

HealthLINK

YOUR CONNECTION TO HEALTH & WELLNESS

INSIDE: Getting the facts on COVID-19. / Breakthroughs in chronic pain management. / Advances in spinal surgery. / How to make the most of telehealth appointments.

TAKING THE REINS

PHYSICAL REHABILITATION PROGRAMS ALLOW PATIENTS TO BETTER MANAGE THEIR CONDITIONS AND REGAIN THEIR QUALITY OF LIFE

FALL 2020

 **ValleyHealth**
Healthier, together.

WELCOME

OUR “JUST FOR NOW” NORMAL

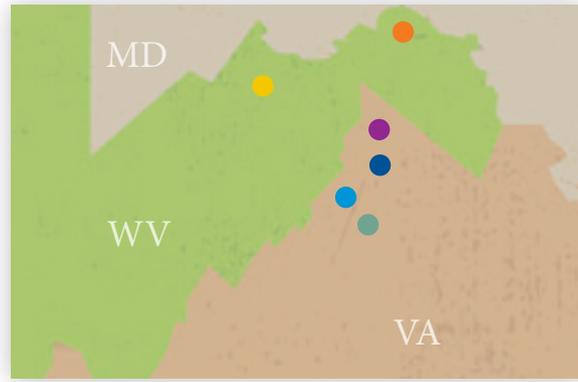
We wear masks in public, social distance, avoid crowds, and take other precautions to protect ourselves and our loved ones from COVID-19. Some call these temporary measures the new normal, but it is in fact our “just for now” normal.

We won't have to live this way forever. Vast scientific resources have been dedicated to the development of a vaccine and great progress is being made. For the foreseeable future, however, we are all called to adopt socially responsible safety behaviors to prevent the spread of COVID-19 and, most importantly, save lives!

Valley Health has also expanded telehealth services, one way we keep patients safe and help mitigate the spread of COVID. Thousands in our region are now using this convenient option to access care from the safety of home. Read “The Doctor Is Online” on page 19 for helpful tips for your next telehealth appointment.

There is one thing that hasn't changed: Valley Health is open and prepared to provide you and your family with safe, quality care for routine, emergent and specialty care services.

On the cover: Equestrian Paula Everett, a participant in Valley Health's Healthy Bones rehab program.



Valley Health is a not-for-profit system of hospitals, services and providers. For more information about the many ways we serve the health and wellness needs of the community, visit valleyhealthlink.com.

Valley Health System includes:

- Winchester Medical Center (Winchester, VA)
- Hampshire Memorial Hospital (Romney, WV)
- Page Memorial Hospital (Luray, VA)
- Shenandoah Memorial Hospital (Woodstock, VA)
- War Memorial Hospital (Berkeley Springs, WV)
- Warren Memorial Hospital (Front Royal, VA)

Additional locations and facilities:

- Outreach Lab Services
- Quick Care
- Rehabilitation Services (Inpatient and Outpatient)
- Urgent Care
- Valley Health Home Health | West Virginia
- Valley Health | Spring Mills
- Valley Health Surgery Center
- Valley Medical Transport
- Valley Pharmacy
- Valley Physician Enterprise
- Wellness & Fitness Centers

→ For more information, visit valleyhealthlink.com/locations.



Valley Health System

Serving Our Community by Improving Health

HealthLINK

The magazine of Valley Health System
Serving the northern Shenandoah Valley and surrounding areas in Virginia, West Virginia and Maryland

Valley Health Board Leadership

- Joseph F. Silek Jr., Chair, Board of Trustees
- Brad Close, Chair, West Region Hospitals (WV) Board of Trustees

Executive Management

- Mark Nantz, President and CEO
- James Burton, SVP and Chief Information Officer
- Peter Gallagher, SVP and Chief Financial Officer
- Grady W. (Skip) Phillips III, SVP, Valley Health and President, Winchester Medical Center
- Chris Rucker, VP, Strategic Services and President, Valley Regional Enterprises
- Iyad Sabbagh, MD, SVP, Chief Physician Executive and President, Valley Physician Enterprise
- Elizabeth Savage, SVP/CHRO and VP, Community Health and Wellness

Hospital/Entity Management

- N. Travis Clark, President, Page Memorial Hospital and Shenandoah Memorial Hospital
- Floyd Heater, VP, Valley Health Southern Region and President, Warren Memorial Hospital
- Tom Kluge, President, Hampshire Memorial Hospital and War Memorial Hospital

The information contained in *HealthLINK* is not a substitute for professional medical care or counsel. If you have medical concerns, consult a medical professional. A list of physicians, specialists and other care providers is found at valleyhealthlink.com/physicians.

