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UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL CENTER

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A SPECIAL DELIVERY
AT UM SJMC

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SPOTLIGHT ON UNIVERSITY OF MARYLAND MEDICAL CENTER

The Skill to Rebuild & Restore

Expert care by UMMC
trauma specialists saved
a young woman's arm after
a devastating accident.
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Tiny twins born at UM SJMC thrive thanks to expert care from the hospital's board-certified maternal-fetal medicine specialists.



Photos courtesy of Dani Leigh/danileighphotography.com

COVER STORY

ON THE COVER: Katie and Trevor Carter with their twins Bailey and Barrett, who were born prematurely at UM St. Joseph Medical Center, which specializes in multiples and other high-risk births.

Maryland's Health Matters is published by the Marketing and Communications Department at the University of Maryland St. Joseph Medical Center. This publication is not intended to provide professional medical advice. It is to provide general health and wellness information.

Please note: All images were photographed before the COVID-19 pandemic.



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[youtube.com/SJMCTowson](https://www.youtube.com/SJMCTowson)



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WE WOULD LIKE TO HEAR FROM YOU

Please send us your comments, questions, and change of address or opt-out requests to umsjmatters@umm.edu or 7601 Osler Drive, Jordan Center, Suite 158, Towson, MD 21204. Or call **410-337-1700**.



A HEALTHY START

Celebrating our *Marvel-ous* Team During Health Care Heroes Week

Health Care Heroes Week, May 10-16, 2020, honored the entire 28,000-strong University of Maryland Medical System workforce—including the 2,500-plus heroes at UM St. Joseph—for their work throughout the COVID-19 pandemic. The overwhelming and heartfelt expressions of thanks from our community, our patients and kind supporters renewed our strength and reminded us how much we are valued and appreciated. We're blessed and honored, too, to have the resources and heart to serve those in need throughout our community at this difficult time. Thank you!

A TRUE "HEROES' WELCOME"

A Salute from Above: On Friday, May 8, UM St. Joseph staff gathered outside the hospital to witness a sight to behold—a flyover in their honor from the Maryland National Guard, featuring three A-10C Thunderbolt II aircraft.



Our One Week-ness:

UM St. Joseph hosted a variety of hero-themed activities throughout the week, culminating with an all-staff "Feast Fit for Our Heroes" on Thursday, May 14, thanks to the kindness of Pat and Robin Tracy, who donated an amazing 1,700 boxed meals from the Baltimore Country Club.



STRONGER TOGETHER, WITH OUR COMMUNITY'S INCREDIBLE SUPPORT

"Banking" on Our Community's

Kindness: Since April, our Community Health team has

hosted four blood drives in partnership with the Red Cross, to support pandemic relief efforts. So far, we've proudly collected a total of 172 units of blood, which have the potential to save up to 516 lives.

BEING SUPER SUPPORTIVE TO THOSE IN NEED

There's no "I" in "hero"...and we're all in this together. Our Community Health

and Foundation teams, together with University of Maryland Medical System, have hosted food distribution programs to combat food insecurity during the pandemic. So far, we've distributed 6,100 "hero" sandwiches, from Firehouse Subs, 750



emergency produce boxes from Hungry Harvest, and nearly \$1,000 each in non-perishable food and grocery gift cards, to help feed needy families and individuals affected by the pandemic. UM St. Joseph's partners in this effort also included the Student Support Network, Baltimore Hunger Project, Y of Central MD, Baugher's Orchards and Farm, and Wegmans.



HONOR OUR COVID HEROES

Give us a virtual high five! Post your drawings, videos, photos, and messages for our team members via our online message board. umstjoseph.org/kudo

ON THE MOVE

THE MOVEMENT DISORDERS CLINIC AT UM ST. JOSEPH MEDICAL CENTER OFFERS EXPERT CARE FOR PATIENTS WITH PARKINSON'S DISEASE AND SIMILAR CONDITIONS

Patients who are diagnosed with Parkinson's disease and related syndromes face many challenges as they adjust, adapt and learn to function in new ways. One of the most common challenges they face is difficulty with movement.

As the symptoms of neurological diseases progress, some people experience falls and difficulty walking or have trouble carrying out daily tasks such as dressing or bathing themselves. Others develop tremors or become unable to control movement. Speech, communication and swallowing abilities can also be affected.

