

# MEDICAL NEWS

News in Brief

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## ‘PORTRAITS IN COURAGE’ FEATURES KEESLER MEDIC



(Courtesy photo)

Sergeant Gestring, right, provides treatment to wounded coalition forces and Afghan National Police after the Jan. 6 attack.

By Tech. Sgt. Amaani Lyle  
Secretary of the Air Force Public Affairs

WASHINGTON — The fifth volume of “Portraits in Courage” released Friday highlights 18 Airmen who demonstrated bravery and heroism in the crucible of war as they repelled air and ground enemy fire, led convoys through perilous terrain and assisted injured comrades.

The stories describe ordinary Americans who accomplished extraordinary deeds despite harrowing challenges.

Master Sgt. Kenneth Gestring, 81st Surgical Operations Squadron anesthesia flight superintendent, was one of the Airmen featured in the volume. Sergeant Gestring, who received the Purple Heart earlier this year, established a casualty collection point under fire without regard to his own safety and injuries he sustained from a blast following an insurgent forces submunitions attack.

In the preface, Air Force Chief of Staff Gen. Norton Schwartz and Chief Master Sgt. of the Air Force James Roy said the collection “serves as an unremitting tribute to the spirit and accomplishments of all Airmen, poignantly reminding us of the sacrifices that are required, by service members and their families, to secure the many blessings of liberty.”



(U.S. Air Force photo by Steve Pivnick)

From left, Capt. (Dr.) Lauren Herrman and nurse Holli McDonald examine Maureen O’Hara while Staff Sgt. Krystal Sandoz, a medical technician, takes her blood pressure. Other “Pelican” team members are nurse practitioner Kelly Mask and medical technicians Airmen 1st Class Kelsi Speight and Kadie Stoller and Airman Aleksandar Petrakov. Mrs. O’Hara lies in Ocean Springs with her husband, retired Army Col. John O’Hara.

## New health initiative centers on patient, team

By Marsha Nelson  
81st Medical Group

KEESLER AIR FORCE BASE, Miss. — The 81st Medical Group Hospital Family Health Clinic has been operating under the Air Force’s Family Health Initiative since Sept. 1.

The initiative, launched in August 2008 at Ellsworth AFB, S.D., and Edwards AFB, Calif., is modeled on the patient-centered medical home, a 1960s concept that is making a comeback as the nation struggles to

make health care more efficient. A patient-centered model consists of a primary-care doctor, nurse and technicians who work as a team providing treatment for most conditions and make referrals to specialists as necessary. During 2008-2009, 13 Air Force medical treatment facilities implemented the FHI. In 2010, 20 more Air Force facilities, including Keesler, have put the tenets of FHI into practice.

The model has the support of the American Medical Association, the American Academy of Family

★ See Initiative page 2

## INDEX

Teamwork helps heart patient.....page 2  
 Medical Robotic Technologies take a step closer to the battlefield.....page 3  
 Classifieds.....pages 5-16

# Teamwork helps heart patient

By Steve Pivnick

81st Medical Group Public Affairs

KEESLER AIR FORCE BASE, Miss. — It wasn't post-Thanksgiving indigestion.

The patient, who prefers to remain anonymous, woke up a little after 1 a.m. Nov. 26 with tightness in his chest. This, coupled with vomiting, caused him to realize he was suffering a heart attack.

"Being a 'diehard Air Force guy,' I got into my truck and 45 minutes later arrived at the Keesler hospital. I walked in the front door (clinic entrance) and asked the Airman at the desk for directions to the emergency room. I walked there, gave the lady at the desk my ID, told her I believed I was having a heart attack and was rushed into the back."

Maj. (Dr.) George Dockendorf, emergency medicine physician on duty in the Keesler emergency room, recalled, "It was a pretty slow night. The patient arrived shortly after 1 a.m. I saw on the computer he was complaining of chest pain"

ER protocol calls for patients reporting with chest pain to have an electrocardiogram within five minutes of arrival. After receiving the EKG, he was taken back to Dr. Dockendorf.

"The EKG results were textbook, exactly what you see for an acute heart attack, formally referred to as an ST (from the EKG) elevated MI myo-



(U.S. Air Force photo by Steve Pivnick)

**MAJ. (DR.) GEORGE DOCKENDORF**

cardial infarction. I immediately asked the charge nurse (Capt. Daniel Damitio) to get Dr. (Lt. Col. Steven) Kindsvater (chief of the 81st Medical Operations Squadron's Cardiovascular Services) on the phone. While he was doing that, I went in and talked to the patient. After identifying myself, I wanted to get a quick medical history before telling him he was having an acute heart attack.

