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Richard Liggett had to start again from the ground up

Richard was severely injured in a car accident: Seven broken ribs, punctured lung, exploded bladder, sheared pelvis.

He had four surgeries and was in the hospital for 23 days. By the time he came home, Richard was struggling even to use a walker.

As a federal grain examiner for the U.S. Department of Agriculture, Richard climbs grain bins – up to 15 stories high, several times a day, all across the Midwest.

"The doctors didn't know if I'd even walk again, never mind climb again," he says.

Richard started physical therapy at NH+C's Rehabilitation Services in Lakeville. His first appointments were with Kevin Johnson, PT, ATC. "Kevin said, 'You're just like Jell-O.' He didn't know what to do with me," Richard recalls.

First up: Debilitating leg pain. Was Richard's spine injured? It turns out that the surgical pins used to repair his pelvis were pressing on Richard's sciatic nerve. Once the pins were

"To be in a very physical job and not be able to walk, that's a long road to get back to it."

Richard Liggett, Elko New Market

removed, the pain stopped.

Now, Richard was ready to rebuild his strength. Incisions to repair his bladder had cut through Richard's abdominal muscles. "I couldn't sit up or get out of bed by myself," he says. "I was like Humpty Dumpty, with all these vertical and horizontal incisions. Kevin put me back together."

Conditioning exercises steadily rebuilt strength in his arms, then legs. "Kevin pushed me hard, and I thank him for it," Richard says. "The day I could walk without a walker, and the day I could climb stairs . . . it meant everything. To be in a very physical job and not be able to walk, that's a long road to get back to it."



Kevin Johnson, PT, ATC

Next up: The concussion that threw off Richard's balance. Chris Myatt, DPT treated Richard for that; weekly sessions improved Richard's balance steadily. "At extreme heights for work, I have to have balance better than most people," Richard explains. "Chris did a great job."

Meanwhile, therapist Lori Lubow, PT helped alleviate severe cramping in Richard's limbs. Samantha Klassen, MOTR/L, CLT treated the surgical scars on Richard's chest that restricted the movement he needed to be able to climb. She used deep massage to break down scar tissue, restoring flexibility. And Corey Tynan, DPT used dry needling

to restore feeling to Richard's left foot and thigh – a combination of acupuncture and electricity to stimulate muscles and nerves that have gone numb.

"I saw pretty much everyone at the clinic over a year and a half," Richard says. "I've gone through everything they offer in PT."

So much physical therapy can be grueling. "They use positive reinforcement to keep you going when it hurts," Richard says. "There were a lot of times when I was down, and they helped cheer me on. If I'm willing to put in the work, they're willing to help me make the most of it."

Kevin Johnson seconds that: "Richard is the real hero in this story. His perseverance and determination fueled his recovery."

Now Richard is back on high ladders inspecting grain bins, and driving hundreds of miles a week . . . carefully.

His advice on making the most of physical therapy: "You gotta do the work. If you think you're topping out, communicate with them. They can always find new exercises to work muscles you didn't know you had. **You think you're getting better, and then you learn even more.**"

"You don't realize how rough you have it until you get better from it," Richard adds. "I really appreciate things now that I took for granted – like walking."

And the view from the top.



Nita Wolf's heart attack started in her jaw

Nita was watching a dance recital in Northfield when her jaw started hurting.

It began on the right side, then radiated across her full jaw. "I waited for more symptoms, but they didn't come," says Nita, who was in good health and fully active. "It kept intensifying, and I didn't want to wait any longer." She drove to NH+C's Urgent Care in Northfield.

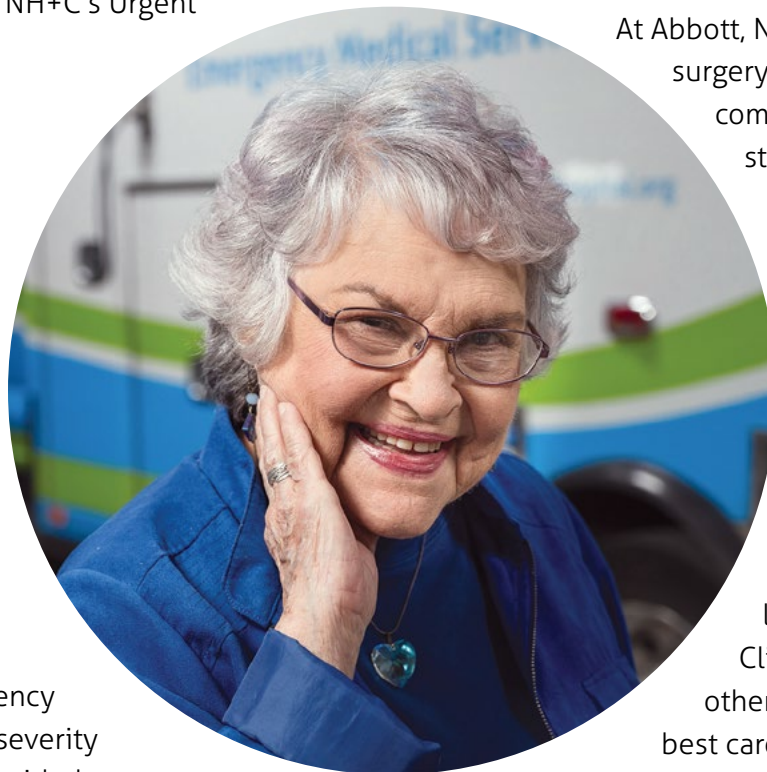
At the front desk, "I told them, 'There's something very important going on.' I advocated for myself even though I wasn't sure what it was."