The Movement Disorders Clinic at University of Maryland St. Joseph Medical Center is here to address these issues and help each patient step by



Lynn Chouhfeh, MD

step on his or her journey to maximize independence and optimize quality of life, says Lynn Chouhfeh, MD, medical director of the Movement Disorders Clinic.

"Patients who suffer from Parkinson's disease and other movement disorders are in great need of these therapeutic services. There is a lot we can offer that positively impacts their quality of life," she says.

A TEAM APPROACH TO CARE

The Movement Disorders Clinic is designed to provide guidance and support for patients who are living with Parkinson's disease and other movement disorders such as atypical parkinsonism, dystonia, ataxia, tics and chorea, as well as cognitive impairment and dementia.

A team that includes a neurologist and physical, occupational and speech therapists collaborates to develop a fully coordinated plan of care for each patient. The center's holistic approach takes into account each patient's

functional capabilities and limitations and—perhaps most importantly—his or her short- and long-term goals.

Dr. Chouhfeh, who is board-certified in neurology and fellowship-trained in movement disorders, says she is passionate about caring for the elderly, a population that is more prone to neurological degenerative diseases and associated movement disorders.

"I pursued this field of medicine because it is both challenging and rewarding," says Dr. Chouhfeh, who was named a 2019 Top Doc by *Baltimore* magazine.

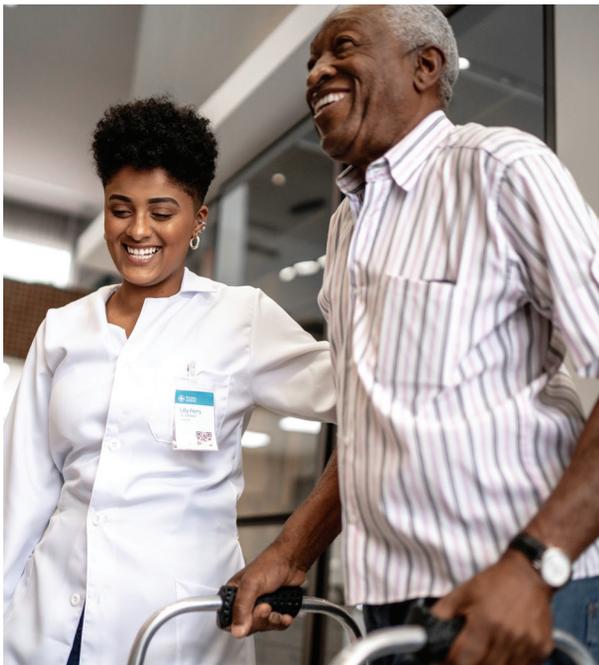
THERAPEUTIC APPROACHES

Each patient has unique needs and goals. While treatment plans are individually tailored, there are a few research-based approaches that tend to help the vast majority of patients:

■ LSVT BIG encourages patients to increase the size and pace of their movements—think bigger steps, quicker steps and transitions, and more use of the body during movement.

■ LSVT LOUD promotes the use of vocal cords in a more dominating manner. It encourages patients to speak more clearly, loudly and with confidence to try to improve communication.

Additionally, the rehabilitation team has undergone Allied Team Training through the Parkinson's Foundation.



MAKE AN APPOINTMENT

To schedule an initial consultation at the Movement Disorders Clinic, call **410-427-5505**.

Help for Arthritis Back Pain

PHYSICIANS AT MARYLAND PAIN SPECIALISTS, AN AFFILIATE OF THE UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL GROUP, OFFER A SPECIALIZED TECHNIQUE TO RELIEVE BACK PAIN

Just as your fingers, knees and hips can develop arthritis, so can your back.

“Arthritis is an underappreciated and under-recognized cause of low back pain. The paired joints of the spine can develop osteoarthritis just like a hip or knee joint can,” says Theodore Grabow, MD, of Maryland Pain Specialists, an affiliate of the University of Maryland St. Joseph Medical Group.