"He told me he woke up with chest pain and had been vomiting, both symptoms of a heart attack. He gave the classic presentation of someone having a heart attack: pressure-like chest pain radiating to the left arm, sweating and vomiting. We immediately gave him a full dose of aspirin and sublingual nitroglycerine a total of three times which eventually resolved his chest pain. I then let him know I was concerned he was having an acute heart attack and would have to go to the cardiac catheterization lab where they would look at him and treat whatever they found.

"Dr. Kindsvater arrived (from his Ocean Springs home) within 15 minutes of my calling him and went into the patient to explain what was going on. Within another 15 minutes, having evaluated him as having an acute heart attack --the most serious type--he was admitted to the cath lab."

Dr. Dockendorf stated, "The event couldn't have gone any smoother, considering it was Thanksgiving night. Everyone worked as a unit, from the medical technicians to the nurses, to ensure the patient received the best possible care."

Dr. Kindsvater observed that if this type of condition was left untreated or treatment was delayed, there is 20 percent likelihood the patient would not survive.

He noted the national standard for care from the time a patient arrives at the emergency room to the point of an open blood vessel in the cath lab is less than 90 minutes.

"If the heart attack occurs during a hospital's normal duty hours, 90 minutes is an achievable goal 90 percent of the time," Dr. Kindsvater pointed out. "After duty hours, very few hospitals are able to meet the goal. I'm very proud that through the professionalism of everyone involved -- both the ER and cath lab teams -- we were able to reach

the open vessel stage within 75 minutes. This was better than is expected during normal business hours, let alone after duty hours."

Dr. Kindsvater said, "We placed two stents into the large vessel going to the left side of the patient's heart."

Three days later, they fixed the vessel leading to the right side. After recovering in the hospital's intensive care unit, the patient was discharged Nov. 30, getting into the truck he drove here in the early hours of Nov. 26.

"Dr. Kindsvater said to get out and 'get with it' so that's what I'm going to do plus lose the weight I gained over the past 10 years," the patient said. "I figured I made it here with a heart attack so I sure can drive myself home. I have to admit that driving myself with a heart attack was a risky move that I wouldn't recommend anyone to attempt."

The patient retired from the Air Force in 1988 after 23 years and the U.S. Postal Service in November 2009. The 63-year-old man said his father had died of a heart attack at 54, but his mother lived into her 90s.

"I prefer military, particularly Air Force, hospitals," he said. "If I have the choice, that's where I go. They absolutely should be proud of the work they are doing, and everyone I met was helpful, friendly and smiling."

## ★ Initiative

Continued from page 1

Physicians and other national health-care groups. Under the Air Force program, a family health team consists of a family practice physician, an extender (either a physician assistant or nurse practitioner), a registered nurse and five medical technicians.

The FHI solidifies the Air Force surgeon general's vision that primary care at Air Force MTFs should be a medical home that is pleasing to both patients and medical staff. Primary goals are improved doctor-patient relationships, better access to treatment and higher-quality care.

Educating the Keesler community on FHI is the most important piece to the success of this initiative. FHI focuses on the personal relationship between patient and provider, creating a greater continuity of care. Building rapport with a medical team doctor, nurse and technician puts the focus more on preventive, proactive care instead of reactive care and ultimately leads to healthier Airmen and families.

Keesler is laying the groundwork to establish continuity among patients and the FHI team's staff. There may be a few "hiccups" along the way, but patient suggestions assist the staff in making FHI a success.

The family health clinic, which serves about 14,000 patients, is now com-

posed of six family health teams. Each team has approximately 2,500 patients. Although the transition to the teams was virtually transparent to patients, dedicated appointments with an assigned team doctor or team extender will become more apparent as the clinic moves into the second quarter of FHI implementation. Patients no longer are booked among potentially 14 different clinic providers. Continuity of care is achieved by patients seeing their specific medical team. As continuity builds between the team and patient, so should trust, thereby resulting in a more satisfying health-care experience.

As with all military organizations, deployments and personnel transfers are a reality and result in periodic changes to a medical team. When the team provider is absent for an extended period, patients can anticipate an interruption in the continuity of care. For longer term absences, patients are temporarily seen by another team. The clinic staff does everything possible to ensure patients receive timely, quality care.

The clinic plans some upcoming events, such as patient days and team weeks, to educate patients about their respective teams and to acclimate them to the new patient-centered home initiative.

