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# CENTRAL PA HEALTH CARE QUALITY UNIT NEWSLETTER FOR HEALTHY OUTCOMES

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## TMD: A Mouthful of Pain

*From Berkeley Wellness Newsletter, October 18,2011*

**Jaw pain is the most common kind of musculoskeletal pain after low back pain, affecting about 20 million Americans. Fittingly, it has a jaw-breaking name: temporomandibular disorder (TMD).**

The jaw hinge connects the lower jaw (mandible) to the temporal bone on each side of the head. Sometimes this joint hurts, clicks and/or locks painfully. Jaw muscles may become sore, making it hard to chew. Pain may radiate to the facial and neck muscles, the head, ears and teeth; it may persist around the clock.

### Causes and controversies of TMD

There are many theories about the causes of TMD. Some of the obvious ones are injury to the jaw or arthritis in the joint. Genetic factors may play a role. Some dentists blame grinding or clenching the teeth (bruxism), especially at night, or dislocation of the disk that cushions the jaw joint. Emotional stress is often cited as a cause of both teeth grinding and TMD. Gum chewing, nail biting and eating chewy foods or crunchy candies might also contribute, as may bad posture, particularly thrusting the chin forward, which can strain the neck and jaw muscles. TMD is hard to diagnose and treat, probably because it may be a lot of different problems that vary from person to person.

### First step: self-care

- Try over-the-counter pain relievers; apply hot or cold compresses to the jaw. Massage your jaw muscles and temples.
- Eat soft foods; take small bites. Give up hard and chewy foods, like bagels and dried fruit, for a while. Don't chew gum.
- Do gentle jaw stretches. Slowly open and close your mouth. Let your jaw hang slightly when you are not chewing, swallowing or speaking.

### Next step: professional care

- If the pain persists, consult your dentist. In the past, correcting malocclusion (teeth that don't fit together properly) by grinding down a few tooth surfaces was regarded as a good treatment, but more recent research suggests it may not help TMD much. Though its benefits for TMD are also questioned, mouth splints (worn while sleeping) may help stabilize the bite and eliminate nocturnal tooth grinding. If you try a splint, a low-cost athletic mouth guard may work as well as a custom device.
- If stress is contributing to your TMD, professional counseling may help. TMD may respond well to relaxation training, biofeedback and distraction therapy. Small but well-designed studies have found that acupuncture can be useful, too, at least in the short term.
- TMD may improve with time and go away on its own. If it does not, a referral to an orofacial pain management clinic or TMD center affiliated with a hospital or university may be the next best step.

*The information offered in this newsletter is to increase your awareness of health related conditions and situations and not intended to be a substitute for professional medical advice. If you believe you or someone you support has a condition, please seek the advice of a physician.*

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# Just a Little Bit of Sugar

From Berkeley Newsletter, November 26, 2010

**Excess sugar intake has been linked to the growing obesity epidemic and related illnesses. But how much is too much? Here are some guidelines.**

Most women should consume no more than 25 grams (about 6 teaspoons) of added sugars a day, and most men, no more than 37.5 grams (about 9 teaspoons), according to the American Heart Association. With 4 calories per gram of sugar, that's no more than 100 calories of added sugars for women, and no more than 150 for men.

It's easy to exceed these sugar limits—and most Americans do. A 16-ounce bottle of soda has about 44 grams (11 teaspoons) of added sugar, and many people drink a lot more than that. In fact, the average American consumes about 90 grams (22 teaspoons) of added sugars a day—355 calories' worth—mostly from sodas, but also from other sweetened beverages (including fruit drinks), desserts, candy, and breakfast cereals. Many other foods, even ketchup, have sugar added to them as well.

## “Good” vs. “bad” sugars?

Of course, some sugars occur naturally in foods—lactose in milk and fructose in fruit, for instance. These sugars are okay, since they are accompanied by healthful substances in the foods. But nutrition labels do not distinguish between natural and added sugars. To tell if sugar has been added, check the ingredient list for any form of sugar (including brown, raw, or invert) and/or “syrup” (including corn syrup, high fructose corn syrup, or malt syrup). Watch out also for honey, molasses, agave nectar, evaporated cane juice, and fruit juice concentrate, which sound healthier but are just other forms of “empty” sugar calories.