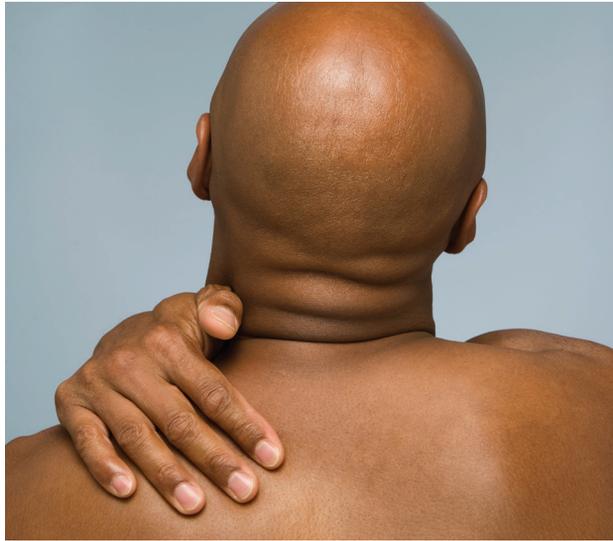
“Our emphasis is on relieving this kind of chronic pain through a nonaddictive, non-opioid procedure known as radiofrequency ablation,” says Dr. Grabow’s colleague, Brian Block, MD, PhD.

MORE THAN BACK STRAIN

The facet joints of the back are what help you extend, twist and bend. With arthritis, you can have decreased range of motion and pain in these joints.

“Facet joint pain is very common. A lot of physicians don’t recognize it and think it’s back strain. This is not pain caused by a disc problem, nor is it nerve pain. It’s the same condition as when you see enlarged knuckles of arthritic fingers,” Dr. Grabow says.

“It’s age-related, and these degenerative changes are aggravated by lifestyle,” adds colleague Louis Panlilio, MD. Drs. Panlilio, Grabow and Block are



From left: Theodore Grabow, MD, Louis Panlilio, MD, and Brian Block, MD, PhD.

board-certified interventional pain specialists. “The field of pain management emerged from the field of anesthesia. We have specialized training above and beyond anesthesiology to provide this type of pain treatment,” Dr. Panlilio says.

DIAGNOSIS AND TREATMENT

Patients who think they have back strain should consult a pain specialist

if the condition lasts more than eight weeks.

To diagnose arthritis, patients first need a clinical diagnosis of pain and an MRI to confirm the findings. “Next, we perform an injection to numb the suspected joints. If the patient experiences relief, that confirms they are a candidate for ablation,” Dr. Panlilio says.

Radiofrequency ablation, delivered through needles, uses heat to interrupt the pain signal and bring relief.

“Ablation destroys the sensory nerve to the arthritic joint, and although it can regenerate, the relief can last up to two years,” Dr. Grabow says. Additional treatments eventually prevent the nerve from growing back.

The procedure is performed using X-ray guidance and takes about 20 minutes. Patients can usually return to work the next day, and it just takes as little as two weeks to feel relief.

“Our goal is pain relief and improved function, so patients can do things like go for a hike, play with their children and grandchildren, and just enjoy life,” Dr. Block says.



LEARN MORE

To make an appointment with a physician at Maryland Pain Specialists, call **410-825-6945**.

GREAT EXPECTATIONS

TINY TWINS BORN AT UM ST. JOSEPH MEDICAL CENTER THRIVE IN THE NICU AND BEYOND



Little did Katie Carter know when she was 13 years old and had her first appointment with board-certified OB/GYN Andrea Collierius, MD, that Dr. Collierius would be delivering Katie's twin babies years later. "Dr. Collierius has seen me grow up. She gave me good health advice when I was a teenager," Katie says. "When you're age 13, you dread going to the gynecologist, but she was so friendly. We have such a great relationship."

Katie grew up in Baltimore County, and after she and her husband, Trevor, moved to downtown Baltimore, she continued to come to Towson to see Dr. Collierius at University of Maryland St. Joseph Medical

Group's Women's Health Associates for her gynecologic care and, eventually, her prenatal care.

After trying to get pregnant for more than a year, Katie and Trevor received the surprise of their lives. Not only were they expecting, but "when we found out that we were having twins, I was like, whoa, shocked!" Once the shock wore off, their excitement grew, especially when they discovered they were having a boy and a girl.

"I knew I wanted a boy and a girl at some point in my life. I consider myself blessed. I was super healthy during my pregnancy with no complications," says Katie, who continued to work as a controller for a Baltimore finance company during her pregnancy.