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# Medical Robotic Technologies take a step closer to the battlefield

*The best way to see if a remote-controlled robot can reduce risk to combat medics in the field? Let real Soldiers test it.*

By Barb Ruppert,  
TATRC science and technology writer

How do you rescue wounded Soldiers under fire without losing more lives? One answer may be the BEAR™ (Battlefield Extraction-Assist Robot), which would be used to recover a wounded soldier and bring him or her back to where a combat medic could safely conduct an initial assessment. A motion-capture glove or specially equipped rifle grip would allow a warfighter to control the robot remotely while still carrying out his or her other tasks.

These technologies have been tested together over the past year by Soldiers at the U.S. Army Infantry Center Maneuver Battle Lab at Fort Benning, Ga.

The U.S. Army Medical Research and Materiel Command's Telemedicine and Advanced Technology Research Center has helped fund the development of Vecna Technologies' humanoid BEAR, and has funded integration of AnthroTronix's iGlove and M4 rifle grip controller into the Fort Benning testing. Dr. Gary Gilbert, who manages TATRC's medical robotics portfolio, said the assessments provide a key link between research and actual robots that can be used in the field.

"Our goal with the Battle Lab testing is to get the technology in the hands of the Soldiers, either through simulations or live exercises, and derive from their feedback what tactics, techniques and procedures are appropriate for deploying it," explained Gilbert. "These TTPs can then serve as the basis for developing real world operational capability needs and requirements. It's only once we know how we'll successfully use these technologies that you'll see them put into the field."

A computer simulation of the BEAR was created in 2009 for use in the Battle Lab's OneSAF (One Semi-Autonomous Forces) combat operations simulator. An initial series of platoon level assaults and clearing operations in both wooded and urban terrain were executed in OneSAF, including casualty extractions using both conventional litter rescues and rescues with the BEAR. The AnthroTronix remote control systems were integrated with the simulation in December 2009. In June 2010, the BEAR and AnthroTronix controllers underwent live characterization studies with Soldiers observing their capabilities



**The AnthroTronix iGlove enables a warfighter to easily command and control robotic devices through sensors and controllers built into a standard-issue glove. It can capture all degrees of human hand motion for greatly enhanced control.**

ties in both urban and wooded terrain.

The BEAR is a multimodal, high degree of freedom robot that can reach out with its hydraulic arms to lift and carry up to 500 pounds; complete fine motor tasks with its hands and fingers; maneuver with a dual-track system; stand up and balance; and use cameras and sensors. It gained national media attention when it was featured in Time Magazine's Best Inventions of 2006. Successive versions have increased its capabilities. While the initial control of the BEAR is via a remote human operator, work is underway for more complicated semi-autonomous behaviors in which the robot understands and carries out increasingly higher-level commands.

AnthroTronix's iGlove gesture recognition device can control robots remotely through simple hand signals. The Mounted Force Controller is a robot controller device that can be mounted on an M4 rifle so a soldier does not have to put down his or her weapon to use the device. The iGlove is a low-cost, universally compatible control device that has been available commercially since 2009 as the AcceleGlove™. The company plans to develop a new version with more accelerometers and a digital compass so the user could instruct a robot to disable an improvised explosive device or travel exactly 300 yards west, for example, using signals from the glove alone.