An EKG showed that Nita was having a heart attack.

The Urgent Care team sent Nita by ambulance to Northfield Hospital. There, tests in the Emergency Department showed the severity of her condition. "They decided to send me by ambulance rather than helicopter" to Abbott Northwestern Hospital, NH+C's partner for cardiac care.

"The moment I was in the ambulance I just felt at peace because I knew I was in good care. Everyone

was so professional, and I gained a lot of confidence from that," Nita says. The EMS crew, led by paramedic Jon Hunter, checked Nita's state of mind by asking simple questions "including my least favorite, a math question. I answered them all. Jon offered professional and comforting treatment during the transport that was greatly appreciated."



At Abbott, Nita had triple bypass surgery; one artery was completely blocked. She stayed one week in the hospital, then continued her recovery at home, with cardiac rehabilitation sessions at Allina's cardiac clinic in Faribault.

As an independent hospital, NH+C partners with specialty care leaders like Abbott, Mayo Clinic, Hennepin Health and others to get patients to their best care.

"All the levels of care worked great together, including the partnership with Abbott," Nita says. "Every step of the way I got a break. I think if I lived anywhere else, I would not have survived. **I got the best medical treatment all along the way through this health crisis.** I am very grateful for my care."

Nita is a retired social worker specializing in crisis intervention, and a licensed Family Educator with Farmington and Northfield schools. "I've had to advocate for myself and for others on many occasions, so I know how to be appropriately assertive, not aggressive," she says. "I met many other cardiac patients and families who were scared by their experience, because it's life and death. But my whole experience was extremely positive."

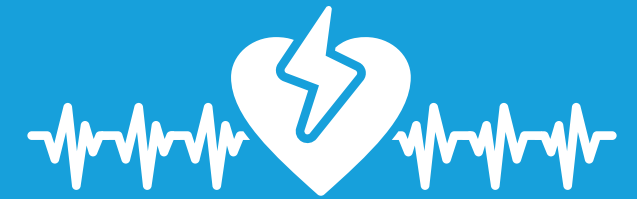
Her advice to women: "Know the symptoms of heart attack – they're different for women. It's important to recognize it early enough. If I kept waiting for more symptoms, I might have just been gone. I've been told by professionals that it was important that I took action to get medical treatment with only having the jaw pain, and not waiting for more symptoms. I never had any symptoms before.

"And advocate for yourself, even if you're not sure what's happening."

Because sometimes your jaw is your most important medical asset.

"Everyone was so professional, and I gained a lot of confidence from that."

Nita Wolf, Northfield



HEART ATTACK SYMPTOMS IN WOMEN

As with men, women's most common heart attack symptom is chest pain or discomfort. Some women having a heart attack describe upper back pressure that feels like squeezing or a rope being tied around them.

If you have any of these signs, call 911 and get to a hospital right away:

- Uncomfortable pressure, squeezing, fullness or pain in the center of your chest. It may last more than a few minutes or go away and come back
- Pain or discomfort in:
 - Arms (one or both)
 - Back
 - Neck
 - Jaw
 - Stomach
- Shortness of breath with or without chest discomfort
- Other signs, including:
 - Breaking out in a cold sweat
 - Nausea
 - Lightheadedness

Women may have other symptoms that are typically less associated with heart attack, such as:

- Anxiety
- Shortness of breath
- Upset stomach
- Pain in the shoulder, back or arm
- Unusual tiredness and weakness

Source: American Heart Association



Jake Kasel shoots high



Jake was picking up pucks on his backyard hockey rink when his skate hit a hole and he fell, hard, hitting his head.

"A buddy of mine saw me lying on the ice and woke me up," Jake says. It was potluck night, and Jake's house was full. Friends helped him into the house. "I went upstairs and laid down," Jake says. "My wife thought I had a concussion."

Then Jake had a seizure.

An ambulance took Jake to Regions Hospital in St. Paul, where imaging showed damage along the front, back and center of Jake's head. Jake's brain was swelling. "They tell me that they sedated me and put me in a coma for seven or eight days," he says.

Jake needed a craniectomy to open his skull and relieve the swelling.

Surgery went well; Jake regained consciousness 10 days later. "It was about 20 days after the injury before I was really conscious," he says. Jake did physical, occupational and speech therapy "all day long" for five days. He pushed hard: "I wasn't just going to lie in bed and be there for a month," Jake says. "I set the bar with my doctors, nurses and therapists that I had a mission to get out of the hospital as soon as possible."

Back home in Farmington, Jake worked with occupational therapist Jessica Solberg, OTR/L, CLT and speech therapist Jan LaFavor-Clay, MS, CCC-SLP

at Rehabilitation Services' Northfield clinic. "I felt so good so fast," he says.