Katie and Trevor Carter with their twins, Bailey and Barrett, who are now 6 months old and thriving.

EARLY LABOR OF LOVE

Katie's problem-free pregnancy took a dramatic turn one evening last October when she was 29½ weeks pregnant. She was attending a baby health class at UM St. Joseph Medical Center (UM SJMC) when she began having sporadic pain in her abdomen. At home that night, she woke up at 3 a.m. "I didn't feel right. I was worried," she says. First thing the next morning, she called Labor and Delivery at UM SJMC to tell them they were on their way.

When Katie and Trevor arrived at the medical center, they found out that she was in labor and already 7 centimeters dilated. "I didn't have regular contractions," she says. However, Dr. Collierius asserts that Katie "was contracting away, although in her case, she felt crampy instead." Twins are at higher risk for preterm labor, Dr. Collierius says.

UM SJMC specializes in twins, multiples and high-risk births and features an award-winning specialty Perinatal Center, where board-certified maternal-fetal medicine specialists (high-risk obstetricians) co-manage patients along with their obstetricians.

Earlier in her pregnancy, Katie had a Perinatal Center consult with its director, Judith Rossiter, MD, and would have continued to have regular visits every four weeks. "That's routine," says Dr. Collierius, who praises the Perinatal Center's high-quality care.

Under Dr. Collierius' care, Katie underwent an anatomy ultrasound at 20 weeks and a growth ultrasound at 26 weeks, which both looked good. "At 34 weeks, patients have

another Perinatal Center consult concerning their mode of delivery,” Dr. Collierius says.

VAGINAL OR C-SECTION DELIVERY?

“At UM SJMC, we are big advocates of vaginal delivery when possible,” says Dr. Collierius. However, vaginal delivery can be a concern because of the baby’s size or if the baby is not head down and needs a breech extraction.

“For the Carters, we did not recommend vaginal delivery because the girl was in a breech position. The twins were also smaller than the recommended gestational weight for vaginal delivery. It would have been too stressful for such premature babies,” Dr. Collierius says.

Several hours before the cesarean section, Katie received a dose of steroids to help her babies develop surfactant in their lungs before delivery.

“The steroid sends a signal to the

baby’s body to start making surfactant. Premature babies often develop a condition known as respiratory distress syndrome caused by a lack of surfactant, a silky substance that helps the lungs slide open and closed to get air,” explains Michael Langbaum, MD, director of the Neonatal Intensive Care Unit (NICU) at UM SJMC.

“A newborn’s body starts making surfactant on its own upon delivery, but premature babies’ lungs are not quite ready,” he says. “Following delivery, premature babies may need one or two more doses of surfactant to minimize injury to their lungs until they are more fully developed.”

At birth, the Carters’ daughter, Bailey, weighed 3 pounds, 2 ounces, and son, Barrett, weighed 2 pounds, 13 ounces.

After a quick hello to their parents, the twins were carefully whisked off to the Level 3 NICU next to Labor and Delivery for their first chapter of life.

“The NICU is an intensive care unit providing immediate care for babies who need medical assistance that can range from an IV with sugar to respiratory support. Babies may stay in the NICU anywhere from a few hours to a few months,” says Dr. Langbaum, a board-certified neonatologist who is an adjunct assistant professor of pediatrics at the University of Maryland School of Medicine.

“We try to involve the parents as much as possible in their babies’ care, and our physicians and nurses become like family to them,” Dr. Langbaum says. “Our nurses are the backbone of the NICU. They educate parents and make them feel comfortable.”

INCREDIBLE STAFF AND TECHNOLOGY

“Oh, my goodness, the staff are incredible!” Katie says. “I still talk to them and visit. They kept us informed, empowered us and encouraged us to



TRIPLE A: AWARDS, ACCOLADES AND AMENITIES FOR MOTHER/BABY CARE

Awards and Accolades:

- First hospital in Maryland to receive a Banner for Excellence from the Maryland Patient Safety Center for reducing primary cesarean sections
- 2019 “A” grade from Leapfrog for hospital safety
- 2019 Healthgrades Awards
 - America’s 250 Best Hospitals
 - Outstanding Patient Experience Award
- Best Place to Deliver a Baby and Best Children’s ER in *Baltimore’s Child* 2018 Readers’ Choice Awards