## A sugar tally

How much added sugar do you get in a day? Here's a list to help you find out. Sugar content varies among brands; the amounts below are averages. Keep in mind, these numbers represent just the *added* sugar; some of these foods and beverages contain some natural sugars, too.



### Beverages (8 oz)

Cola, 22 grams  
Cranberry juice cocktail, 20 grams  
Milk, chocolate, reduced-fat, 14 grams  
Pear nectar, canned, 28 grams  
Shake, fast food, vanilla, 14 grams  
Soy milk, chocolate, 10 grams  
Sports drink, fruit-flavored, 13 grams  
Tea, instant, sugar-sweetened, 21 grams

### Foods

Applesauce, sweetened (1 cup), 16 grams  
Baked beans, canned (1 cup), 15 grams  
Banana chips (1 oz), 7 grams  
Bologna, beef and pork (3.5 oz), 4 grams  
Chocolate, milk (1.5 oz bar), 19 grams  
Cookies, Oreo-type, 3 (1 oz), 12 grams  
Cranberries, dried (1/3 cup), 25 grams  
Doughnut, cruller, glazed (1.4 oz), 14 grams  
Fig bar cookies, 2 (1 oz), 10 grams  
Fruit cocktail, in syrup (1 cup), 26 grams  
Granola bar (1 oz), 12 grams  
Jellybeans, 1 oz (10 large), 20 grams  
Popcorn, caramel-coated (1 oz), 15 grams  
Pudding, ready-to-eat (4 oz), 19 grams  
Yogurt, fruit (6 oz container), 19 grams

# Toe Woe: Ingrown Nails

*From Berkeley Wellness Newsletter, October 14, 2011*

**Ingrown toenails are a common—and painful—foot problem. If you tend to get them, here are the steps to take.**

Medically called onychocryptosis, an ingrown toenail occurs when the nail, usually on the big toe, punctures the surrounding skin, causing inflammation and sometimes infection.

The main cause of ingrown toenails is improper trimming of the nail, made worse by walking, especially if you wear tight or improperly fitting shoes or are very overweight. Trauma to the nail can also contribute to an ingrown toenail, as may swelling in the feet. As you age, your toenails get thicker, making it more difficult to trim them well. If you're prone to ingrown toenails, it's especially important to pay attention to the fit of your footwear, avoiding tight shoes and high heels.

It's unclear whether the shape of the toenail—an inherited factor—plays a role. Some researchers think the problem may be with the soft tissue around the nail, not the nail itself. One small study found that people with ingrown toenails tend to have thin, flat nails and wide, fleshy soft tissue around them. An excessively curved toenail that naturally curls under at the sides instead of growing flat across may also be more likely to become ingrown. Another study, however, found no anatomical differences in toenails between those with and without ingrown toenails.

Left untreated, the entire side of the nail can become embedded in the skin, increasing the risk of infection, which, if severe, can spread to the rest of the toe and even the foot. If you have recurrent ingrown nails or worsening pain from one, see your doctor or a podiatrist. If you have diabetes, see a health professional for any foot problem.

## **Treatment of ingrown toenails may include:**

- For mild cases, soak your toe in warm water to soften the nail. Then, if possible, place a small piece of dental floss or cotton under the nail to keep it from cutting the skin. Repeat daily until the nail grows out. Some doctors may attach a small slit tube around the edge of the ingrown nail (a gutter splint). Don't try to cut out an ingrown toenail yourself.
- For more severe cases, your doctor may cut away part (or all) of the toenail. For recurrent problems, chemicals or other procedures may be used to destroy part of the nail matrix to keep the nail from growing back. This can change the appearance of the nail, however, and there can still be recurrences. Though rarely done, an alternative may be to remove the soft tissue on both sides of the nail, preserving the nail—a procedure that, according to some research, has a low recurrence rate and does not change the way the toe looks.
- Another possible treatment involves filing the nail down to thin and flatten it, thereby reducing its curviness. In a small Turkish study, no recurrences occurred over six months after this treatment.