Noted AnthroTronix Chief Technology Officer Jack Vice, a for-

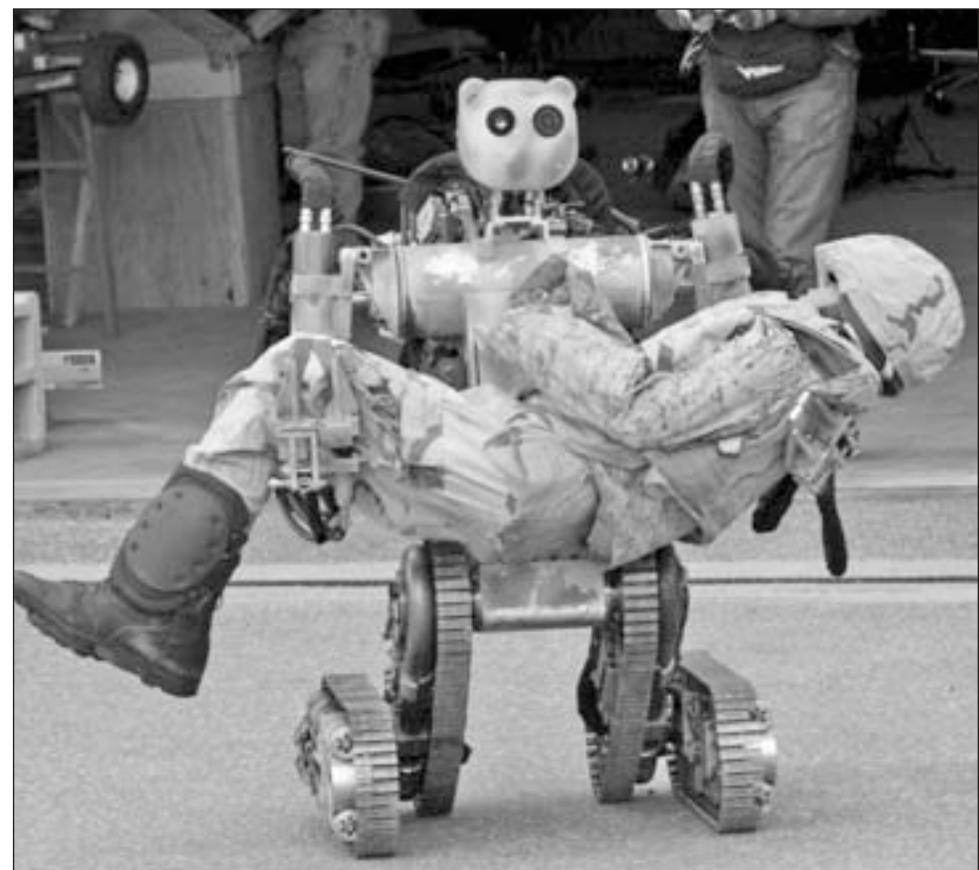
mer Force Recon Marine, "One of the most promising outcomes of the Battle Lab simulations and live testing was the fact that warfighters only required minimal training to learn to operate

both the iGlove and MFC. Additionally, in comparing the iGlove to traditional controllers, warfighters favored the simplicity of the iGlove mode switching, in which they simply reached out and touched the human joint to control the corresponding robotic joint." Vice added, "TATRC support has enabled us to fully integrate the controllers with Joint Architecture for Unmanned Systems software, gain invaluable feedback from Soldiers, and develop new control methodologies as we integrate the controllers with high-degree-of-freedom robots such as the BEAR."

For these projects, TATRC has leveraged funding from the Tank Automotive Research Development and Engineering Command, the Joint Ground Robotics Enterprise, the Robotics Systems Joint Project Office, the Army Research Lab, the Small Business Innovative Research Program and Congressionally Directed Research funds.

Said Gilbert, "The Battle Lab testing process has great potential for overcoming the numerous barriers to transitioning research prototypes or new and emerging technologies to operational systems. Even our initial simulation and live operational assessments point to significant research challenges ahead in developing and fielding unmanned systems for combat casualty care. But this is the technology of the future.

"If robots could be used in the face of threats such as urban combat, booby-trapped IEDs, and chemical and biological weapons, it could save medics' and fellow Soldiers' lives."



**Vecna Technologies' BEAR is an all-terrain, search and rescue humanoid robot that can lift and carry up to 500 pounds yet can grasp fragile objects without damaging them.**

# Doctor ensures care for wounded warriors

By 81st medical Group

KEESLER AIR FORCE BASE, Miss. — Retired Col. (Dr.) James Gasque continues to play a major role in Keesler's Wounded Warrior Program.

Dr. Gasque, who retired in July with 25 years of Air Force service, transitioned back to clinical medicine after serving as the 81st Medical Group chief of medical staff from 2006-2009. Col. (Dr.) Susan Perez de Tagle, current chief of medical staff, appointed him as medical director of the Wounded Warrior Program based on his clinical and administrative background. In this role, Dr. Gasque is the primary care manager for wounded warriors and ensures their deployment-related conditions are documented and fully addressed.

As the first chief of medical staff following Hurricane Katrina, he found several programs needed to be re-established. Once the medical facility again was functioning with the clinical services, inpatient capabilities and the return of the graduate medical education internal medicine and surgery residency programs, Keesler was capable of caring for Wounded Warriors, except for those with traumatic brain and spinal cord injuries. With Keesler able to accept patients from Iraq and Afghanistan, a wounded warrior platform was essential.

Dr. Gasque said, "Initially I called upon the hospital's medical management staff, consisting of registered nurses and social workers, to coordinate wounded warrior care.

Donna Anderson, working in medical management, took a special interest in them, ensuring they obtained the care they needed and that none of them 'fell through the cracks.' Mrs. Anderson was later appointed the wounded warrior consultant, establishing the Wounded Warrior Program using care coordinators and other military services' liaisons."