Speech therapy has been especially engaging. "It's getting me a lot more cognitive. Jan helps with more than just speech. We work on improving my attention and memory; I'm learning new skills such as Sudoku and word puzzles to work my brain in different ways. She's got me doing things at home that are productive. I'm doing real well with the challenges she gives me," Jake says.

"Jan is wonderful to work with," he adds. "We usually go long because we're chatting. We have a lot of good talks about life. I'm real talkative, and it's a good rehab for me."

Another surgery put back the piece of skull that was removed, followed by "a few more months getting back to 100%."

"I've got a big family, a lot of kids, a good job – I gotta get back to all of that," Jake says.

It helps to aim high.

"I set the bar with my doctors, nurses and therapists that I had a mission to get out of the hospital as soon as possible."



Jan LaFavor-Clay, MS, CCC-SLP



Jessica Solberg, OTR/L, CLT



Jake Kasel, Farmington



Get relief for chronic pain

One hundred million adults suffer from chronic pain. Are you one of them?

It may be lower back pain caused by lifting a heavy box or overextending to reach a high shelf. It could be knee pain from arthritis. It could be muscle strain in your knee, hip or shoulder.

NH+C's new pain management service can help.

The key: Treat the whole problem, not just the pain.

"A medication can address pain, but not solve the pain," says Dean Anderson, CRNA, a nurse anesthetist and pain management expert. "We want to solve the underlying problem that's causing your pain."

The goal: Decrease pain to improve physical function and quality of life with non-opioid approaches.

A week or less is a safe amount of time to use opioids after an injury or with chronic pain, Anderson says. "In that time, you should be able to do treatments that help address the underlying problem that's causing your pain: rest, stretching, physical therapy."

If the pain persists, it's time to consider other causes, and treatments:

Over the counter medicines. Take Ibuprofen or Tylenol to alleviate pain; NSAIDS (nonsteroidal anti-inflammatory drugs) like Naproxen or Advil also reduce swelling. You may need a different dose than

what's on the label; talk with your provider to make sure you're taking the right dose, based on your condition and your body type. "There's a risk of developing gastric ulcers with long-term use of these medicines," Anderson warns. "Your provider should monitor for that. These ulcers can heal if medication is stopped in time."



Dean Anderson, CRNA

RICE. Rest, Ice, Compression, Elevation helps reduce swelling and speeds up healing. It's good for soft-tissue injuries to muscles, tendons and ligaments.

Stretching. "We should all stretch on a regular basis to keep our muscles toned, but we usually only do it when we feel pain," Anderson says. "Stretching takes time, and it's boring. But it's incredibly effective to prevent injury and pain in the first place, and to treat injuries when they happen." Use gentle movement to stretch and strengthen affected muscles.

Massage. Gentle massage can reduce joint inflammation and muscle stiffness, improve circulation, increase flexibility, and even strengthen the body's immune response.

Physical therapy. A therapist will tailor exercises to your condition, and teach you how to do them at home. You'll need a referral from a provider.

"There's a wide range of tools to help fix the underlying problem that's causing pain," Anderson

says. A pain management specialist can help determine the best options based on your condition. You may benefit from a combination of treatments.

Expect relief in about one month: "It's reasonable to spend a month on a range of treatments tailored to you," Anderson says. "If you're not feeling relief within a month, we can use CT scans and MRIs to look for other factors, like a fracture or arthritis" and consider more intensive treatments like acupuncture, dry needling, injections or ablation.

Already on opioids? How to taper off

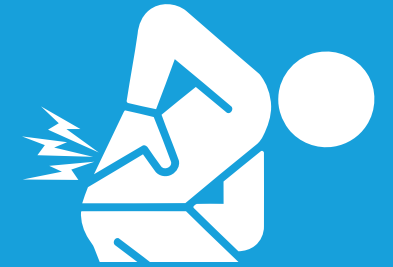
If you have been taking opioids and need to stop, Anderson can help.

The key: Find the root cause of the pain. Then, use non-narcotic alternatives to treat the pain while also using therapies and interventions to treat the root cause.

Imaging can help identify treatable injuries. CT scans show soft-tissue problems that can affect the spine or joints; MRIs show structural problems. Once the care team knows the root cause, they work with the patient to tailor a treatment plan.

How long it takes to taper off opioids can depend on the dosage, and how long the person has been taking it. Tapering must be done slowly and be carefully monitored to avoid withdrawal symptoms.

 **Appointments:**
(507) 646-1494



NEW AT NH+C: ADVANCED PAIN MANAGEMENT

NH+C is offering new, non-narcotic resources to treat pain, led by Dean Anderson, CRNA, board-certified in non-surgical pain management (as of August 2025) with a fellowship in advanced pain management.

Anderson has more than twenty years of experience in pain management as a Certified Registered Nurse Anesthetist.

We can help if you have:

- limited mobility or range of motion
- back or spine pain
- neck pain
- joint pain (knee, hip, shoulder)
- muscle ache or injury
- pelvis or lower back pain
- chronic migraines
- CRPS – complex regional pain syndrome
- PTSS – post-traumatic stress syndrome
- Post-herpetic neuralgia

An interdisciplinary approach unites multiple specialties, including:

- Physical therapy
- Occupational therapy
- Chiropractic care
- Nutrition
- Acupuncture

Schedule your appointment directly, or get a referral from your primary care provider or orthopedic specialist. Services begin in August in Northfield and Faribault clinics.