Amenities:

- Moms allowed clear liquids while in labor
- Physicians and midwives see patients throughout the labor process, not just occasionally
- Foley catheters for C-section patients inserted after anesthesia rather than before
- 24/7 in-house obstetric anesthesiologist and dedicated rapid response team for emergencies
- C-section patients receive epidural anesthesia for pain management that they control for one to two days after delivery
- Each baby has a dedicated nurse



Andrea Collierius, MD

touch the babies, hold them, change their diapers and feed them. It's

alarming to see your babies at half the size of a full-term baby. It was very emotional. I was very blessed to have my milk come in so I could breastfeed them."

"Mothers in the NICU are strongly encouraged to feed their babies breast milk if they can, since breast milk is protective against intestinal disorders that premature babies can develop," explains Dr. Langbaum, who adds, "We also have access to a donor breast milk bank."

The NICU has three breastfeeding specialists who help mothers train their babies to latch onto the breast when they are old enough to develop a sucking response, but until then, the breast milk is delivered through a feeding tube.

"We were impressed by the technology; the NICU is super high-tech," Katie says. "The babies had little oxygen masks, little goggles to protect them from the bilirubin lights to prevent jaundice, and body support in the incubators." Dr. Langbaum explains that the masks are actually CPAP masks, like those for sleep apnea, to blow air into the baby's lungs to help keep the airway open.

Katie and her husband took turns staying with the twins most days and evenings. Bailey went home at 8 weeks and Barrett went home at 9 weeks, both weighing about 7 pounds.

Now 6 months old, the twins are thriving. "They're doing fabulous now and have caught up developmentally," Katie says. ♦



WOMEN'S HEALTH ASSOCIATES: A TEAM OF OB/GYN DOCTORS AND CERTIFIED MIDWIVES

Women's Health Associates, part of the University of Maryland St. Joseph Medical Group, is devoted to providing excellence in women's health care to women of all ages so they can achieve and maintain their best reproductive and female health.

The experienced and caring team of providers consists of three OB/GYN doctors and 10 certified nurse midwives.

Women's Health Associates is located in Towson near the UM St. Joseph Medical Center campus.

**7300 York Road, Suite 200
Towson, MD 21204
Phone: 410-427-5470**



A serious ATV accident left Danielle Greenstein at risk of losing her arm, but the expert care she received at the University of Maryland Medical Center enabled her to regain almost full range of motion in her arm and hand.



For Danielle Greenstein, what should have been a fun-filled vacation at Deep Creek Lake in September 2018 quickly turned into a dramatic fight for survival.

Danielle, then 15, was driving a large ATV off-road with a friend when she made a sharp turn to avoid a tree. The ATV flipped over, sending her arm flinging backward outside of the vehicle's roll cage and dragging beneath the vehicle.

When the ATV stopped on its side, she looked down. Her lower left arm had been crushed between the roll cage bars and the ground. "My arm was basically gone," Danielle recalls.

Her friend was unharmed and ran to the nearest road in search of help and called 911, while Danielle tried to keep her arm intact. "I held myself up off the ground for about 15 minutes with my other arm. If I let go, my body weight would have crushed it even more," Danielle says.

Once help arrived, Danielle took an ambulance to the nearest hospital that could stabilize her, which was in West Virginia. Doctors there feared that they might need to amputate her arm.

Danielle's family, from Baltimore, quickly realized that because of the severity of her injury, she would need to be treated by experts in trauma care. So they had her

THE SKILL TO REBUILD AND RESTORE

HOW UMMC'S EXPERTISE IN COMPLEX TRAUMA CARE SAVED A YOUNG WOMAN'S ARM

transferred to the R Adams Cowley Shock Trauma Center at the University of Maryland Medical Center (UMMC).

A PATH FOR RECONSTRUCTION

Danielle was stable when she arrived at UMMC, but her arm was still in a bad state.

“She had a fist-sized wound. You could basically see through her arm, and there was still evidence of leaves, dirt, twigs and other debris in the wound. Some muscle tissue was dead or dying,” says Raymond Pensy, MD, an associate professor of orthopaedics at the University of Maryland School of Medicine (UM SOM) and a board-certified hand and upper extremity surgeon at UMMC and UM Orthopaedics.