Dr. Gasque said a major challenge for service members is obtaining information about their entitlements and how to access them.

"This is the reason the program was established -- to provide a centralized office to assess the service members as well as help our providers determine the best way to care for our wounded warriors," Dr. Gasque commented. "The Wounded Warrior Program staff coordinates care and schedules medical appointments for the service member. The staff also addresses concerns regarding proper documentation, line of duty determination, medical evaluation boards and other social and financial entitlements.

"Although we have the Wounded Warrior Program, another challenge



(U.S. Air Force photo by Steve Pivnick)  
**DR. JAMES GASQUE**

of my job is providing the service member continuity of care," he continued. "Wounded warriors come from all areas of the Gulf Coast. Although we address their concerns and place referrals, long-term follow-up care is transferred back to their home PCMs. Many of the reserve and guard wounded warriors may have PCMs in Tennessee, Alabama, Louisiana, Florida and all areas of Mississippi."

Dr. Gasque is only able to participate in the Wounded Warrior Program on a parttime basis. His full-time internal medicine responsibilities involve inpatient and outpatient clinical duties and helping to instruct internal medicine residents.

"While my duty day is busy, the rewarding aspect of working with wounded warriors is helping them recover," Dr. Gasque observed. "The reward is seeing their satisfaction in being able to share their story with someone they know cares and they can trust."

He mentioned many times service

members cry as they "get things off their chest."

"At times, I'm the initial spark of a larger team that helps lead to a wounded warrior's recovery," Dr. Gasque explained. "That is why my job is so important; I serve as a liaison aiding the service members in putting their lives back together. You listen to their stories and offer a caring ear and heart. Many recount enduring physical pain such as broken bones, loss of a limb, eye sight or hearing. And there are more stories of mental and emotional struggles resulting from flashbacks, nightmares and insomnia.

"At times, you can only be a good wingman and listen to the service members as they talk about their post traumatic stress disorders, traumatic brain injuries, anger, isolation, depression, despair or destructive behavior as they try to cope and rebuild their lives," he went on. "As team members, our job is to be good listeners and a bridge for the service members, providing them the resources they need to feel whole and function again."

Dr. Gasque is happy that the various service branches are taking care of wounded warriors, but there's one thing that often brings him to tears at the end of an interview with one of these service members.

"It's the forgotten family members, especially spouses who suffer from the turmoil that often tears families apart," he pointed out. "As one service member agonized, 'I am driving my wife away, but I cannot help it.' I sometimes speak with their spouses and they cry out for help. Service members often state that they're unable to talk with their spouses and they just don't understand what the service members have and continue to experience.

"In spite of the challenges, we are making progress and are a big difference in the lives of our wounded warriors," Dr. Gasque concluded. "I'm happy to be a part of a team that cares."

## Purple Heart recipient lauded by Air Force chief of staff

By Steve Pivnick  
81st Medical Group Public Affairs

KEESLER AIR FORCE BASE, Miss. — Master Sgt. Kenneth Gestring, 81st Surgical Operations Squadron, was honored by Brig. Gen. (Dr.) Kory Cornum, 81st Medical Group commander, with a letter from the Air Force chief of staff.

The letter was presented following the group's monthly promotion ceremony Nov. 30.

Sergeant Gestring, who was presented the Purple Heart in May for wounds he suffered while deployed to Afghanistan, is among the Airmen included in the Air Force's current edition of "Portraits in Courage."

In his letter, Gen. Norman Schwartz said, "It is my distinct privilege to express, on behalf of the United States Air Force, our sincere gratitude for your heroic efforts, which we celebrate and honor in Portraits in Courage, Volume V. Your valor and strength of character represent the Integrity, Service and Excellence upon which our Air Force was built and fortified. Your exceptional service and sacrifice exemplify the patriotism that is the hallmark of our Nation.

"I am proud to stand with you as a



(U.S. Air Force photo by Steve Pivnick)

**Master Sgt. Kenneth Gestring, 81st Surgical Operations Squadron, was honored by Brig. Gen. (Dr.) Kory Cornum, 81st Medical Group commander, with a letter from the Air Force chief of staff.**

fellow Airman. Your selflessness and ceaseless devotion to duty are an inspiration to all Airmen. I thank you and your family for your dedicated service to the Nation."