Kenzie and Oakly Zink put their trust in the team

Kenzie has Type 1 diabetes. That requires special care during pregnancy.

"Right away we had a lot of appointments back-to-back," Kenzie says. There were additional prenatal appointments in the last trimester, to monitor Kenzie's blood sugar, blood pressure, kidney function and more, plus baby's size and development.

"As first-time parents, we had no idea what to expect," Oakly adds. "They know what they're doing, and we knew we could trust them. That peace of

"Especially for first-time parents, it makes you feel like, 'We can do this.'"

Kenzie Zink, Northfield

mind was a big deal for me."

Kenzie had a longer, more specific birth plan than most. OB/GYN Shannon Lau, MD "worked with my endocrinologist at Mayo Clinic to be on the same page," Kenzie says. "It was important to me to be in charge of the diabetes part of it – to regulate my own blood sugar and take my own insulin until active labor started. Then I wanted them to assist with either a glucose or insulin drip to help regulate my blood sugar. They were very much on board with that. When labor got more intense, I gave them the reins and they totally took charge of it."

When diabetes is a factor, babies can grow faster from higher blood sugars. With bigger babies, it's common to induce labor before 40 weeks for the safety of mom and baby.

Kenzie was induced at 39 weeks. "Every step, they asked what steps I wanted to take next, explaining the options fully, the pros and cons of each – and giving their input, but in the end completely giving me the reins," Kenzie says.



Shannon Lau, MD

"All the nurses across all the shifts were so good about consistently checking in with me throughout my labor," she says.

Dr. Lau and the care team "made it feel that this is a natural, normal process, women do this every day. That made me so much more confident and comfortable," Kenzie says. "Everything was so relaxed in the best way possible. Especially for first-time parents, it makes you feel like, 'We can do this.'"

"At every step, they fully explained everything," Oakly adds. "It made those moments that could have been stressful, calm instead."

Korra was born in that calm confidence. The nurse invited Oakly to cut the umbilical cord. "I was reluctant because I didn't know what to expect," he explains. The nurse gently encouraged Oakly; he accepted. "I'm glad that I did," he says now. "That's a moment I couldn't remake again."

After Korra was born, "she was in the room with us right away and we thought 'Shoot, where did the adults go? Oh, we're the adults now,'" Oakly laughs. "The questions we had as first-time parents, and the tips and tricks they gave us, helped a lot."

Northfield Hospital was an easy choice for them. Kenzie had some maternal-fetal medicine care at Mayo early in her pregnancy; Mayo suggested she deliver at Mayo for continuity of care. "But my primary care is through NH+C, and I had amazing experiences here. When we took the Early Pregnancy Class and then toured the Birth Center and saw the queen beds in the recovery room and everything else, we decided to have our baby here."

"The hospital and Birth Center are beautiful," Oakly adds. "But the thing that made our experience great was the people, for sure. Everyone is so attentive and helpful. **The comfort of that care was the biggest thing by far for us.**"

Their advice for first-time parents: "Find a place where you feel like you're really important to the providers," Kenzie says.

"Ask a lot of questions," Oakly adds. "We'd write down questions that came up between appointments. There's so much going on during appointments that it's easy to forget your questions."

And appreciate each moment, and each person caring for you: "They gave us the best gift we've ever gotten," Oakly says. "It's just very, very cool."



Olivia Storlie got an unlucky break...and then a lucky one

Liv is a dancer. While learning a new dance with a turning leap, Liv landed wrong on her left knee. "It was painful," she says.

Liv assumed she had dislocated her kneecap, a common injury for athletic dancers. It happened to her right knee a few years ago; surgery fixed that.

This time, Liv rested and iced her swollen knee, and wore an immobilizer to keep the joint still. "I assumed it would be fine in a week or two, but the swelling didn't go down and it was really achy," she says.

Instead, the swelling got worse, to the size of a soccer ball. At NH+C's Orthopedics clinic, Ashley Scharping, MPH, PA-C ordered x-rays that revealed a surprise fracture of the patella bone. Then an MRI showed that a large piece of cartilage had been sheared off Liv's patella.

Liv would be out for the season.

Orthopedic surgeon Greg Erickson, MD repaired and reconstructed Liv's knee, using a cutting-edge technique: autologous cartilage transplantation. Dr. Erickson took cartilage and plasma from Liv's body. Her platelet-rich plasma, which provides growth factors, was combined with her own cartilage cells, which were then used to repair the cartilage defect on the back of her kneecap.

This gold-standard procedure relies on the body's own tissue and provides a single-stage option for treating cartilage injuries in the knee. It eliminates the need for multiple surgeries and reduces the risk of arthritis down the road. That's a key consideration for a young athlete.



Greg Erickson, MD

"It's important that Liv has a knee that functions well for the rest of her life," says Liv's mom Dr. Jessica Storlie, an Emergency Department physician.

Dr. Erickson repaired the fractured patella bone and grafted the cartilage behind the kneecap. Liv went home the same day.

"Everyone made it super comforting and easy because they knew I was nervous," Liv recalls. "I took a few days off of school, rested a lot, then went back to school with immobilizer and crutches."