The first step in preserving Danielle’s arm was to perform multiple debridements, a procedure that removes dead tissue and debris from the wound, while identifying nerves, arteries and other structures that remain intact. Though the first hospital had done some cleaning, it hadn’t been thorough. “When a wound isn’t sufficiently cleaned, it’s the perfect environment for bacterial growth and infection,” Dr. Pensy says.

In Danielle’s case, expert-level debridement was essential not only for preventing infection but also for developing a thoughtful plan to preserve her arm. “This was a

highly specialized procedure. Usually, surgeons who treat cases as severe as Danielle’s are well versed in handling massive, wartime-type wounds. UMMC has the expertise required to handle these complex injuries,” Dr. Pensy says.

RE-CREATING WHAT WAS LOST

Dr. Pensy and his team discovered roughly four inches of dead bone that would need to be replaced, along with skin and muscle. Luckily, the major arteries and nerves of Danielle’s arm remained intact, providing a foundation for rebuilding.

The team first installed an antibiotic-loaded cement spacer, a bacteria-resistant replacement for the lost area of bone. Then they replaced the dead skin and muscle using a microvascular free tissue transfer, a surgery where tissues are taken from one part of the body and placed in another location. In Danielle’s case, her thigh donated the new tissues for her arm.

“A microvascular free tissue transfer involves hooking up arteries and veins that are sometimes smaller than pencil lead. It ensures that the relocated tissue can still have a blood supply and stay alive,” Dr. Pensy says. This complex surgery can successfully rebuild areas affected by traumatic injuries, but it’s not free of complications.

DILIGENT OBSERVATION

After the microvascular free tissue transfer, Danielle was monitored hourly. If a blood clot forms or the arteries constrict, the new tissues can lose blood flow and die. Having the right kind of observation and nursing care after surgery is essential.

“UMMC treats the most patients for limb-salvaging microvascular tissue transfers in the state. Our nurses have the experience needed to monitor patients closely and quickly identify signs of complication,” Dr. Pensy says. Most other hospitals don’t train their nurses to monitor microvascular surgery patients hourly.

A few days after surgery, Danielle’s fingers showed discoloration. Dr. Pensy found that two of her major arteries had constricted, reducing blood flow to dangerously

low levels. She was at risk of losing her fingers.

Dr. Pensy and Jonathan Morrison, MD, an assistant professor of surgery at UM SOM and a vascular surgeon at UMMC, swiftly performed emergency angioplasties to unblock the arteries and successfully restored blood flow to Danielle’s fingers.

“I was so scared, but when I found out that they saved my fingers, I was overjoyed,” Danielle says.

MAKING A COMEBACK

The series of surgeries Danielle underwent kept her in the hospital for four weeks. Luckily, she had a lot of support along the way. “My family and friends would come to visit me every day. I also got close to all of the doctors. It felt homey,” she says.

Through all the procedures, Doug and Jody Greenstein,



“I don’t think I would have had the same recovery with any other team caring for me,” says Danielle, with her parents, Doug and Jody Greenstein.

**“UMMC treats the most patients for limb-salvaging microvascular tissue transfers in the state.”
— Raymond Pensy, MD**

Danielle’s parents, never left her side. The couple took turns sleeping in a chair at her bedside.

After being released from the hospital, Danielle began her recovery. She spent the next month at home in bed, her arm elevated and attached to an IV. She received infused antibiotics four times a day.

While she required a few follow-up surgeries for a bone graft in her hip, much of her time was spent on rehabilitation efforts. Three days a week, she went to occupational therapy at UM Orthopaedics at Camden Yards.

When Danielle and her family had questions about her recovery outside of doctor visits, they could always rely on Dr. Pensy for guidance.

“Dr. Pensy was the best doctor I’ve ever had. We could shoot him an email, and he would respond almost instantly. He puts his patients before anyone,” Danielle says.

Danielle, who has always loved playing sports, has regained almost full range of motion in her arm and hand. Although she can no longer play competitive sports, she can perform most daily activities. She has even returned to working out with a trainer at her gym and performing activities that require some arm strength, such as kayaking.

Danielle’s awe-inspiring recovery is the result of hard work, a positive attitude and the first-class care she received at UMMC.