## **Keeping things straight**

To prevent an ingrown toenail, trim your toenails straight across, with no rounded corners, and not too close. Smooth the edges with an emery board or nail file and clean the grooves at the sides with an “orange stick” manicure tool. If you can't trim your nails yourself, consider regular visits to a podiatrist (insurance should cover the cost) or professional pedicures. It's a myth that cutting a “V” in the middle of the toenail will prevent or cure an ingrown toenail.

# Conductorcise, a fun alternative

by ICAA August 18, 2010



In 2002, at age 68, David Dworkin founded a unique “symphonic aerobics” program, which has since become internationally recognized. Conductorcise®—a *Sound Workout* for Mind, Body and Soul—is “a symphony performance, music history lesson and aerobics workout all rolled into one,” suggests *The Times-Picayune*, New Orleans’ newspaper.

A graduate of The Juilliard School and Columbia University, Dworkin channeled his passion for music and physical fitness into this innovative program. Conductorcise, it turns out, is the next act in his long and distinguished career as a symphony conductor, clarinetist and music educator. In the last seven years, he has traveled widely to lead Conductorcise workouts for audiences of all ages and abilities.

Participants enjoy “an invigorating upper-body workout, learn basic conducting techniques, improve listening skills, and find out about the lives and work of the great composers,” Dworkin explains. He applies the same basic approach to each Conductorcise session, but tailors the challenges and level of effort for each group. Sessions for healthy older adults can be longer and more vigorous, with some lower-body movements, for example. With individuals who have Alzheimer’s disease, Dworkin chooses slightly shorter classical musical pieces that participants are likely to know, helping to connect them to the activity.

In each session, the maestro brings what he calls the “energy, motion and magic of music” to participants, who wave batons along with him as they move to the music of Tchaikovsky, Mozart and more. Interestingly, Dworkin has found that, among the groups he has led, participants with Alzheimer’s and other dementias respond with intense interest to the workout. In the end, “Conductorcise is extremely effective in getting participants enthused about classical music, and keeping them engaged, thinking and in motion,” he says.

Dworkin sees conducting as “a physical and a spiritual experience.” The physical benefits include, among others, increased blood flow, upper-body stretching and strengthening, improved cardio endurance, and the growth of new brain cells. That means Conductorcise participation can help improve physical health and function, while enhancing intellectual, social, spiritual and emotional wellness.

“Conductorcise is a winner, because many people don’t think they are exercising when performing the program,” Dworkin observes. “Not only are they moving their bodies in a way many have never done, but they are also stimulating their brains by being made aware of colors, conversations and rhythms in the music.”

## Five key lessons learned in creating a classical music fitness experience for older adults

1. Prepare
2. Reach out to all.
3. Give of yourself 150% all the time.
4. Never lose your sense of humor.
5. Passion: You must love what you are doing.



## NURSES TRAINING DAY

On October 13<sup>th</sup> the Health are Quality Unit hosted its second Nurses Training Day for 2011. Twenty-seven nursing and non nursing personnel had an excellent day of training at the School of Nursing at Geisinger in Danville. Presentations occurred by **Dr. DiFilippo**, Associate, Division of Geisinger Nephrology on **“Hypertension,”** **George Godlewski, Ph.D**, Associate VP of the Quality & Safety Division of Psychiatry, on **“Physician Orders for Life Sustaining Treatment (POLST),** and **Allison Mowery, DNP, CRNP**, Chief Practitioner Department of Cardiology on, **“Heart Failure.”** Participants earned 3.7 contact hours. The HCQU also collected donations of socks and body wash for the men and women of Danville State Hospital.

## “Wellness is for Everyone”

The eighth annual “Wellness is for Everyone” co-sponsored by the HCQU, Danville State Hospital, CMSU county and provider services occurred on October 20<sup>th</sup> and featured 39 vendors and drew 350-400 people. The event offered entertainment throughout the day and numerous free health screenings and education.

