for Disease Control. It’s most common in the hands, knees, hips and spine.

To treat joint conditions like osteoarthritis, the surgeons at Orthopaedic & Fracture Clinic in Northfield often start with anti-inflammatory medication like ibuprofen or naproxen. The next option is cortisone injections, which work quickly to reduce swelling in the joint. If that doesn’t reduce joint pain, the surgeons might suggest injections of viscosupplementation, which lubricates the joint.

“It’s like putting a little shot of grease in the knee,” says Dr. Brad Wille. “It’s designed to help lubricate the joint, and that often makes it feel better.”

The injections last from six months to a year, and can be repeated. About two-thirds of patients get good results from the injections.

Physical therapy is another course of treatment, strengthening the muscles around the joint to better support it.

But treating the symptoms doesn’t make arthritis go away, and doesn’t prevent it from getting worse. Sometimes, the best option is surgery.

“The most frequent reason we do joint replacements is pain that hasn’t responded to other measures,” Dr. Wille says. “That varies from one person to the next; everybody has different pain tolerances and different levels of activity.”

Your Doctor Can Help You Decide

“Often, we tell people there is no urgency in doing a knee replacement until their pain warrants it,” Dr. Wille explains. “Usually when they start having pain at night, pain that limits their level of activity, when it starts to affect the quality of their life, that’s when most people are ready to consider surgery.”

Dr. Wille has performed over 2,000 joint replacements in his 26-year career. The surgeons at the Orthopaedic & Fracture Clinic in Northfield – Dr. Robert Shepley, Dr. Hans Bengtson, Dr. Clinton Muench, Dr. Erik Stroemer and Dr. Wille – perform hundreds of joint replacements each year at Northfield Hospital, with physical therapy typically provided by the Center for Sports Medicine & Rehabilitation in Northfield and Lakeville. Patients receive excellent care in a welcoming environment close to home.

“Improvements in the materials used, in pain management, and in physical therapy give patients better results today than they got 20 years ago, even though the surgical procedure is basically the same,” Dr. Wille says.

Physical therapy is crucial to a patient’s success. The physical therapists at CSMR in Northfield and Lakeville are all trained in joint replacement therapy.

“We make recovery faster and more comfortable, and patients ultimately have a better outcome,” says Kevin Johnson, manager of CSMR Lakeville.

Patients typically have physical therapy one to three times a week. That regular hands-on contact “provides frequent feedback on swelling, range of motion and strength” as patients progress, Johnson says. The therapists set goals that are function-based and progressive – walking without an assistive device, for example – to make it easier to stick with it.

Staying Active after Joint Replacement

Low-impact activities like biking, swimming, dancing and even downhill skiing are good ways to keep active without wearing out the new joint. “It’s the running, jumping, pounding activities that are potentially harmful,” Dr. Wille says. “A good way to protect your investment is to be smart with the activities that you choose.”

CSMR can help you choose activities that suit you – and your new joint – best.

Studies that compare different types of surgeries highlight the value of joint replacement. “It’s traditionally one of the most positive surgeries to affect a person’s quality of life,” Dr. Wille says.
Isaac Gergen’s WILD RIDE

The day he turned two, Isaac Gergen woke up with a fever. He’s prone to ear infections, and a high fever is usually the first sign of one.

Isaac’s parents, Patty and Ken, put their little boy on a regimen of Tylenol and Motrin, and drove from their home in rural Dennison to the pediatrician’s office in Northfield. Yep, it was a double ear infection – his worst yet. The pediatrician prescribed two antibiotics, and the little family headed home.

On the outskirts of Nerstrand, Ken glanced back from the passenger seat. Isaac was rhythmically hitting his head against the car seat. “That freaked me out,” Patty says.

Isaac was staring straight ahead, non-responsive, and his lips were turning purple. Ken cleared his airway while Patty dialed 911.

The call was routed to Goodhue County, Patty recalls. “I said, ‘We’re right outside of Nerstrand,’ and the dispatcher said, ‘Well, where’s that?’ ”

Patty’s heart sank. “I told my husband, ‘They don’t know where we are,’ and he said, ‘Get in the car.’ ” Patty sped towards Northfield Hospital while Ken held Isaac, who was breathing but still not responsive. On the outskirts of Northfield, they saw the ambulance coming towards them. They pulled over and ran towards the paramedics.

“It’s the scariest scenario, as a medic and as a dad, to have a parent run up to you with a child that’s not responding appropriately and hold the child out to you,” says Joe Johnson, one of three paramedics responding to the 911 call.

The paramedics quickly assessed Isaac. Johnson suggested this was a febrile seizure, triggered by Isaac’s high fever.

“When he said that, that’s when I finally breathed again because I knew in that moment that Isaac was going to be okay,” Patty says.

“With young kids, once their temperature gets that high, the body tells itself to shut down and restart,” Johnson explains.

At Northfield Hospital, the Emergency Department team, led by Dr. John Collingham and nurse Patrick Maloney, worked quickly and calmly to treat Isaac and reassure his parents. Isaac had an x-ray to rule out pneumonia and urine tests to rule out a bladder infection in addition to blood tests that confirmed his infection.