“I don’t think I would have had the same recovery with any other team caring for me. If I had stayed at the other hospital, I might have lost my arm. Now, I’m easing back into doing things I love,” Danielle says. ♦



HANDLED WITH CARE

We cannot really appreciate how important our hands are for daily functioning until something interferes with our ability to use them. Nature designed them for grasping, precise movements and touch. We rely on them for simple tasks like buttoning clothes, opening jars and picking things up—and for intricate things like playing instruments and operating machinery.

The certified hand therapists of Towson Sports Medicine, affiliated with University of Maryland St. Joseph Medical Center, treat a wide variety of hand issues. These include overuse injuries, tendinitis and arthritis, as well as rehabilitation for joint replacement of the fingers, torn tendons and broken bones of the hand and wrist.

“Our staff is highly trained in elbow, wrist and hand rehabilitation. We have decades of experience in addition to advanced training certifications,” says Christina Lewis, PT, director of Towson Sports Medicine.

Its hand therapists are skilled at creating custom splints, which may be necessary in the early phases of an injury. As patients progress, the therapists use manual techniques like joint mobilizations and stretching and incorporate activities to address range of motion, strength and dexterity to help restore function.

“These activities range from moving pegs and fishing for objects in rice or beans to the use of sophisticated equipment,” Lewis says. “Hand therapists help patients get back to daily tasks we all take for granted, such as writing, eating, brushing our teeth and more.”



MAKE AN APPOINTMENT

To schedule an in-person or virtual consultation with our hand and upper extremity surgeons, call **410-448-6400** or visit umortho.org.



LEARN MORE

For more information about hand therapy at Towson Sports Medicine, call **410-828-4876**.

5 Ways to Safely Enjoy the Summer

Summer brings ample opportunities for kids and adults to have warm-weather fun in the great outdoors. But it's also important to stay safe and healthy while taking part in your favorite activities. Follow these tips to ensure you and your family get the most out of the season.



1. Avoid Sunburn

Reduce your risk of skin cancer by putting on sunscreen at least 15 minutes before going outside, and reapply every two hours. Wearing a hat, sunglasses and loose-fitting clothing offers further sun protection.



5. Practice Pool and Beach Smarts

Children and adults should not swim alone. Pay attention at all times when children are in the water. Young children, inexperienced swimmers and all passengers on boats should wear life jackets. At the beach, swim only in areas with a lifeguard.



2. Fend Off Bugs

Mosquitoes and ticks are not only annoying, they can also carry disease. Use insect repellent on exposed skin. Check for ticks after spending time outside in grassy or wooded areas.



3. Stay Hydrated

Adequate hydration is essential. Bring water along whenever you go out. Avoid alcohol and sugary, caffeinated energy drinks that make you more dehydrated.



4. Eat Food Safely

At picnics and cookouts, keep raw meat, poultry and seafood in a separate cooler away from salads and fruit. Be sure to cook food thoroughly.

DID YOU KNOW?



Ultraviolet rays from the sun can harm your skin in just 15 minutes.



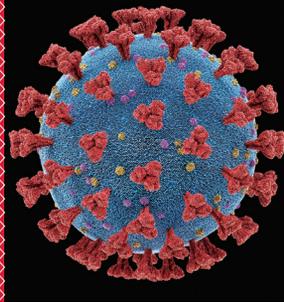
Foodborne illnesses increase during summer because bacteria multiply faster when it's warm out.



Signs of dehydration in adults include extreme thirst, fatigue, confusion and dizziness. In infants and children, look for dry or cracked lips, fewer wet diapers and low energy levels.

EVENT UPDATE

Because of current COVID-19 precautions, all on-campus support groups, information sessions and classes have been canceled for the time being. Please call 410-337-1479 for any exceptions and more information. As always, the health and safety of our patients, visitors and community remains our priority.



