

A warm welcome
to Allina providers, staff and patients
PAGE 2

Johnny Panarese
scored a team homerun
PAGE 4

Alan Anderson
had a spot of trouble
PAGE 7

Nat Wilson
was holding down the fort
PAGE 7

Stroke?
Why time matters
PAGE 10

Accidente cerebrovascular?
Llame al 911
PAGE 12

High blood pressure?
Yes, maybe you
PAGE 14

Nancy Burkholder
altered her flight path
PAGE 16

Chantel Mees
finally got pain relief
PAGE 18

Jadon Kittleson
is walking again
PAGE 20

Meg Witt
strives for ordinary days
PAGE 22



A step forward for strengthening rural healthcare

There's a new path for healthcare in Northfield.

Northfield Hospital + Clinics and Allina Health signed the contract for NH+C to purchase the clinic on Jefferson Road from Allina Health as we work together to strengthen local care and continue providing access to expert specialty care.

NH+C is excited to welcome 30 providers from Allina Health, who will continue to care for patients in the same location, as part of NH+C's independent health care system. We're also eager to welcome staff of the clinic to continue the excellent care that patients receive from the clinic care team. We're proud to introduce the same great team in the same location, now as part of NH+C.

These providers and their staff are exceptional clinicians, and trusted members of our community. They've been well-respected partners for NH+C for many decades. We're committed to making this a smooth transition for them – and their patients – for excellent continuity of care.

We're on track to complete the transition of the clinic

in September 2026. Scheduling for appointments with NH+C will open in August for appointments starting in late September.

It's exciting! We can provide exceptional primary care to more individuals who live in and around Northfield. We can keep local the services that can be done in our community.

And when you need a higher level of care, like a cardiac procedure, our partnerships with specialty care centers including Allina Health gets you the care you need from top-notch experts – and then come back to Northfield for your primary care.

Northfield Hospital + Clinics will remain independent. We are firmly committed to being an independent healthcare system so we can be responsive to the community. Adding the Jefferson Road Clinic to NH+C's network strengthens our commitment to serve our full community with high-



Zander Abbott

Allina Clinic providers joining NH+C's Jefferson Road Clinic

Family Medicine

Cynthia Baumgartner, MD
Michael Burgdorf, MD
Tamara Detert, DO
Richard Goodwin, MD
Jenny Hart, PA-C

Robyn Hegland, MD
Kyle Hoffert, MD
Abby Kershaw, PA-C
Bobbi Livengood, MD
Mark Labenski, MD

Megan Malecha, PA-C
Saul McBroom, MD
Bridget McLeran, PA-C
Katherine Rogers, MD
Jane Runzheimer, MD

Adei Shaqra, DO
Siri Shaqra, DO
Heather Stortz, DO
Erin Traxler, DO
William Votel, MD

Mental Health

Martha Barck, CNP
Shannon D'Alonzo, MD
Christine Gedicke, LICSW
Bill Hoekstra, PsyD LP

Marc Kelliny, MD
Meghann Malecha, DNP, PMHNP-BC
Kimberly Szajner, PsyD LP
Jaime Wiebe, LICSW

Pediatric Medicine

Heidi Kram, MD

Sports Medicine

Scott Koehler, MD

quality services for the entire lifespan.

This new model in rural healthcare keeps care local; improves access to all levels of care for people who live in Northfield or surrounding communities; and makes NH+C sustainable for decades to come.

I'm from Northfield, and returned home with my family because this region is like no other: We take care of one another here. This move allows NH+C to grow in ways that serves our community, and our neighbors.

We're thrilled to be joined by these excellent providers and staff who are committed to caring for our community.

Like all good neighbors, we move forward together.

Patients will notice a change in **electronic medical records** as the clinic shifts from Allina's Epic records system to NH+C's Meditech Expanse system. NH+C is committed to making this transition as seamless as possible for patients and providers.

The majority of **health insurance plans** cover Allina and NH+C clinic care equally. Patients are encouraged to call their insurance company and clarify their own coverage directly with their insurance carrier.





Johnny Panarese's team saved his life...together

Johnny plays baseball for St. Olaf College. A dedicated athlete, he takes his health seriously.

Johnny was finishing a weight room workout with the team when he suddenly went into cardiac arrest.

He was 19 years old.

Coach John Waters started CPR and called 911. St. Olaf EMTs Miles Greenberg and Camden Cook arrived within minutes, as did campus Safety Officers Ben Grisim and Devin Klimek. The team used the gym defibrillator to restart Johnny's heart.

NH+C paramedics Jon Hunter and Kianna Rowekamp took Johnny by ambulance to Northfield Hospital, where he went into cardiac arrest a second time. Physician Maggie Storlie, MD and team defibrillated Johnny's heart, then intubated, sedated, and transferred him to Abbott Northwestern Hospital, NH+C's partner for cardiac care.

"The ED doctor recognized the severity of the situation, acted swiftly and precisely to get him to the heart ICU at Abbott," says Johnny's mom Laura.

"The measures taken at Northfield Emergency Room were impeccable, and put our son in the best possible position to recover."

At Abbott, Johnny was kept in a coma and went through a cooling process to protect his brain. "The doctors could not guarantee us he would wake up and if he did what his brain function would be like,"

Laura recalls.

Johnny did wake up. MRIs and CT scans showed a perfectly healthy heart. He cleared all physical and cognitive tests, including speech pathology and occupational therapy.

His care team expected Johnny would be in ICU for five days and at Abbott for three weeks. After just five days, Johnny was healthy enough to go home.

"I was confident when I walked out of the hospital that day," Johnny says. "They basically said, 'Just live a normal life from here on out.'"

Two weeks later, he was back at school. Johnny finished the semester on time, and made the Dean's List.

"The survival rate for this is very low. A full recovery is incredible," Laura says. "He's a walking miracle."