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NIWH expands military  
spouse scholarship program

WELLESLEY, MA — The National Institute of Whole Health (<http://www.niwh.org>), pioneers of Whole Health EducationR and Whole Person Health CareT, announced that all military spouses, regardless of their partners military grade, are now eligible for the National Institute of Whole Health's (NIWH) military scholarship program. The scholarship can be used towards any one of NIWH's educational programs. Originally intended only for MyCAA eligible spouses, the program has been expanded to accommodate increased need for educational opportunities.

"Since announcing the scholarship a few months ago, we have been inundated with calls by military spouses who want to participate, but do not qualify for MyCAA benefits," said Dr. Georgianna Donadio, Program Director for NIWH.

"The original intention behind the scholarship program was to assist in providing demystified whole health information for the people who need it most. Given the response we've had over the past months, it is clear to us that this need exists for a much wider military spouse audience."

The millions of U.S. military spouses can now partake in NIWH's \$1,250 scholarship. This automatic scholarship is good towards NIWH certification programs—the Whole Health Educator, Whole Health for Nurses, Whole Health Nutrition Educator and Whole Health Coaching certifications. For health, allied health and education professionals, the programs enable military spouses to enrich their existing education with knowledge of "the whole picture of health" R for career advancement. Spouses are able to train to care for the whole person, addressing not just the physical aspect of health, but also the emotional, nutritional, environmental and spiritual.

Participants can also elect to enroll in NIWH's whole health certificate of study programs and receive a scholarship equal to 25% off the standard tuition. The NIWH Family Health Advocate Certificate of Study, Whole Health and Wellness Certificate of Study and the Health and Wellness Coaching Certificate of Study are open to all non-credentialed students for personal health enrichment. These programs were uniquely designed to assist military families in supporting their own member's personal health needs, addressing many of the health concerns effecting active military soldiers today, including post-traumatic stress conditions and brain injuries.

NIWH courses are delivered through a relationship-centered, whole-person health focused curriculum and are

designed to empower the learner and their clients with demystified health information to take greater control over their health and wellbeing. In addition, all courses are video-based and streamed online from anywhere in the world, providing ideal accommodations for frequently moving military families.

Individuals who would like more information or are interested in enrolling can do so by calling 888-354-HEAL (4325).

About the  
National  
Institute of  
Whole Health

Founded in 1977 and headquartered in Wellesley, MA, the National Institute of Whole Health (NIWH) offers the most respected and credentialed integrative, whole health certification programs in the US. NIWH's offerings include the Norman Cousins Award nominated Best Practice Whole Health Education certification program. The Whole Health Educator program for Nurses, endorsed by the American Holistic Nurses Association along with the Whole Health Nutrition Educator certification program and Whole Health Coaching certification program, can be completed via on-line distance learning. Recognized nationally as the pioneers of Whole Health EducationR, the school has instructed thousands of students from varying health occupations from all over the U.S., and now offers on-line distance learning with students located on five continents. For more information call (888) 354-HEAL (4325).

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## Chronic pain patients embracing natural alternative

Clinical study indicates 100% of patients reporting no pain after taking Panitrol

### The makers of Panitrol are giving away 1,000,000 Bottles Now!!!!!!

FLORIDA - For decades the public has heard about all of the frightening side effects of many well known pain killers.

Now, the victims of arthritis, chronic pain, fibromyalgia, sciatica and other long term injuries have a safe alternative to the dangerous and sometimes deadly prescription pain killers.

Enzyme Labs has formulated what is known as Panitrol, and it's giving chronic pain victims the gift of a normal, everyday life in the form of a simple veggie capsule made of 5 all natural ingredients.



Panitrol also comes formulated for dogs in pain, a fast acting cream form, and for people who suffer from Migraines.

The combination of all natural herbs in Panitrol work synergistically to reduce the swelling and inflammation of joints while effectively blocking chronic pain receptors in the brain. It does all this without disrupting the pain signals that warn an individual that a new injury has occurred.

"I had both my knees scoped but I was still in constant agony," said Mario Henry, former Wide Receiver for the New England Patriots and Buffalo Bills. "I decided to try a bottle of Panitrol and took 8 pills a day as directed. By the third

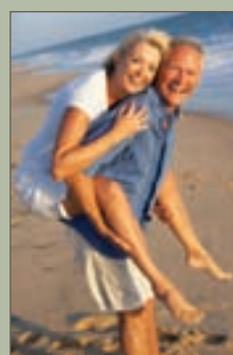
*"I decided to try a bottle of Panitrol. By the third day I was amazed I was getting out of bed without any problem and by the end of the first week I was jogging with bounce on my knees..."*