Liv progressed through physical therapy quickly. But an important part of her recovery was to let the cartilage graft properly heal, growing onto her

"Everyone made it super comforting and easy because they knew I was nervous."

Liv Storlie, Farmington

kneecap. So even though she hit the usual PT benchmarks for strengthening, it was too soon to start dancing.

Liv was devastated to sit out the whole season, her second year on the Farmington Tigers dance team. "But we understand this is a procedure that's not commonly done on 14 year olds, and we trust the surgeon and his approach on that," Liv's mom says.

It's a balancing act for a teen athlete to focus on fixing the injury now while also thinking about the years ahead, to stave off future complications.

"We want her best years to be ahead of her and not behind her," Liv's mom says. "That's how we were able to convince her to slow her roll and not try to work out too hard and get back into dance too soon."

Dr. Erickson set the pace. "He doesn't try to sweet talk how long recovery will be," Liv says. "He gets to the point."

Liv's advice for young athletes who get injured: "Take it slow, and don't push your body. If something feels unstable, don't try to hide it. Tell somebody, because it could lead to something bigger."

Take it one step at a time, with an eye on the horizon.

Just like dancing.



photo: Rouse Productions



Kimberly Furlong is big on gratitude

Knee pain has plagued Kim for years.

An orthopedics clinic in the Twin Cities told her she needed both knees replaced, but they wouldn't do surgery because of her weight.

"I lost 50 pounds and went back, and they told me to lose more," Kim says. Steroid injections weren't relieving her pain, and her mobility continued to deteriorate. "I could only go to stores that offered scooters so I could shop," she says. "It got to the point where I wasn't leaving my house."

She turned to orthopedic surgeon Clinton Muench, MD. Kim came to Dr. Muench with a Baker's cyst, a fluid-filled sac behind her knee joint. Dr. Muench ordered x-rays; they showed Kim's knee was bone-on-bone. "Much to my surprise, he said we could replace it," Kim says. "I would have higher risks for complications, but he was willing to do the surgery."

Kim's surgery was scheduled for the following week.

"It was the best thing I've ever done," she says. "At my 6-week follow-up appointment, I asked when he

"At NH+C you're a person, not a number. It was the best experience possible."



Clinton Muench, MD



Corey Tynan, DPT

could replace my other knee. I don't think he thought I was serious."

She was.

Kim had her second knee replacement just 10 weeks after the first. "I had a couple bumps in road the second time around, but it was worth it," Kim says. "Thanks to Dr. Muench, my knees don't hurt like they did all the time."

Kim worked with physical therapist Corey Tynan, DPT at Rehabilitation Services' Lakeville clinic. "He has pushed me hard!" Kim laughs. "He kicked my butt, but I didn't blink an eyelash going back. He's very reassuring that certain things are a normal part of the recovery process."

Kim also joined Planet Fitness to continue strengthening her knees and legs.

For the first time in four years, Kim can now go into the downstairs level of her home. And she can go shopping: "I hadn't walked through Target in three years. Now I can walk through every store I want."

And she's traveling: "When I go to Florida, I walk on the beach and put my feet in the water. **I'm starting to get my life back that I haven't had in years.**"

Kim appreciates the teamwork between NH+C's Ortho and Rehab Services departments, especially physician assistant Deb McGuire Lang, PA-C: "Deb was fantastic to work with. I could call, text or send a message with questions. I'd say, 'I'm sorry to be a bother.' She'd reply, 'You're not a bother.' No matter who I contacted, whether it was the Orthopedic Clinic or Rehab Services, I always got a response back in a very timely manner. They're all so caring and welcoming."



That's true for hospital staff, too. "When I spent the night after surgery, I had the same staff both times. The familiarity was comforting," Kim says. "They knew my history and remembered me. It's so family-oriented, and they care about you as a person. At NH+C you're a person, not a number. It was the best experience possible."

Kim's advice for people struggling with their next steps: "Ask. You might be surprised what they can do for you. They take a chance on people who are larger than normal size."

"I realize I'm a big girl, but dammit they took such good care of me," Kim says. "I can't thank them enough. They've given me my life back, which I thought would never be possible."



Pickleball: Common injuries and tips to prevent them

by Greg Erickson, MD

Pickleball has rapidly gained popularity across all age groups, thanks to its fast pace, low-impact nature, and social appeal.

But like any sport, it carries a risk of injury, especially for players who are unprepared or overzealous on the court.

As an orthopedic specialist, I've seen a range of pickleball-related injuries. Here are some insights on how they happen, and how to prevent them.

Sprains and strains: These are among the most common injuries, often affecting the ankles, wrists, or knees due to sudden movements, quick direction changes, or slips.

Tennis elbow (Lateral Epicondylitis): Repeated backhand strokes or improper grip technique can lead to inflammation of the tendons in the elbow.

Rotator cuff injuries: Overhead shots can strain or tear the rotator cuff, especially in older players or those with prior shoulder issues.

Achilles tendon injuries: Quick, explosive movements can place stress on the Achilles tendon, leading to strains or, in severe cases, ruptures.

Lower back pain: The twisting and bending involved in reaching for shots can exacerbate

existing back issues or cause new ones.