Cardiologists at Abbott Northwestern implanted a cardioverter defibrillator in Johnny's chest, an EV-ICD that monitors his heart activity constantly, and can act as defibrillator if needed and treat abnormal heart rhythms with anti-tachycardia pacing – similar to a pacemaker.

"It might never happen again, but if it does, he's got a paramedic in his chest," Laura says. The device is under his left lateral muscle, away from his throwing arm, with his heart lead under his sternum. His device electronically transmits to a monitor in Johnny's dorm room; it collects data daily, and sends

the data to the clinic team at Abbott Northwestern. It flags any abnormal activity, like an odd arrhythmia, and alerts the care team to contact Johnny and check on him.

Some of Johnny's follow up care takes place at NH+C's Northfield Clinic, where device nurses from Allina's Minneapolis Heart Institute give Johnny – and his device – periodic checkups.

"The first check was important because when I started working out, they had over 70 episodes registered as if something was wrong," Johnny says. The team needed to set a baseline that matched his workout schedule and intensity. They were able to pinpoint moments in the data where Johnny's heart rate rose because he was exerting himself: "They could see every few days when I had my workouts."

Now, the monitoring baseline is set to match his activity level as an athlete.

"The medical response every step of the way was flawless," Laura says. "The ICU doctor at Abbott said that the measures from St. Olaf, NH+C's Emergency Services and the hospital's Emergency Department were exemplary, and their response could not have been better."

The coordination between St. Olaf, NH+C and Abbott Northwestern/Minneapolis Heart Institute shows the strength of partnerships that NH+C nurtures to make sure patients get the level of care they need, right when they need it . . . however extreme the situation.

continued >



< Panarese, continued

"Everyone who was a part of that process did the right things, and they took it seriously," Johnny says. "And that led to my success today."

"The care, compassion and expertise every step of the way is overwhelming," Laura adds. "When you see that many people involved, it feels like there's so much room for error. But everyone performed so stupendously."

"This team gave our son the best possible chance to survive and recover. We will forever be grateful to the entire team for taking such tremendous care of our son."

Two NH+C nurses called Abbott to check on Johnny, Laura recalls. His care team – and his baseball team, and St. Olaf staff – made sure he was never alone. "The community held us at every turn," Laura says. "That level of care and concern, especially when we were so far away, was overwhelmingly positive. It's important to them too, to be able to see this great

outcome."

Johnny's especially grateful for his baseball team. "We're very tight knit, so anything that happens to someone, we all feel it deeply. My team is definitely a driving factor to get me back to where I am today. The people around you are very important."

Genetic testing after Johnny's recovery showed a rare genetic inheritance that may be a possible cause. (Johnny's dad and sister tested positive for that rare gene too.) Either way, Johnny's treatment plan is the same. And his family now has knowledge to prevent this from happening to other family members.

"The future feels pretty normal," Johnny says. "There are new complications with this, things that I'll have to be careful of, or look forward to. But overall, I'm still looking at my future the same way I was before the incident."

And keeping his team close.



A tale of two appendixes

Alan Anderson had a spot of trouble.

Alan got worrisome results from a Cologuard test, an at-home test that checks stool for blood or abnormal DNA that may indicate precancer or cancer.

His doctor sent him for a colonoscopy.

The colonoscopy found a pre-cancerous spot on the inside of Alan's colon, right next to his appendix. "The easiest way to handle that is to take the appendix out," Alan says. That way, the surgeon can

continued >

Nat Wilson was holding down the fort.

Nat was home with the kids when he started feeling sick. His wife Martha was traveling.

"I thought it was stomach flu," Nat says. He stayed home from work; the kids rustled up their own dinner.

Then in the night, Nat's vomiting intensified. His gut pain got worse, and zeroed in on one spot: his appendix.

continued >



CARDIAC ARRHYTHMIA: SYMPTOMS AND RISKS

Arrhythmia is an irregular heart-beat. Changes in heart tissue and activity, or in the heart's electrical impulses, may make the heart beat too fast, too slowly, or erratically. Untreated arrhythmia can cause heart attack or stroke.

Symptoms include:

- A "fluttering" sensation in the chest or neck
- Rapid heartbeat
- Fatigue or weakness

- Dizziness or lightheadedness
- Fainting or near-fainting spells
- Shortness of breath and anxiety
- Chest pain or pressure
- Alternating fast/slow heart rate
- Sweating

If you have chest pain or pressure, it may be a heart attack. Call 911 immediately.

An estimated 1.5% to 5% of the general population have arrhythmias. Many have no symptoms.

Some ways to reduce the risk of arrhythmia include:

- Reduce high blood pressure
- Control cholesterol levels
- Lose excess weight
- Eat a heart-healthy diet
- Do regular physical activity
- Don't smoke
- Drink alcohol in moderation

Sources: American Heart Association; National Institutes of Health

< *Wilson, continued*

In the morning, Nat made an appointment with Dr. Adam Ailabouni, his primary care provider. Nat dropped the kids off at school and went to the Northfield Clinic. There, a CT scan showed a lot of inflammation in Nat's abdomen. His appendix had burst.

Nat was in surgery within hours.

"I didn't know it would unfold that quickly," Nat says. "I called some friends to pick up the kids at school

and take care of them." Martha flew back while he was in surgery.

The ruptured appendix had spread infection throughout Nat's abdomen. "They said it was a real mess in there," Nat recalls. Surgeon Ellie Cohen, MD removed it all. Nat spent 3 days in the hospital recovering. Martha, with the help of friends, managed kids and school and work while Nat recuperated.

"It was huge to be able to get care close to home

where our support circle is," Nat says. **"Having a really good hospital right here makes a huge difference."**

Nat appreciates NH+C's team approach to care: "They do a great job working together to make sure everyone knows about all the different pieces that go into that person's care. That's important to me."

Nat could have gone to Urgent Care or the Emergency Department, but tried the clinic first because the pain lessened when his appendix burst. "I felt somewhat better," he says. "I wasn't sure how serious it was."