HealthLINK magazine is published three times a year. Its purpose is to provide health and wellness information to the community and to connect area residents with health-care experts within Valley Health System.

Contact marketingmail@valleyhealthlink.com or 540-536-5325 to be added to our mailing list; view *HealthLINK* online at valleyhealthlink.com/news.

Executive Editor: Kathleen Devlin Culver

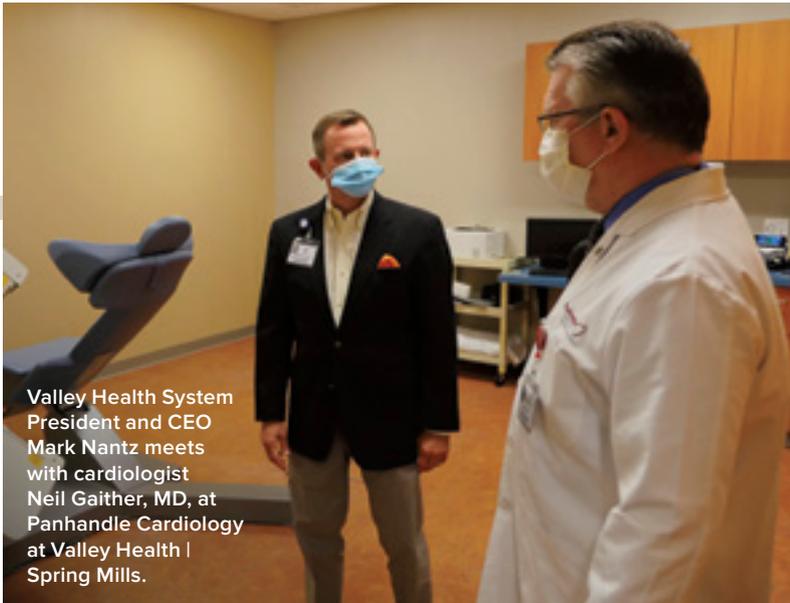
Medical Editors:

Jeffrey Feit, MD, VP, VHS Population Health and CMO, Valley Physician Enterprise Medical Group
Nicolas C. Restrepo, MD, VP, Valley Health System and VP, Medical Affairs, Winchester Medical System

Health and Wellness Writers: Sari Harrar, Kim Olson

Photography: Nick Matheson, Ginger Perry

Published by: Diablo Custom Publishing



Valley Health System President and CEO Mark Nantz meets with cardiologist Neil Gaither, MD, at Panhandle Cardiology at Valley Health | Spring Mills.

MAKING CONNECTIONS

Valley Health System President and CEO Mark Nantz didn't waste time getting acclimated to his new role when he joined the team on June 1. In fact, he prioritized connecting with Valley Health staff at facilities across the region, as well as meeting community partners.

"I'm enjoying the opportunity to explore the community that Valley Health serves and learning about our priorities for serving community health needs," Nantz remarked during a recent visit to the Our Health campus in Winchester. "Meeting with people both inside and outside the walls of our facilities is giving me the chance to learn more about how Valley Health invests in programs and services that educate, empower, encourage, inspire, and deliver care in order to help the region's residents to lead healthy lives."

With over 6,000 employees and a service area that covers 14 counties in Virginia and West Virginia, along with areas in Maryland and Pennsylvania, Nantz knows it will take a while to cover the entire territory. "To date, I've learned from Valley Health's dedicated professionals from all six hospitals and the recently opened Spring Mills outpatient center; I've visited wellness centers, therapy facilities and Urgent Care centers," he continued. "And I've received a warm welcome everywhere I've been!"

Making connections is critical in health care, and Nantz has shared with staff his view of the importance of authentically relating to each patient. "Everyone at Valley Health has a role in diagnosing, treating and caring for our patients to ensure they receive exceptional care. I'm excited to have the opportunity to lead our remarkable team as we endeavor to do this better than anyone in the region."