*Mario Henry, Former NFL Player*

*I have treated thousands of Arthritis patients. Finally there is an all natural alternative to prescription drugs,"*

*Dr. Eric Fishman, Orthopedic Surgeon*

**Panitrol formula is now available for people who suffer from Migraines, Dogs who suffer from Arthritis, and a fast acting 8 hour cream. Each formula is fully backed by an independent clinical study and is guaranteed to work or your money back!!**



**90 Day Panitrol Challenge** - The makers of Panitrol are so sure their product will help eliminate your pain they invite you to join the thousands who have signed up for the 90 Day Panitrol Challenge. "You have nothing to lose but your pain"

day I was amazed I was getting out of bed without any problem and by the end of the first week I was jogging with bounce on my knees." Much like the former NFL Player attests, medical professionals are also taking note of the successful results proven by Panitrol. Orthopedic Surgeon Eric S. Fishman, M.D. understands the need for a product like Panitrol is long overdue and has been recommending it to his patients with much success. "I have treated thousands of Arthritis patients. Finally there is an all natural alternative to prescription drugs," said Fishman. "I highly recommend Panitrol to help eliminate Arthritis pain."

In a Human Clinical Trial of a large population of arthritis patients, the results of Panitrol were amazing with an eventual 100 percent success rate.

At the beginning of the study all participants were reporting a chronic pain level of 9 or 10. After taking Panitrol for four consecutive days, only 53.1 percent of those patients were experiencing the same level of discomfort. After 10 days of use, 85.7 percent of patients were reporting no pain what-

soever. After taking Panitrol for 14 days, 100 percent of the patients reported virtually no pain at all.

"I tell everyone I know who has joint and muscle problems to try Panitrol Formula including other former NFL Teammates," added Henry. "I thank Panitrol for getting me back to my life."

The makers of Panitrol are so confident their revolutionary product will take your pain

away, they are inviting Newsmax to take "The 90 Day Panitrol Challenge." Try Panitrol for 90 days, 100% risk free.

To sign up for this clinically tested, totally natural product that will eliminate pain or find out how to get FREE bottles call the Panitrol National Order Center at: (800) 884-7164.

For the next month, call the Panitrol National Order Center at **(800)-884-7164**

#### Your purchase benefits the



For every bottle of Panitrol purchased Enzyme Labs will donate a % of sales to the Arthritis Foundation with a maximum contribution of \$25,000 to help people take control of arthritis. For information about arthritis, contact the Foundation at 800-283-7800 or [www.arthritis.org](http://www.arthritis.org)

#### Where to get it

For the next month, call the Panitrol National Order Call **(800) 884-7164** and ask for your Risk Free 90 Day Panitrol Challenge.



[www.panitrolchallenge.com](http://www.panitrolchallenge.com)

1. Primary clinical study based on 75 subjects drawn from a large population of arthritis patients over a 14-day period. 2. Individual results may vary. Dr. Eric S. Fishman, M.D. is an Orthopedic Surgeon and personal consultant to Enzyme Labs. 3. Full supplement facts and study results available at [www.panitrol.com](http://www.panitrol.com). These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure or prevent any disease.

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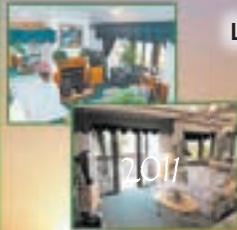
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January is Glaucoma Awareness Month. Nearly three million people have glaucoma, but half do not realize it because there are often no warning symptoms. What can happen as a result? Glaucoma is the second leading cause of blindness in the U.S. and the first leading cause of preventable blindness: approximately 120,000 Americans are blind from glaucoma, accounting for 9% to 12% of all cases of blindness in the US. Glaucoma is the leading cause of blindness among African-Americans; it is 6 to 8 times more common in African-Americans than Caucasians. The most common form, Open Angle Glaucoma, accounts for 19% of all blindness among African-Americans compared to 6% in Caucasians.

African-Americans ages 45-65 are 14 to 17 times more likely to go blind from glaucoma than Caucasians with glaucoma in the same age group. Other high-risk groups include: people over 60, family members of those already diagnosed, diabetics, and people who are severely nearsighted.

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## Terrain-sensing technology moves from robots and SUVs to wheelchairs

By Barb Ruppert,  
TATRC science and technology writer

Thick gravel, mud, snow, steep ramps or hills ... they might get a pedestrian a little dirty or out of breath, but to someone in an electric wheelchair, they could mean terrain that's simply too difficult to cross alone.