He's grateful to the clinic staff who got him in to see Dr. Ailabouni right away. "I didn't know what was happening, and didn't know it was an emergency type of situation. I called the clinic right when it opened and when I described the situation, they

recommended that I come in right away." He's glad he did.

"To be able to get in that morning, get a scan, have surgery – and get the kids to school and get them covered for care? That took some serendipity, and also good choices on the part of the clinic staff."

Nat says the hospital nurses who cared for him during and after surgery are "just dynamite. They woke me up way too often," he laughs, "to make sure I was progressing. But I'm really happy with how everything unfolded."

"We have had consistently good experiences at NH+C, including the births of our two children, three different surgeries, and primary clinic care," Nat adds. "The quality of care is excellent."

Day or night.

< *Anderson, continued*

be sure to completely remove the pre-cancerous lesion. It's best-practice care to prevent colon cancer.

"Appendectomy is a standard, easy surgery so I said, 'Fine,'" Alan says. "Doctors have been taking out appendixes for a hundred years, and they have it down to a pretty good science."

NH+C was an easy choice: "The doctors here are well-practiced."

Removing an appendix is often urgent. This one wasn't. "Since it looked just pre-cancerous and it wasn't going very far, they accommodated my schedule," says Alan, who opted to wait until after some events he had scheduled.

Surgeon Ellie Cohen, MD performed laparoscopic surgery to remove the appendix and the affected area in the colon. She made three small incisions, "one for each hand and one for camera and lights," Alan says. "Dr. Cohen made sure she got all the

"Everyone at the hospital was absolutely fantastic. They answered all our questions."

Alan Anderson, Northfield

margins around the pre-cancerous spot before closing me up."

The same-day surgery "went without a hitch, and the follow-up care was excellent," Alan says. "I don't know how it could have been better."

"Everyone at the hospital was absolutely fantastic," he adds. "They answered all our questions. My wife has some medical background and she always has 20 more questions than I do, and they completely satisfied her and put her at ease."

Alan will have another colonoscopy in a year; if it's clean, he'll go back to regular screening frequency with confidence, thanks to the smooth coordination between Dr. Cohen and his primary care provider.

His advice to others who spot trouble during a health screening? "Trust Northfield Hospital. You can go there with confidence. They have a lot of good experience, a great staff, and the facility is fantastic."

"It sure is wonderful to have a local, capable hospital in our backyard – and people devoted to caring for our community."



Ellie Cohen, MD



"It was huge to be able to get care close to home where our support circle is."

Nat Wilson, Northfield



Stroke? Call 911...because time matters

During a stroke, every minute counts.

A stroke happens when blood flow to the brain is blocked, or there is sudden bleeding in the brain.

When blood flow is blocked (ischemic stroke), the brain can't get oxygen; within minutes, brain cells begin to die. When blood leaks into the brain (hemorrhagic stroke), the blood puts pressure on brain cells, damaging them.

Calling 911 is the fastest route to treatment and recovery when a stroke strikes.

"It's not just a ride to the hospital," says Dr. Jennifer Fischer, Director of Emergency Room and Emergency Medical Services at Northfield Hospital + Clinics. EMS paramedics can begin lifesaving treatment on-site, and on the way to the Emergency Department.



Jennifer Fischer, MD

Stroke is the top cause of long-term disability and the fifth-highest cause of death in the U.S., reports the Centers for Disease Control. Rapid assessment and professional medical intervention make all the difference. Best outcomes result when patients are seen as quickly as possible at stroke-designated hospitals like Northfield Hospital + Clinics.

Dr. Fischer and Emergency Department and Stroke clinical coordinator Chris Smith, BSN RN explain

symptoms, emergency treatment . . . and why an ambulance is best when time matters.

Know the symptoms

Dr. Fischer: "It's crucial to recognize stroke symptoms because early medical activation and early treatment have major impacts on a person's quality of life, post-stroke," Dr. Fischer says. "Everyone should be aware of the acronym BE FAST: balance loss, eyesight problems, facial drooping, arm/one-sided weakness, slurred speech, time to call 911."

Chris Smith: "Time is brain. You lose 1.9 million brain cells every minute that a stroke goes untreated. Quick treatment helps limit brain damage."

Time affects how strokes are treated

Dr. Fischer: "There are different goals depending on whether the stroke is ischemic – when blood flow to brain stops, about 90% of strokes – or hemorrhagic, when a broken blood vessel causes bleeding in the brain, about 10% of strokes.

"If we can determine that the onset of an ischemic stroke was less than 4.5 hours earlier, then we can administer a medication to break up the blood clot that's preventing blood flow to the brain. Up to 24 hours after symptom onset, we can perform a thrombectomy if there's a large blood clot in a major brain vessel."

Chris Smith: "Our Emergency Department can take a patient from the door to doctor to CT scan within 10 minutes or less, and then to CT interpretation by a

stroke neurologist within 20 minutes. Our goal is to have those assessments done and a treatment plan in under 30 minutes.

"Early recognition of symptoms and early treatment are instrumental to saving your brain. It's so rewarding to see a patient who came in with facial drooping, unable to move one side of their body, return to their baseline within a few minutes once treated."

An ambulance is better even if you can drive to the hospital in the same amount of time

Dr. Fischer: "We have excellent treatment and care available, so it's best to get to us as quickly as possible. The ambulance is more than just a ride to the hospital: Our top-notch paramedics bring the medical care to the patient. They can begin treatment enroute to the hospital, and handle complications if something happens on the way. They will call in a

stroke code so when the patient arrives at the ED, the full team is ready to assess and treat them. **Calling 911 ensures efficient assessment and treatment."**

Chris Smith: "There's a 5% increase in your relative risk of death with every five-minute delay, and a 10% reduction in good outcomes for every 30-minute delay. Don't try to tough it out. Be aware of what your body is telling you, know the BE FAST symptoms and if you have or see those, call 911 and get to our ED faster and with professional care. You want a great recovery."