To prevent these and other injuries:

Warm up and stretch. Start with light aerobic activity to get your blood flowing, followed by dynamic stretches targeting the shoulders, wrists, hips, and legs. This prepares your body for the demands of play.

Focus on technique. Proper form is essential. Ensure your grip and swing mechanics are correct. Consider lessons with a certified instructor to refine your skills.

Wear the right shoes. Invest in court shoes designed for lateral movement. Avoid running shoes, because their lack of side support increases the risk of ankle sprains.

Build strength and flexibility. Engage in a regular strength-training program focusing on the shoulders, core, and legs. Include flexibility exercises such as yoga or Pilates to enhance your range of motion.

Listen to your body. Don't ignore pain. Rest if you feel discomfort, and address minor aches before



Greg Erickson, MD

they become serious injuries.

Stay hydrated. Proper hydration supports joint health and prevents muscle cramps, especially during extended play in warm conditions.

Pace yourself. Avoid overdoing it, especially if you're new to the sport. Gradually increase the intensity and duration of your sessions to allow your body to adapt.

If you experience persistent pain, swelling, or limited mobility that doesn't improve with rest and self-care,

consult an orthopedic specialist. **Early intervention can prevent minor injuries from escalating into chronic problems.**

By adopting these preventive measures, you can enjoy the many physical and social benefits of pickleball while minimizing the risk of injury. The key is preparation, proper technique, and listening to your body's signals.

Dr. Greg Erickson is an orthopedic surgeon with expertise in sports medicine. He sees patients in NH+C clinics in Northfield, Faribault, Lakeville and Farmington. No referral needed.



Doctor visits: What's the difference?

Clinic appointments can be confusing.

The type of appointment depends on which provider you're seeing, what it's for, and whether it's preventative or diagnostic care (insurance coverage is different for both).

Even the familiar "annual physical" has variations. Choose just one: **Most insurance will cover one per year, not two types within the same year.**

The purpose of an annual physical exam is prevention

– to maintain wellness. It's not to treat new, current, or chronic health conditions. That requires an office visit, which usually involves co-pays and deductibles.

When you have an annual physical exam, your insurance company may not cover your visit if it includes services related to a current or chronic health issue; you may be billed for two types of visits for the same appointment (preventative and office visit).

So: Which is right for you?



An annual physical exam includes:

- ✓ General physical exam (may include a breast and/or pelvic exam, depending on the provider)
- ✓ Update of life and work situation
- ✓ Review of your health history
- ✓ Update of family health history (any new serious illness in your family?)
- ✓ Update and review of current medications; refills of medications prescribed by this provider
- ✓ Evaluation of need for health screening tests based on age and personal and family history (such as mammogram or colon cancer screening)
- ✓ Update on immunizations (additional charges may apply depending on your insurance coverage)

A well woman annual exam also includes:

- ✓ Breast exam
- ✓ Pelvic exam, depending upon age and risk factors (may include pap smear)
- ✓ Contraceptive counseling or pre-conception counseling (may incur a separate charge)

If lab tests are done to investigate a problem discussed during your visit, your insurance company may consider the lab tests diagnostic, and require you to be responsible for part or all of the cost of testing.

Appointment type	Purpose	Provider	Insurance coverage*
Annual physical exam	General health; preventive care, mental health screening, may include pap + breast exam	Primary Care Provider	1 time per year, preventative (only 1, annual w/ PCP or well woman with OB/GYN, midwife, NP or PA)
Well woman annual exam (64 and younger) breast exam	General health check, including pap and breast exam	OB/GYN, midwife, NP or PA	1 time per year, preventative (only 1, annual with PCP or well woman with OB/GYN, midwife, NP or PA)
Medicare annual wellness visit	Nurse-led; general health, preventive/proactive care, risk assessment, screenings + meds	Primary Care Provider	1 time per year for Medicare patients (screening only. For any specific concerns, schedule an Office Visit; co-pay + deductible apply)
Medication check	Review Rx and OTC; refills	Prescribing MD	1 time per year minimum with each provider who prescribes for you
Office visit	Specific concern, new symptoms, chronic conditions, specialist referrals	Primary Care Provider or OB/GYN, midwife	Diagnostic (not preventative); deductible + co-pay

*Always check with your insurance carrier to confirm your coverage, including co-pays and deductibles.



A healthy diet helps prevent colorectal cancer

by Nicole Robinson, MS, RDN, LD

Colorectal cancer is the third most-common cancer in the U.S., and the second most-common cause of cancer deaths.

The lifetime risk of developing colorectal cancer is about 1 in 24 for men and 1 in 26 for women, reports the American Cancer Society.

The good news: You can reduce your risk of colorectal cancer with a healthy diet and lifestyle modifications.

These nutrition tips can help lower your risk:

Balance your plate. Eat a diet low in animal fats and high in fruits, vegetables, and whole grains.

Include more fiber. Aim for at least 25 grams of fiber daily. Fiber-containing foods include fruits, vegetables, whole grains, beans and legumes, plus nuts and seeds. Include at least 3 servings of vegetables and 2 servings of fruit daily.