HEALTH SCREENINGS

BONE DENSITY SCREENING

Suitable for adults who want to know how their lifestyle is impacting their bone density and for those with certain risk factors (family history, small body frame, inactivity, smoking, excessive caffeine or alcohol consumption, low calcium and vitamin D intake). Consists of quick, painless ultrasound test of the heel bone (not diagnostic). For those who have not had a DEXA scan or ultrasound bone test in the past year. **Appointment required.**

BODY COMPOSITION ANALYSIS

To identify your unique body makeup and associated health risks. The Tanita DC-4300 professional scale uses bio-electric impedance analysis to determine weight, body fat, body mass index, total body water, muscle mass, metabolic rate and more. **Appointment required.**

PEDIATRIC SKIN CANCER SCREENING

For detection of melanoma and other serious skin cancers ages 13 to 29. Screening includes full body visual examination. **Appointment required.**

VARICOSE VEINS SCREENING

For those ages 20 to 70, who have visible vein distortion (elongated, rope-like, bulged and thickened veins underneath the skin). This can be a sign of an underlying disorder. Left untreated, it can lead to a chronic, debilitating and limb-threatening condition. Risk factors include family history of varicose veins, personal history of phlebitis or pregnancy. Screening includes visual inspection of legs and recommendations for treatment. **Appointment required.**

PROSTATE CANCER SCREENING

For men 50 to 70 years of age. African American men and men with a first-degree relative (father, brother) diagnosed before age 65 should consider screening starting at age 40. Consists of digital rectal exam (DRE) and prostate specific antigen (PSA) blood test, which, in combination, can detect prostate cancer at an early and potentially curable stage. **Appointment required.**

PROGRAMS

LIVING HEALTHY WITH HIGH BLOOD PRESSURE

A workshop for people who have been diagnosed with hypertension or high blood pressure and want to learn how to manage their condition. **Registration required.**

CHRONIC PAIN SELF-MANAGEMENT

Free six-week workshop for those experiencing chronic pain to help with goal setting, fatigue and pain management. Topics include proper nutrition and exercise, communication with physicians and family members, and relaxation techniques. Program includes simple exercises to help relieve pain. A light meal will be provided with each class. **Registration required.**

PREVENT T2

A class for those with pre-diabetes with a goal of preventing or delaying the onset of Type 2 diabetes. Group meets regularly for a full year.

CLASSES AND SUPPORT GROUPS

TAI JI QUAN: MOVING FOR BETTER BALANCE

Reduce your risk of falls! Improve balance, strength and physical performance. This class will meet twice a week for 12 weeks. **Registration required.**



Weekly Yoga Classes

No registration required.



American Red Cross Blood Drive

Schedule a lifesaving donation. For medical and eligibility questions, please call **1-866-236-3276** before scheduling your appointment. To register, call **1-800-RED CROSS**. No walk-ins are permitted at this time.

CHILDBIRTH PREPARATION CLASSES

Classes include baby care, breastfeeding, grandparents' update and infant massage.

MOTHERING MATTERS

A free networking support group for new moms and their babies.

STROKE SURVIVOR SUPPORT GROUP

Provides a forum for learning, listening and socializing with others. Our free stroke support group encourages participants to share their experiences as well as offer comfort and empowerment to others. A team of stroke professionals

will provide useful information about healthy living, stroke management and support after experiencing a stroke.

BETTER BREATHERS CLUB

Sponsored through the American Lung Association, this is a support group for people living with chronic lung disease like COPD.

Registration required.

CROHN'S DISEASE & COLITIS SUPPORT GROUP

This free adult support group provides patients with their families and friends an opportunity to meet and talk with others who have similar experiences with Crohn's disease and ulcerative colitis.

A COMMUNITY CONVERSATION

NEW HEALTH EDUCATIONAL WEBINAR SERIES LAUNCHING THIS SUMMER

LET'S TALK ABOUT HEALTH

Taking care of your health is an important part of everyday life. Being knowledgeable about health can prevent problems and knowing how to find, understand and use health information and services can help you better manage unexpected situations when they occur.

Join us each month as we offer a 30-minute lunchtime presentation on a specific health topic such as diabetes, asthma, advanced directives and cancer. Our clinical experts will use the Ask Me 3[®] approach that encourages patients and families to ask three specific questions of their health care providers to better understand health conditions and what is needed to stay healthy.

- What is my main problem?
- What do I need to do?
- Why is this important for me to do this?

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We are on the front line with you – all 28,000 employees in our medical system – with an unwavering commitment to your health and well-being. But we are bigger than that, because protecting the health of Maryland is a team effort. During these unprecedented times it takes everyone, across all industries in our state, to tackle the challenge before us. Each day brings uncertainty to us all. **We can do this together.**



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