Northfield Hospital is an Acute Stroke Ready Hospital, a designation from the Minnesota Department of Health for rural hospitals that meet specific state standards to rapidly diagnose, stabilize, and treat stroke patients within a critical initial window.

SIGNS OF A STROKE

A stroke can cause lasting brain damage, long-term disability, or death. Think BE FAST:

B.E.F.A.S.T.

Balance Loss

Eye (Vision) Changes

Face Drooping

Arm Weakness

Speech Difficulty

Time to call 911



¿Accidente cerebrovascular? Llame al 911... porque el tiempo importa

Durante un accidente cerebrovascular, cada minuto cuenta.

Un accidente cerebrovascular se produce cuando se bloquea el flujo sanguíneo al cerebro o se produce una hemorragia cerebral repentina.

Cuando se bloquea el flujo sanguíneo (accidente cerebrovascular isquémico), el cerebro no puede recibir oxígeno; en cuestión de minutos, las células cerebrales empiezan a morir. Cuando la sangre se filtra en el cerebro (accidente cerebrovascular hemorrágico), la sangre ejerce presión sobre las células cerebrales y las daña.

Llamar al 911 es la vía más rápida para recibir tratamiento y recuperarse cuando se sufre un accidente cerebrovascular.

"No es solo ir al hospital" dice la Dra. Jennifer Fischer, directora de la Sala de Emergencias y Servicios Médicos de Emergencia de Northfield Hospital + Clinics. Los paramédicos de servicios médicos de emergencia (Emergency Medical Services, SME) pueden comenzar el tratamiento para salvar la vida en el sitio y de camino al departamento de emergencias.

El accidente cerebrovascular es la primera causa de discapacidad a largo plazo y la quinta de muerte en EE. UU., según informan los Centros para el Control y Prevención de Enfermedades. La evaluación rápida y la intervención médica profesional marcan la diferencia. Los mejores resultados se obtienen

cuando los pacientes son atendidos lo antes posible en hospitales especializados en accidentes cerebrovasculares, como el Northfield Hospital + Clinics.

La Dra. Fischer y la coordinadora clínica del Departamento de Emergencias y Accidentes Cerebrovasculares, Chris Smith, BSN, RN, explican los síntomas, el tratamiento de emergencia... y por qué es mejor una ambulancia cuando el tiempo apremia.

Conozca los síntomas

Dra. Fischer: "Es crucial reconocer los síntomas del accidente cerebrovascular porque la activación médica temprana y el tratamiento oportuno tienen repercusiones importantes en la calidad de vida de una persona, después del accidente cerebrovascular". "Todos deberían conocer el acrónimo RÁPIDO: rostro, alteración del equilibrio, pérdida de fuerza, impedimento visual, dificultad para hablar, obtener ayuda".

Chris Smith: "El tiempo es cerebro. Se pierden 1.9 millones de células cerebrales cada minuto que pasa sin que se trate un accidente cerebrovascular. El tratamiento rápido ayuda a limitar el daño cerebral".

El tiempo afecta el tratamiento de los accidentes cerebrovasculares

Dra. Fischer: "Existen diferentes objetivos en función de si el accidente cerebrovascular es isquémico (cuando se detiene el flujo sanguíneo al cerebro, alrededor del 90 % de los accidentes cerebrovasculares) o hemorrágico (cuando la rotura

de un vaso sanguíneo provoca una hemorragia en el cerebro, alrededor del 10 % de los accidentes cerebrovasculares).

Chris Smith: "Nuestro Departamento de Emergencias puede llevar a un paciente de la puerta al médico al escáner de TC en 10 minutos o menos y luego a la interpretación de la TC por un neurólogo especialista en accidente cerebrovascular en 20 minutos. Nuestro objetivo es tener hechas esas evaluaciones y un plan de tratamiento en menos de 30 minutos".

Una ambulancia es mejor, aunque usted pueda conducir hasta el hospital en el mismo tiempo

Dra. Fischer: "Disponemos de excelentes tratamientos y cuidados, así que lo mejor es que acuda a nosotros lo antes posible. La ambulancia es más que un simple medio de transporte al hospital: nuestros paramédicos de primera categoría llevan la atención médica al paciente. Pueden iniciar el tratamiento de camino al hospital y ocuparse de las complicaciones si ocurre algo en el camino. Cuando

el paciente llegue al departamento de emergencias, el equipo completo esté listo para evaluarlo y tratarlo. **Llamar al 911 garantiza una evaluación y un tratamiento eficaces.**"

Chris Smith: "Hay un aumento del 5% en el riesgo relativo de muerte por cada cinco minutos de retraso y una reducción del 10% en los buenos resultados por cada 30 minutos de retraso. No intente resistirse. Esté atento a lo que le dice el cuerpo, llame al 911 y llegue a la sala de emergencias más rápido y reciba atención profesional. Usted desea recuperarse de gran manera".

Northfield Hospital es un hospital preparado para accidentes cerebrovasculares agudos, una designación del Departamento de Salud de Minnesota para los hospitales rurales que cumplen normas estatales específicas para diagnosticar, estabilizar y tratar rápidamente a los pacientes con accidentes cerebrovasculares dentro de un período inicial crítico.

R.Á.P.I.D.O.

Rostro caído

Alteración equilibrio

Perdida de fuerza en un brazo o pierna

Impedimento visual

Dificultad para hablar

Obtenga ayuda RÁPIDO, llame a emergencias!



Psst: You might have high blood pressure

Here's why it's important to know: You could have had high blood pressure for years and not know it.

"Often, there are no symptoms at all, but high blood pressure can damage your kidneys, and put you at risk of heart attack or stroke," says family medicine physician Clayton Wagner, MD.

Think of it like an engine, Dr. Wagner says: "Fluids run through the pipes of an engine, and when the fluid pressure is too high, it damages the small parts of the engine over time. When the pressure in your circulatory system is too high, it builds up plaque that gets pushed into the walls of the blood vessels, increasing the risk of heart disease, heart attack, and stroke." Likewise, blood vessels in the kidneys can damage kidney function if blood flow is too strong.