Limit processed foods, including red meats. Processed foods generally contain ingredients that have been refined, plus artificial flavors and colors, and are often preserved with chemicals. Instead, opt for more plant-based proteins like beans and legumes, nut butters, tofu, lentils, quinoa, and

tempeh. Choose whole foods that aren't processed: fruits, vegetables, whole grains.

Avoid sugary drinks. Sodas, energy drinks, fruit juices, and sweetened coffees can contain a lot of added sugars. A diet high in sugar can lead to weight gain and changes in blood sugar and insulin levels, which can increase risk of cancer and promote cancer growth. (Some researchers think this is one reason behind the rise of colorectal cancer among younger adults.) Slowly cut back on sweetened beverages and include more naturally sweet foods, such as fruits, vegetables, and dairy products. Also try enhancing food with spices instead of sugar.

Cut back on alcohol. Limit alcohol to 1 drink per day for women and 2 drinks per day for men. Even better: Avoid alcohol altogether.

Other ways to lower your risk:

- Increase physical activity
- Keep a healthy weight
- Avoid tobacco
- Get screened. Screening can find precancerous polyps so they can be removed before they turn into cancer. It can also find colorectal cancer early, when treatment works best.



Nicole Robinson, MS, RDN, LD

Nicole Robinson is a registered dietitian nutritionist serving patients in Northfield Hospital and the Northfield Clinic.

Appointments:
(507) 646-1410



Serves: 4 | **Serving Size:** 1 cup
Total Time: 30 min.
10 min. prep, 20 min. cook

Adapted from foodandhealth.communication

Baked Fish with Rainbow Salsa

- 4 4-ounce fillets of fish, fresh or thawed
- 1 teaspoon paprika
- 2 teaspoons onion powder
- 1 teaspoon garlic powder
- 2 teaspoons olive oil

Salsa

- 1/2 cup diced pineapple, fresh
- 1/4 cup diced green onion
- 1/2 cup diced bell peppers
- 1/2 cup diced ripe tomatoes
- 1 Tablespoon lime juice
- 1 diced jalapeno (optional)
- 2 tablespoons chopped fresh cilantro

1. Preheat oven to 350°F.
2. Place the fish fillets on a baking pan so they are spread evenly apart.
3. Sprinkle the tops of the fish with the paprika, onion and garlic powder mixture. Bake until the fish is done - when it flakes apart and is fork tender, about 15-20 minutes.
4. Meanwhile, place the ingredients for the salsa in a medium-sized bowl and mix well.
5. Serve each fillet of fish with 1/2 cup of salsa. For extra flavor, place the fish on a bed of fresh spinach or sauteed kale.



SCREENING STARTS AT AGE 45

American Cancer Society recommends that people at average risk for colorectal cancer begin screening at age 45.

This can be done with a colonoscopy or stool-based test that looks for blood in the stool.

ACS recommends that:

- People in good health and with a life expectancy of more than 10 years should continue screening through age 75.
- For people age 76-85, the decision to be screened should be based on the person's preferences, life expectancy, overall health, and prior screening history.
- People over age 85 should no longer get screened.

The risk of colorectal cancer is higher with:

- Personal history of colorectal cancer or certain types of polyps
- Family history of colorectal cancer
- Inflammatory bowel disease (ulcerative colitis or Crohn's disease)
- Past radiation to the abdomen or pelvic area to treat a prior cancer

Talk to your health care provider about which tests might be good options for you, and to your insurance provider about your coverage.

Source: American Cancer Society

NH+C welcomes new providers

Pediatrician **Geoff Wood, DO** likes the energy and resilience of kids: “When you see a happy, well-developed kid, the joy and silliness they radiate is just fun,” says Dr. Wood, who cares for children of all ages – and their parents.



Geoff Wood, DO

“I love working with new parents and helping guide them through the growth and development of their child,” Dr. Wood says. “A big part of pediatrics is reassuring parents what’s normal for their child’s age and stage. I aim to use my roles as a parent and pediatrician to make challenges easier for children and their families.”

Dr. Wood is board-certified in Pediatrics.

Special Interests:

- Newborn care
- Preventative care
- Child development

> **Appointments in the Northfield Clinic: 507-646-1494**
> **Appointments in the Lakeville Clinic: 952-469-0500**

Speech therapist **Jan LaFavor-Clay, MS, CCC-SLP** brings 25+ years of experience in speech pathology to help patients with speech, language, cognition or swallowing. She collaborates with occupational therapists to treat cognition in patients with strokes, traumatic brain injury and concussions.

Jan also has expertise in the treatment of swallowing

disorders, especially important for patients with Parkinson’s or multiple sclerosis, or following a stroke.

“I enjoy getting to know my clients and building a positive relationship with them and their families,” Jan says. She’s committed to providing the most up-to-date therapy that’s backed by research, and geared toward each patient’s personal goals.

Special Interests:

- SPEAK OUT!® therapy program
- Parkinson’s disease
- Aphasia
- Dysphagia

Jan is a Minnesota-licensed speech language pathologist, a member of the American Speech-Language-Hearing Association, and a SPEAK OUT! trained clinician.

> **Appointments at Rehabilitation Services in Northfield: 507-646-8800. Referral required.**

Pediatrics provider **Erin Rudolph, PA-C, MBA** cares for children of all ages. She likes watching them grow, learn, and change from infancy, to childhood, and into adolescence.