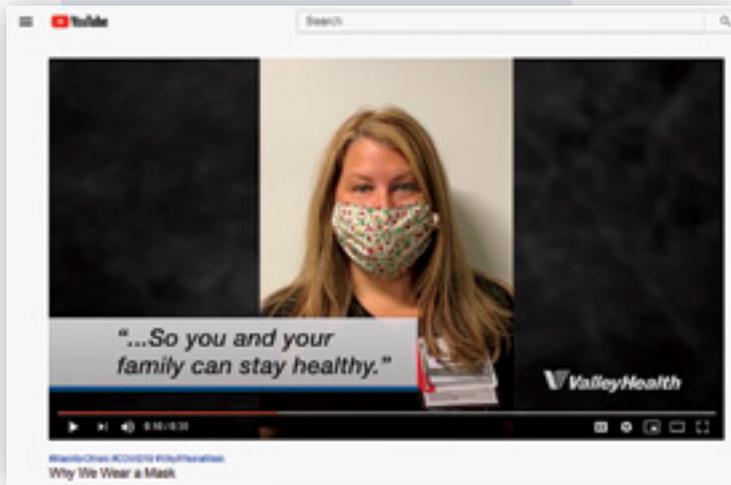
Get to know Mark Nantz by following him on Facebook ([facebook.com/MarkNantzCEO](https://www.facebook.com/MarkNantzCEO)) and LinkedIn ([linkedin.com/in/MarkNantzCEO](https://www.linkedin.com/in/MarkNantzCEO)).

“Meeting with people both inside and outside the walls of our facilities is giving me the chance to learn more about how Valley Health invests in programs and services that educate, empower, encourage, inspire, and deliver care in order to help the region’s residents to lead healthy lives.”

—PRESIDENT AND CEO MARK NANTZ



Warren Memorial Hospital's Kim Streett, director, Quality Assurance, converses with Nantz as he tours the Front Royal facility.



#MaskForOthers

As new facts about COVID-19 have emerged, Valley Health's public service announcements have reached tens of thousands, encouraging people to social distance to prevent the spread of coronavirus and always get emergency medical care for stroke, heart attack and other life-threatening situations. Now our #MaskForOthers campaign has reached over 100,000 area residents.

Wearing a cloth mask helps protect others from you and the infected respiratory droplets you could spread. In fact, mask wearing will become even more important as flu season begins and respiratory infections with coughing and sneezing become common. We can all do our part to stem the coronavirus outbreak by using a face covering when in public.

Visit valleyhealthlink.com/covid or follow us on Facebook for up-to-date information on COVID-19.

THREE CHEERS FOR 50 YEARS!

Congratulations to Valley Health Page

Memorial Hospital (PMH)

Multispecialty Clinic's

Sue Sours, who recently

celebrated her 50th work anniversary. From high

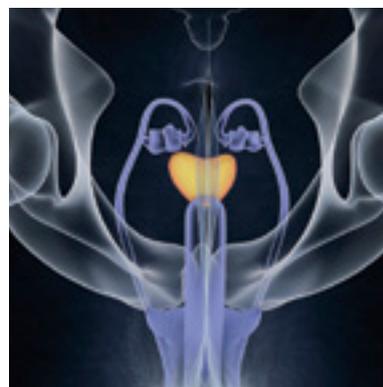
school candy striper to lab assistant to clinic coordinator, Sours has served thousands in our community with compassion and dedication! What drives her to

show up to work every day? "I'm

proud to be part of Valley Health. We're one big family," she says. Our response? "Thank you for all the ways you've cared for us!"



NEW! COMBINED IMAGING SERVICE PROVIDES TARGETED PROSTATE BIOPSY



Urologists at Winchester Medical Center are using a new approach for targeted biopsy of the prostate: a hybrid imaging method that combines magnetic resonance (MR) imaging with ultrasound. Known as MR fusion or fusion-guided biopsy, this approach uses fused MRI and ultrasound images to focus directly on suspicious

areas within the prostate in patients with elevated or rising PSA (prostate-specific antigen) levels. Learn more at valleyhealthlink.com/urology or call the Urology Clinic of Winchester | Valley Health at 540-667-1712.

HOT TOPIC



COVID-19 MYTH BUSTERS

Separating fact from fiction during the coronavirus crisis.

Lots of information is circulating on how to protect yourself from COVID-19. Much of it is unproven or false—and some “facts” are downright dangerous! Here, we bust some of the myths about COVID-19.

MYTH 1: IF I'M NOT SICK, I DON'T NEED TO WEAR A MASK.

FACT: Not everyone who is infected with the coronavirus gets sick; in fact, some people have no symptoms at all! But they can still unknowingly spread COVID to others when they cough, sneeze or talk, so wearing a mask protects those around you and shows you care for others.

MYTH 2: THERE ARE DRUGS AND PRODUCTS I CAN USE TO KEEP FROM GETTING COVID-19.

FACT: There are currently no drugs licensed for the treatment or prevention of COVID-19. While vaccine and drug trials are underway, as of now there is no proof that any drug can cure or prevent COVID-19. Antibiotics are effective only against bacterial infections, so they do not work against coronaviruses, including COVID-19.