Clayton Wagner, MD

"One of the largest contributors to heart disease is uncontrolled high blood pressure, and heart disease is the leading causes of death in the U.S.," Dr. Wagner explains.

Ideally, blood pressure would be 120 over 80, Dr. Wagner says. "But if you hang out around 150 over 90 for a long time, that's really hard on your body."

Extremely high blood pressure can cause a

"hypertensive emergency," with chest pain, blurry vision, headache. If you have these symptoms, go to the Emergency Department or call 911.

Dr. Wagner offers these steps to keep your blood pressure in a safe range and prevent high blood pressure:

Know your blood pressure. High blood pressure can start in your 30's, so it's important to know your blood pressure as a young adult. Start with your annual physical. "Even if you feel great, it's important to have regular screenings" starting with your vital signs: body temperature, pulse rate, respiration rate, blood pressure. "Make sure it's checked at least once a year. And if it's high, talk with your provider about doing checks at home, or more than once a year," Dr. Wagner advises.

Know your family history, too. "Be sure to give your provider a thorough family history of relatives with high blood pressure," Dr. Wagner says. "If it runs in your family, that helps clarify your risk."

Manage your risks

- **Watch your sodium.** Aim for 1,500 milligrams a day. (USDA regular daily allowance is 2,000 milligrams a day.)
- **Consider the DASH eating plan:** The "Dietary Approaches to Stop High blood pressure" is built on daily and weekly nutritional goals with recommendations on what foods to eat, and which to avoid.

- **Don't smoke.** "If you're smoking at all, any tobacco, that's going to raise your blood pressure," Dr. Wagner says. Your provider can help you with resources to quit smoking.
- **Drink alcohol only in moderation.** The recommendation is less than 1 drink per day.
- **Get enough exercise.** Aim for 150 minutes per week of moderate-intensity activity (a brisk walk) or 75 minutes per week of vigorous activity (running).
- **Think about sleep apnea.** When breathing stops and starts throughout the night while sleeping, it deprives your brain and body of oxygen. "Your heart tends to work harder to send more oxygen to your brain," Dr. Wagner says. "That stresses your body." Know the symptoms of sleep apnea; talk with your provider about a sleep study and treatment options.

Check your blood pressure on a regular basis.

"Monitoring your blood pressure is crucial when there are no symptoms, because the health risks are high," Dr. Wagner says. "Home monitoring has been proven without question to be more sensitive and more specific than in-office measurements alone."



The American Academy of Family Physicians recommends using an automatic, digital monitor with a cuff for the upper arm, which is generally more accurate than wrist or finger monitors. Keep track of your readings and share them with your provider to see how your blood pressure varies over time. "Using a home blood pressure cuff correctly will result in a much clearer picture of your blood pressure health as a whole," Dr. Wagner says. "That can help navigate your treatment."

AAFP also recommends bringing your home monitor to your provider's office once a year to have it checked. At NH+C, established patients can get their BP monitor checked during a clinic appointment or nurse visit. Dr. Wagner works with his patients to check cuff fit, monitor their technique, and cross-reference home machines with the clinic's calibrated BP machines.

High blood pressure "is a passion area for me because patients generally aren't thinking about it,"

Dr. Wagner says. "They think, 'I'm feeling pretty good. How could this be a problem?' I encourage them not to take it for granted."

Because what you don't know . . . might hurt you.

Dr. Clayton Wagner is a family medicine physician in NH+C's Farmington Clinic. Appointments: (651) 460-2300



Nancy Burkholder altered her flight path

Nancy was building an airplane.

While she worked on it from inside the cockpit, the plane came loose from its mooring and dumped Nancy on the pavement. "I dusted myself off. There were no broken bones or a lot of bleeding, just some surface cuts, so didn't go to the doctor," Nancy says.

But a 3-inch bruise on her thigh, just above the knee, wouldn't heal. When it started weeping fluid, Nancy wrapped it with paper towels and plastic wrap. After a few weeks with no improvement, Nancy went to NH+C's Urgent Care in Northfield. The team there made an appointment for her with the Wound Healing Center at Northfield Hospital.

Turns out the bruise was worse than it looked.

The injury was tunneling underneath the skin, digging a dangerous path towards Nancy's knee joint. "It was a major thing," Nancy says.

The risk of infection could cost Nancy her leg.

First, the Wound Healing team needed to open the wound to reach the tunneled area to clean it effectively. Nancy calls it "daylighting," a term railroads use when blasting through a mountaintop to lay track.

Surgeon Ellie Cohen, MD "put her fingers inside the wound and felt around, and it didn't hurt," Nancy

recalls. "So she cut off the dead skin right then. It had tunneled through the fat layer and you could see the muscles underneath."