Engineers have developed automatic terrain-sensing controls for military robotic vehicles, and several four-wheel-drive automobiles now on the market include such controls for improved safety. So why not integrate this type of system into electric-powered wheelchairs to provide more mobility and independence for injured warfighters?

A team from Florida State University and the University of Pittsburgh began experiments this year to add instrumentation based on current driving control systems. The new technology is designed to enable an electric-powered wheelchair to automatically detect hazardous terrain and implement safe driving strategies while avoiding wheel slip, sinkage or vehicle tipping.

The U.S. Army Medical Research and Materiel Command's Telemedicine and Advanced Technology Research Center saw the promise in this collaboration and has provided funding and guidance for the team to pursue their ideas together. The partnership joins Florida's Center for Intelligent Systems, Control and Robotics, which has worked extensively with control and guidance of autonomous vehicles, with Pittsburgh's Human Engineering Research Laboratories. This latter group

has developed several assistive technologies already in use by wheelchair manufacturers and rehabilitation hospitals nationwide.

Mechanical engineering professor Dr. Emmanuel Collins directs the Center for Intelligent Systems, Control and Robotics. He said that, to his knowledge, no one else is working on this type of application. The partnership began when Collins heard a presentation by University of Pittsburgh rehabilitation science and technology department chair Dr. Rory Cooper, who directs HERL. Cooper has used a wheelchair since receiving a spinal cord injury in 1980 during his service in the U.S. Army. He won a bronze medal in the 1988 Paralympic Games in Seoul and has been recognized nationally for his research and leadership efforts to aid veterans and others with spinal cord injuries.

In his presentation, Cooper mentioned the need for terrain-dependent electric-powered wheelchair assistance. Collins approached him about working together, and the two of them began developing ideas with other collaborators at the National Science Foundation-sponsored Quality of Life Technology Center, an engineering research center affiliated with

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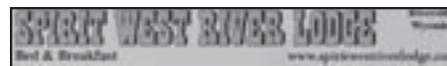
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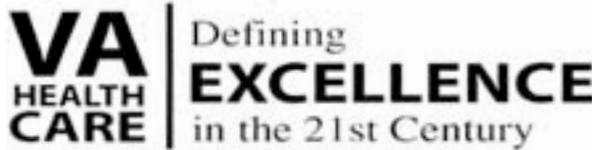
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# Hospital installs new internal imaging cameras

By Steve Pivnick

81st Medical Group Public Affairs

KEESLER AIR FORCE BASE, Miss. — The 81st Medical Group has purchased and installed two new nuclear medicine imaging cameras.

Valued at nearly \$2.1 million, the cameras place Keesler among the leaders in nuclear medicine imaging technology and provide improved diagnostic testing capability for nearly 45,000 authorized beneficiaries.

Nuclear medicine involves the use of radioactive isotopes that are introduced into the body to image various organs and systems. The devices the cameras replaced were close to 10 years old and at the end of their service life.

Master Sgt. Sydney Dyche, 81st Diagnostics and Therapeutics Squadron diagnostic imaging flight chief, said, "Ten years in medical imaging technology is a lifetime -- the technology changes so quickly. These devices give us significantly enhanced capabilities and provide better diagnostic information to our radiologists and clinicians. The 81st MDG Hospital now has the

most technologically advanced gamma cameras on the Gulf Coast.

"The cameras use computed tomography fusion and attenuation correction applications, which provide our physicians with improved quality and capabilities," Sergeant Dyche continued. "The shorter exam time offers greater patient comfort, gives us the ability to scan more patients per day and increases appointment availability."

The installation project was several years in the making as various units were evaluated and plans reviewed. Construction began in July and was completed the last week of November. A medical physicist performed a week-long initial quality control and acceptance testing on the units, followed by applications training to instruct the staff on optimal use of the equipment.

Dec. 14, the department brought the cameras into full operation and began scanning patients. In addition, two nuclear medicine technologists are scheduled to attend a 40-hour course at the Philips Healthcare Training Center in Cleveland.



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Please e-mail CV to: [cwhite@ochsner.org](mailto:cwhite@ochsner.org)  
**Christopher J. White, M.D.**

**System Chairman for Cardiovascular Diseases**  
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(U.S. Air Force photo by Steve Pivnick)

*Tech. Sgt. Richard Coombs, nuclear medicine Phase II instructor, demonstrates the operation of one of the cameras using Phase II student Tech. Sgt. Michele Chapman as a simulated patient. He noted that a major improvement with the upgrade is the central control area allowing the controller to observe both cameras. In the past, there were two separate control rooms.*

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