“Children are incredibly inquisitive and have a unique



Jan LaFavor-Clay, MS, CCC-SLP



Erin Rudolph, PA-C, MBA

perspective on life, which is refreshing and fun to work with,” Erin says. “I love talking with children and getting to know their family on a personal level.”

Special Interests:

- Newborn care
- Adolescent medicine
- Preventative care/well child exams

Erin is an Owatonna native. She is board-certified by the Board of Physician Assistant Studies.

> **Appointments in the Northfield Clinic: 507-646-1494**

ENT provider **Malorie VanWinkle, PA-C** is working with ENT specialist Gerard O’Halloran, MD to care for patients of all ages. Malorie will see patients in the Northfield, Lakeville and Faribault clinics.

Special Interests:

- Preventative care
- Vestibular disorders
- Migraine
- Sinus
- Sleep

“My priority is to help improve my patient’s quality of life,” Malorie says. “I provide a holistic and nurturing approach to treating patients. I am passionate about providing patient education as this is a crucial part of recovery and overall wellness.”

Malorie is board-certified by the National Commission on Certification of Physician Assistants (NCCPA), and is a Fellow of the American Academy of Physician Associates.

> **Appointments: (507) 646-1494**



Malorie VanWinkle, PA-C

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Get wait times by text: Text “Wait” to 509-253-1916. You’ll get wait times for Northfield and Lakeville locations.

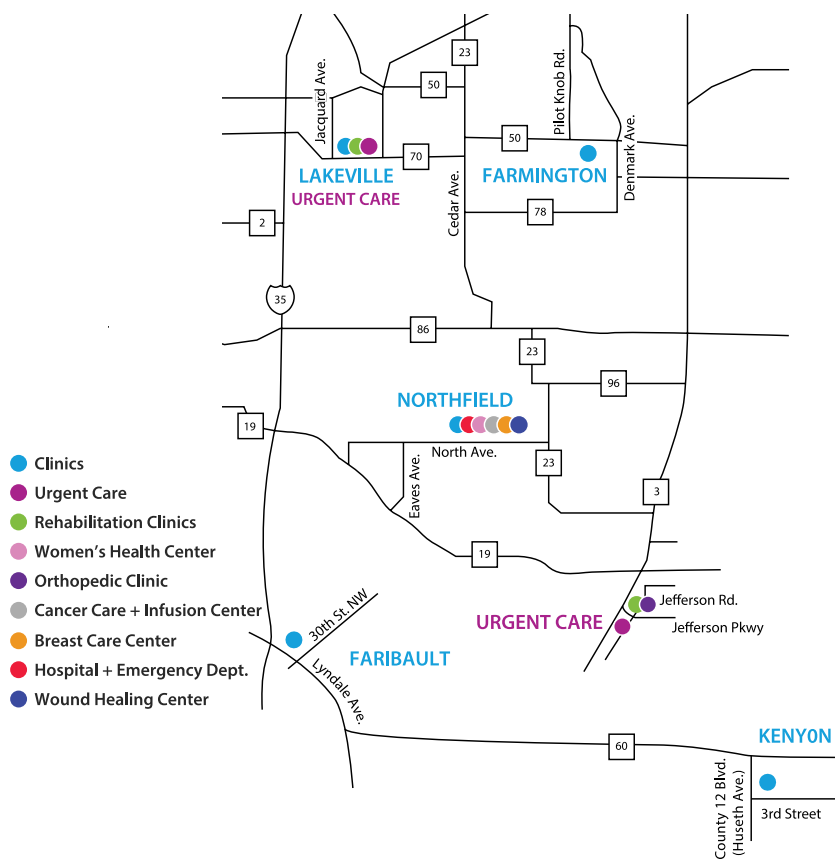
Save your place in line: Put your name on a list, then stay home until your arrival time.

- Complete the online form
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- Get a reminder text 15 minutes before your arrival time
- When you arrive, stop at front desk to finish check-in

This is not an appointment. It’s an *estimated time* of when you’ll be seen. Actual time depends on the severity of all patients’ needs.

2000 North Avenue
Northfield, MN 55057

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Northfield Hospital + Emergency

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Clinics + Urgent Care

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1980 30th St. NW (at Lyndale Ave.), Tel: 507-334-1601

Farmington Clinic

4645 Knutsen Drive, Tel: 651-460-2300

Kenyon Clinic

225 Huseth Street, Tel: 507-623-0123

Lakeville Clinic + URGENT CARE

9974 214th Street W., Tel: 952-469-0500

Northfield Clinic

2000 North Avenue, Tel: 507-646-1494

URGENT CARE Northfield

2014 Jefferson Road (Hwy 3), Tel: 507-646-6700

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2000 North Avenue, Tel: 507-646-1201

Orthopedics Clinic – Northfield
1381 Jefferson Road, Tel: 507-646-8900

Rehabilitation Clinics
Northfield: 1381 Jefferson Road
Tel: 507-646-8800
Lakeville: 9913 – 214th Street West
Tel: 952-985-2020

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2000 North Avenue, Tel: 507-646-1099

Women's Health Center – Northfield
2000 North Avenue, Tel: 507-646-1478

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2000 North Avenue, Tel: 507-646-6900



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