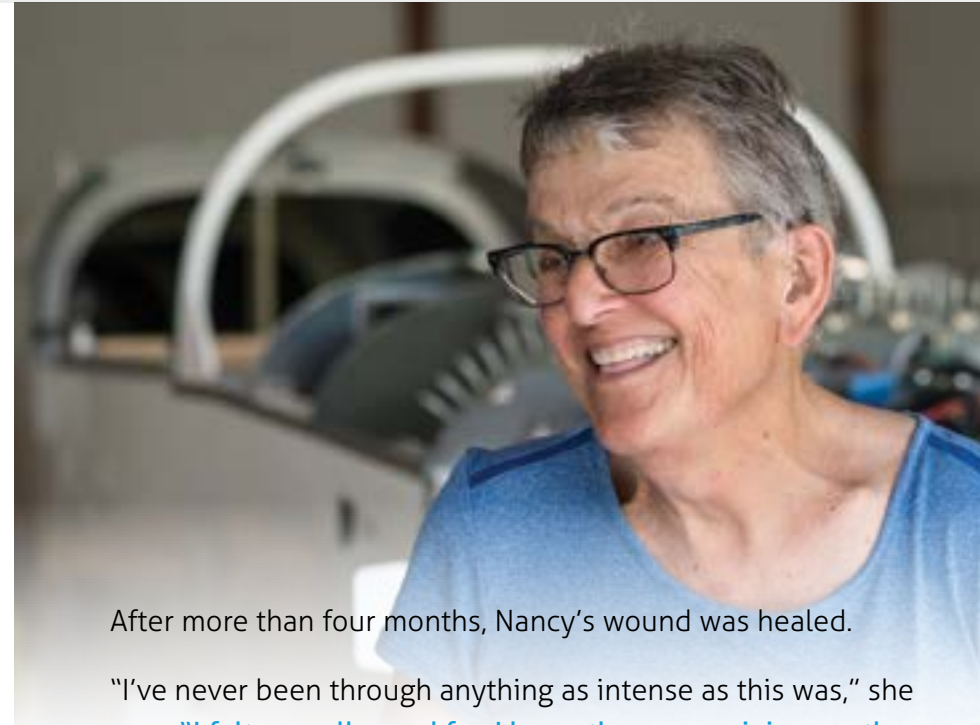
Next, Christina Richardson, FNP, CWON set up a rigorous schedule to clean the wound and avoid infection. She also put Nancy on antibiotics, and used a wound vacuum pump to pull the serous fluid (that weeping serum that's common in surface wounds) and help the wound dry out.

"Christina told me that if I got any fever at all, to go right to Emergency Department. I was unaware of the risk of infection, but she was very aware of the urgency of it."

Nancy didn't get an infection. Still, the wound was taking a long time to heal. So "Christina suggested putting fish on it," Nancy recalls.

Fish skin grafts use the skin of specific types of fish to cover the wound, acting like a scaffold for the patient's own skin to grow into the graft and then generate its own healthy new cells. Fish and human skin have similar fats, proteins and elasticity. Fish skin grafts help with faster healing, less pain, and no risk of transmitting disease like a human skin graft might.

Within a week, Nancy's wound had healed by half. A second fish skin treatment shrunk it even further.



After more than four months, Nancy's wound was healed.

"I've never been through anything as intense as this was," she says. **"I felt so well-cared for. I knew they were giving me the very best treatment they could, and I knew my responsibility was to keep up the care."**

The Wound Healing team was "just super," Nancy adds. "They told me everything about my wound, what to look out for and how to care for it in between treatments. Everyone answered all my questions, and shared all their knowledge. I didn't know anything about what we were doing, but I learned a lot."

Nancy resumed flying shortly after finishing treatment. "It felt great to be back," she says.

It took a while longer to get back to her second plane, the one she was building. "I just wasn't ready to get back in there. It was an emotional piece to recover from, more than a physical recovery."

Nancy figures that a bolt in the plane's mooring came loose over time and caused the accident. "I put the bolt in and then didn't pay attention to it," she says. It was like that with her bruise, too: "You have to pay attention to the details . . . and also know what those details are to watch for."

Nancy's advice on keeping an eye out for trouble: "Never take anything for granted. You learn that as a pilot because in theory the engine could quit anytime. You always have to be aware of details, and what could happen."

And know that your ground crew has got you covered.

SKIN GRAFTS...FROM FISH

Fish skin is a surprising – and highly effective – tool for healing wounds. Fish skin has omega 3 fatty acids that break down inflammation and enable skin to heal. It is similar in composition to human skin, so a graft can prompt the body to grow healthy new skin. Grafts also help reduce pain.

Grafts applied to the surface of a wound are absorbed into the wound bed and human skin grows around it. It's a simple, painless process done in the Wound Healing Center.

For deep wounds, fish skin particles can be used to fill the empty spaces under the skin in order to heal from the inside out towards the surface skin.

Most types of wounds can benefit from fish skin grafts:

- burns
- venous wounds
- traumatic injuries
- diabetic foot ulcers
- dermatology wounds after MOHS procedure

NH+C's Christina Richardson, FNP, CWON has earned international awards for excellent results from fish graft treatment from Kerecis, a leading skin graft supplier based in Iceland.

Appointments: (507) 646-6900



Chantel Mees finally got relief from her pain

Chantel was 20 weeks pregnant when her left leg went numb.

Her baby was sitting on a nerve, causing numbness and a tingling pain that wouldn't quit.

Chantel's obstetrician expected the pain to go away once the baby was born.

It didn't.

"I was 6 weeks postpartum and I still was having numbness in my leg," Chantel says.

She tried many approaches to relieve the compressed nerve. She worked with her primary care provider, a physical therapist, a chiropractor. "I went to multiple providers and therapies, and nothing was helping my symptoms," Chantel says.

Then she consulted pain specialist Dean Anderson, APRN, CRNA.

"Dean was very empathetic and willing to take the time to listen to my concerns, which had not been my experience with previous providers," Chantel says.



Dean Anderson, APRN, CRNA

Dean recommended a steroid injection to relieve the compressed nerve and reduce the inflammation so the nerve could heal.

But Chantel's insurance carrier denied the procedure. "They said it didn't impact my daily life," Chantel recalls. "Dean took the time to consult with a physician at the insurance company, and got it approved. He went above and beyond."



PAIN IN THE NECK? CERVICAL SPINE EPIDURAL MAY HELP

Pain, tingling or a feeling of pressure in the neck, shoulder or arms can be caused by pressure on the nerves in the spine, either from a bulging disc or damage to the bony vertebrae. An epidural injection may help.

An xray-guided, single injection of steroid combined with a local anesthetic can calm the pain and help increase mobility and function. Physical therapy can improve strength and flexibility to prevent the pain from coming back.

An injection can bring relief for months or longer, says pain management specialist Dean Anderson, APRN, CRNA.

"Steroids can help soft tissue like a bulging disc by reducing inflammation so it can repair itself," Dean says. "If there's damage to bone, either from injury or degeneration due to age, surgery may be needed to repair that."