Between tests, Johnson stopped back with a gift for Isaac: a Dalmatian Beanie Baby, just like Isaac’s dog Daisy at home. “Isaac still sleeps with it every night,” Patty says.

Isaac went home that evening and his parents monitored his fever; if it spiked again in the same illness, Isaac would need to see the doctor again. It didn’t.

All children have a 1% chance of having a febrile seizure. Once a child has had a seizure, the risk rises to 2%. “The odds are still in our favor, but it’s something we’re going to have to watch forever,” Patty says. “The worry is always there.”

Weeks later, Isaac and Patty visited the paramedics to donate toys and coloring books for the ambulances. “I know that another ambulance ride is possibly in our future, and I don’t want him to be as afraid as he was,” Patty says. Isaac checked out the lights and sirens on the ambulances in the EMS garage.

And this time, Isaac sat in the front seat.
Ambulances get a bright makeover

If you’ve found yourself behind an ambulance on the road recently, you may have noticed a bright new design.

That’s the point. Ambulances across the U.S. are getting a makeover to make the back of the vehicles more visible to other drivers. It’s part of an update in safety standards introduced by the National Fire Protection Association. The U.S. Department of Transportation and National Highway Traffic Safety Administration helped set the standards.

The new red-and-yellow design uses more reflective materials – as bright as the markings on street signs – and all LED lighting, with fail-safe bulbs that are brighter and clearer at night.

“Drivers can see the vehicle better when it’s stopped on the road,” says Brian Edwards, Director of Emergency Medical Services (EMS) at Northfield Hospital & Clinics. “That extra visibility is especially important when we’re responding to a call on I-35 or busy highways.”

A brighter appearance is just one of the new features that provides a safer experience for patients and emergency responders.

“The new ambulance design is more comfortable for patients, and safer for both patients and paramedics,” said EMS Supervisor Joe Johnson, who spent more than a year researching vehicles.

The ambulances of Northfield Hospital & Clinics serve 284 square miles across Dakota, Scott, Rice and Goodhue counties. EMS staff responds to about 250 emergency calls per month.

“Take It To The Box” wins innovation award

It’s a simple concept: Dispose of unneeded medication in a safe, convenient way. It’s a big success: Over 16,000 pounds of prescription drugs have been disposed in Rice County since “Take It To The Box” began in 2009.

And now it’s an award winner. The Humphrey School of Public Affairs at the University of Minnesota honored “Take It To The Box” with a Local Government Innovation Award, praising the Rice County Chemical Health Coalition and the police departments of Northfield and Faribault for their collaboration to reduce drug abuse and protect the environment.

The service is free for residents. Disposal boxes in the front lobbies at the Northfield Safety Center and the Faribault Police headquarters are available 24 hours a day, seven days a week. These drop-off boxes accept over-the-counter medications, prescription drugs, and pet medications. Police officials dispose of the medications at a local incinerator.

Here’s how to dispose of unneeded medication safely:
• Leave the medicine in its original package or bottle.
• Cross off your name or other personal information. Do not cross off the name of the medicine.
• Drop the container of medication into the secure box in the lobby of the police station.
• Do not flush medications down the toilet.

If you’re interested in additional information from the Chemical Health Coalition, contact Zach Pruitt at the Northfield Healthy Community Initiative: 507-664-3524 or zach@northfieldhci.org.
This magazine is published as a community service for households served by Northfield Hospital & Clinics. Additional copies are available by calling Community Relations, 507-646-1034.

Steve Underdahl
President and CEO
Charles Kyte
Chair, Board of Trustees
Ben Flannery, MD
Clinic Medical Director
Betsy Spethmann
Editor

Information comes from a wide range of medical experts. If you have any concerns or questions about specific content that may affect your health, please contact your health care provider. Contents copyrighted. All rights reserved.

Book Fair set for April 26-30

The annual Northfield Hospital Auxiliary Book Fair will take place April 26-30 at the Northfield Ice Arena on Highway 3.

For 55 years, the Book Fair has raised money for projects at Northfield Hospital and scholarships for local students training for careers in healthcare. Last year, the Book Fair raised nearly $55,000. Wow!

Want to donate books? Drop off your donation weekdays at the Ice Arena 9 am - 5 pm starting Monday, April 11. Donations accepted until noon on Saturday, April 23. More information: 507-646-1041 and on Facebook.

Northfield Hospital now designated as stroke-ready

The Minnesota Department of Health recently recognized Northfield Hospital for its preparedness to evaluate, stabilize and provide emergency treatment to patients with acute stroke symptoms. We’re proud to earn the designation as an Acute Stroke Ready Hospital.

Nearly one in three Minnesota stroke victims first receive care at a rural hospital. There are 90 stroke-ready hospitals across the state.

It’s important to be able to spot a stroke quickly and call 9-1-1. Think “FAST”: F for facial droop or numbness; A for arm weakness; S for speech difficulty; and T – time to call 9-1-1.