If there's still pain after 2 or 3 rounds of injections, a surgical consult will help determine if surgery can repair the structure of the bones.

"If surgery is needed, once the structure is repaired, there may still be some nerve inflammation after surgery," Dean says. "Injections can help reduce that inflammation so the nerves can heal themselves."

Cervical spine epidural is an out-patient procedure; typically no sedation is needed.

That other pain in the neck

If you feel neck pain when you move, or have restricted range of motion, a different treatment can help. Cervical spine ablation heats the nerve endings to disable them from sending pain signals to the brain. Results can last 1-2 years. Physical therapy can help build strength in the neck muscles to better support the spine.

NH+C is the only provider of cervical spine epidural and ablation in our service area – the region between Rochester and Mankato, from the south metro to the Iowa border.

It had been a year since the pain started. Within a week after the steroid injection, the pain was completely gone.

"Now I can have my baby sit on my lap without my leg feeling uncomfortable," Chantel says.

"I was told it might be a forever thing," Chantel says. **"It was nice to have reassurance from Dean that there was something that would help."**

Chantel's advice for others with chronic pain: "If something's not helping, keep trying."

"Dean's pain management care has positively impacted my life. I hope it continues to positively impact other patients too."

> Schedule an appointment:

Northfield: 507-646-1494
Faribault: 507-334-1601

No referral needed in most cases.



Jadon Kittlesen is walking again

Jadon came down with COVID in August 2023 shortly after a bout with mono.

He felt better for a few weeks – and then suddenly he was too weak to walk. “I pushed hard to try to get better, riding a stationary indoor bike every day to point of collapse,” Jadon says. “I was really pushing because I wanted to get better and be out there, and it was just too much.”

Two months later Jadon was hospitalized, unable to move and wracked with muscle spasms and pain. He was 21.

Eventually Jadon was diagnosed with Long COVID. He went home in a wheelchair. He had to quit college.

Physical therapy helped a little. But Chronic Fatigue Syndrome limited how long he could work at it, and sapped his energy.

Then Jadon’s Uncle John saw a news story about the Perrin Technique, massage that drains cerebrospinal fluid that’s been infected by virus into the lymphatic

system to be detoxified by the liver. Flushing out the toxins helps the central nervous system recover, so the hypothalamus and the sympathetic nervous system can function well again.

Jadon’s mom Deb tracked it down, and was referred to occupational therapist Lisa Neitge, OTR/L, CLT at NH+C’s Rehabilitation Services in Northfield, who is certified in Perrin Technique.

“I didn’t feel like I turned a corner until I started Perrin Technique, along with PT. Since working with Lisa, I have had more hope.”

Jadon Kittlesen, Faribault



“I was skeptical at first,” says Jadon, who started treatment with Lisa in May 2024. “When I started with Lisa I was in a wheelchair and could barely sit up in a chair for much time at all.”

Within six months, he was about 50% better, Deb says. His brain fog improved; over time, it got easier to read, and to find the right words when he talked. After about 14 months of treatment, Jadon traded his wheelchair for a cane.

“I didn’t feel like I turned a corner until I started Perrin Technique, along with PT,” Jadon says. “Since working with Lisa, I have had more hope.”

With the Perrin Technique, an occupational therapist gently moves and stretches the body to help improve how fluids flow around the brain and spine. This can help reduce fatigue, pain, and brain fog. Many people feel more comfortable and lighter after treatment. Therapists also can guide patients in daily self-massage, postural exercises, pacing strategies, and use of adaptive equipment to gently increase strength and circulation over time.

“What Lisa is doing has made a world of difference when nothing else was helping much,” Deb adds. “That first year, Jadon’s spirits were really low. He’s much better now. It’s been a long process.” It helps to have therapy so close to their Faribault home.

More than two years later, Jadon is now taking college classes online, one or two at a time – public speaking, English 101, geography. “Stuff is tougher

for me now, so I’m glad to be taking a 101-level class” after 200- and 300-levels before he got sick.

“Lisa is also teaching me how to pace myself, how to push but not push too hard. I think I’ve struck a good balance now,” Jadon says.

“It’s been a long journey; we really are so thankful for what Lisa is doing for him,” Deb adds. **“It’s the only thing that has helped along the way.”**

“At this point, Lisa is a really good friend,” Jadon says. “She’s great at her job.”

Lisa cares for patients who travel from Le Sueur, Owatonna, and the south Metro for this specialized treatment. Lisa works with specialist providers for Long COVID and Myalgic Encephalopathy to coordinate care for these patients.

Jadon’s advice for those with chronic conditions: “If you’re struggling with something for a long time, there are things you can try, like Perrin Technique. Keep an open mind. That has helped me tremendously, much more than I expected.”

Deb’s advice: “Keep trying whatever you need to get your person better. I’m more traditional like, go to the doctor, but it seemed like the doctors didn’t know what to do, so we looked at other treatments out there.”

Because every step forward . . . counts.

 **Appointments:**
(507) 646-8800



Meg Witt strives for ordinary days

Meg is a Licensed Professional Clinical Counselor at St. Olaf College, where she helps students through life's challenges.

Her own health challenges are daunting. Meg has three rare conditions that affect multiple systems in her body: circulation, joints, muscle function, digestion, immune response. She gets migraines, joint pain, allergic reactions, muscle weakness and more. Meg calls it "the holy trinity" of conditions.

"My huge goal is to stay working, manage my symptoms, and find enough balance to stay present and engaged with my family life," Meg says.

One condition, POTS, affects blood flow. It gives Meg debilitating migraines. She discovered that hydration

helps: Whenever a spike in her heart rate sent Meg to the Emergency Department, "they'd give me fluids and then I'd feel better," she recalls.

Meg now comes to the Cancer Care & Infusion Center twice a week for IV hydration. She has fewer, milder migraines, plus less frequent fainting spells and episodes of spontaneous spikes in heart rate. "It's just salty water, but it makes a huge difference in managing my chronic conditions."

Hydration also helps manage her symptoms from Mast Cell Activation Syndrome – and by extension, her Ehlers-Danlos syndrome: When MCAS flares, that makes EDS symptoms worse.

"It feels great to have these controlled so well with hydration," Meg says. "It helps manage symptoms so I can be in my life more."

EDS, POTS, MCAS DEFINITIONS

- Ehlers-Danlos syndrome is a group of disorders that affect connective tissues, primarily skin, joints and blood vessel walls.
- Postural Orthostatic Tachycardia Syndrome causes the heart to beat faster than normal when standing up from a sitting or lying position.
- Mast Cell Activation Syndrome is a immunological condition where mast cells inappropriately trigger allergic reactions, causing intense episodes of swelling, shortness of breath, hives, diarrhea, vomiting and other symptoms.

One challenge is finding the right fit of treatments, because these spectrum disorders affect each person differently.

Meg's symptoms rise and fall unpredictably. A simple shift in barometric pressure can cause a flare up. "The wind shifts – literally – and I'm dealing with a new thing," she says.

That makes consistent access to care crucial. NH+C's infusion center "makes everything just so easy," Meg says. "They make it possible for me to be there as often as I need to, which is amazing.

"From the very beginning, everyone there has been super helpful, and they all know me so well now. I joke that I see them more than my actual friends," Meg laughs.

"They're such a great team, and really care about me being okay."

Meg has a specialized port for infusions. The Hickman port suits her sensitive skin, and eliminates the need for needle sticks that take a long time to heal. The CCIC staff "has been great" about managing the port, Meg says, and helping figure out how often to get infusions. "This is an unusual disease, and a lot of medical providers don't know much about it. It has made a really big difference to have a care team that may not fully understand it but cares enough to figure it out."

Meg's primary care provider recommended infusion centers in the metro, but Meg called NH+C instead. "I'm so grateful to have the resources locally. I already have to travel so much for other medical care."

At CCIC, "it feels amazing not to be pushed to the sidelines because I'm not a high-risk patient" compared to cancer patients coming to CCIC for chemotherapy. "I think of myself as the one they don't have to worry about."

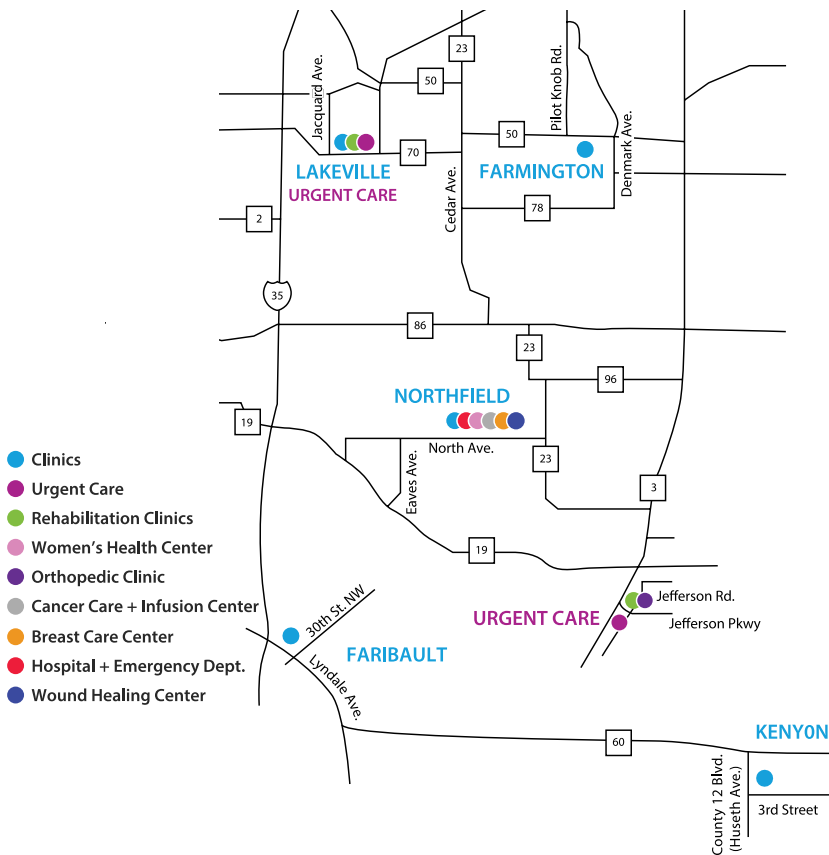
Meg's advice for others managing chronic conditions: "Don't give up. Keep asking questions and advocating for yourself. It took me 38 years to figure it out, and a long time to find the right treatment for me, which has also come with finding the right care team. It really matters to have the right team."

That team can help make the days more . . . ordinary.



2000 North Avenue
Northfield, MN 55057

Clinics, Hospital + Specialty Care close to you



Hospital + Emergency

Northfield Hospital + Emergency

2000 North Avenue, Tel: 507-646-1000

Clinics + Urgent Care

Faribault Clinic

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

Specialty care available at multiple clinic locations

Schedule appointments online!

Family Medicine, Internal Medicine, Pediatrics, Screening Mammograms, Colonoscopy

- Start at northfieldhospital.org or scan this QR code:
- Choose a time that fits your schedule
- Receive instant confirmation and reminders
- Your information is secure and private



Specialty Care

Breast Care Center – Northfield
2000 North Avenue, Tel: 507-646-1143

Cancer Care & Infusion Center – Northfield
2000 North Avenue, Tel: 507-646-6979

Endoscopy – Northfield
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

Sleep Center – Northfield
2000 North Avenue, Tel: 507-646-1099

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

Wound Healing Center – Northfield
2000 North Avenue, Tel: 507-646-6900



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. 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.

Zander Abbott - President and CEO
Michael Hemesath - Chair, Board of Trustees
Jeff Meland, MD - Chief Medical Director
Betsy Spethmann - Editor

WE'RE ONLINE