MYTH 3: EXPOSURE TO HIGH TEMPERATURES PREVENTS COVID-19.

FACT: You can catch COVID-19, no matter how sunny or hot the weather is. And hot baths do not prevent COVID-19.

MYTH 4: THERMAL SCANNERS CAN DETECT COVID-19.

FACT: Thermal scanners are effective in identifying people who have a fever, but they cannot specifically detect people who are infected with COVID-19. Many with COVID do not run a fever, and in fact, fever is only one of a number of symptoms of coronavirus. There are many causes of fever, so consult your primary care physician for a correct diagnosis if you have a temperature above 99.9 degrees.

MYTH 5: THERE ARE MANY WAYS THAT COVID-19 IS SPREAD FROM PERSON TO PERSON, INCLUDING BY MOSQUITOS AND HOUSEFLIES.

FACT: There is no evidence that COVID-19 is transmitted by mosquitoes, houseflies or other insects. It is a respiratory virus that spreads primarily through droplets generated into the air when an infected person coughs, sneezes or talks.

FIVE FACTS TO REMEMBER!

The best ways to protect yourself against coronavirus are to:

1. Wear a mask when out in public.
2. Practice social distancing and avoid large gatherings.
3. Wash your hands frequently.
4. Avoid touching your eyes, mouth and nose.
5. Avoid contact with anyone coughing or sneezing.

Source: World Health Organization

COVID CARE AT VALLEY HEALTH

→ PROTECTING PATIENTS AND STAFF WHILE CARING FOR THOSE WITH COVID-19 IS A PRIORITY AT VALLEY HEALTH. THE STATS BELOW ILLUSTRATE THE SCALE OF THE EFFORT DURING THE FIRST THREE MONTHS OF THE PANDEMIC: MARCH THROUGH MAY 2020.

86,000+

NUMBER OF
NURSING
HOURS FOR
PATIENT CARE

DAYS

Average # of days COVID
patients spend in our
hospitals



\$6.5 MILLION

DOLLARS SPENT ON PPE (PERSONAL PROTECTIVE EQUIPMENT)

50

HIGHEST
ONE-DAY
CENSUS OF
HOSPITALIZED
COVID
PATIENTS

5,000+

COVID TESTS PROCESSED AND/OR MANAGED

→ Visit valleyhealthlink.com/covid for more information on COVID care at Valley Health.

COPING WITH COVID

Savvy strategies for helping families manage stress during the coronavirus crisis

Challenges of home schooling. Social distancing from friends and family. Unemployment and financial insecurity. The barrage of news and information. Since the COVID outbreak in the spring, parents have had to take steps to maintain their sanity—and keep their children safe. Given all the uncertainties, child and adolescent psychiatrist Megan Borkon, MD, provides answers to questions about navigating numerous family stressors.

Q: HOW MUCH INFORMATION SHOULD PARENTS SHARE ABOUT THE SERIOUSNESS OF THE COVID OUTBREAK WITH THEIR CHILDREN? SHOULD THEY LIMIT KIDS' ACCESS TO COVERAGE IN THE NEWS?

A: Whenever parents need to share difficult information with children, it's helpful to first hear from children what they already know. Children are savvier than adults tend to expect, so your kids may already have answers to the very questions that you are struggling to address.

When sharing difficult information, keep the content simple and straightforward. Let children's questions guide what information you need to share. *Sesame Street* is a great resource for parents of younger children, and it offers resources for parents about how to talk about a variety of difficult topics. Media coverage of crises can easily heighten feelings of helplessness and hopelessness, and news coverage is often not developmentally appropriate for children.



PROTECTING OUR CHILDREN

Incidents of child abuse and neglect increase in times of crisis, so anyone who suspects child abuse should contact Child Protective Services in their community. In Virginia, call 800-552-7096; in West Virginia, call 800-352-6513; or visit childhelp.org.

Q: WHAT ACTIVITIES CAN PARENTS USE TO EASE STRESS OR ANXIETY IN KIDS?

A: Rituals and routines ease stress and anxiety. Even basic activities such as getting dressed each day and brushing your teeth help kids stay grounded. The duration and intensity of together time are new for parents and children alike. Those with multiple children should try to find ways to spend one-on-one time with each child.

Having a predictable schedule for contact with grandparents and friends, such as FaceTime with grandmother every Monday, can also help. Beyond video calls, exchanging letters and drawings with friends or family helps children maintain psychological closeness when physically apart.

Q: WHAT SHOULD PARENTS DO TO MANAGE THEIR OWN STRESS LEVELS?

A: Given all the current unknowns, parents are under unprecedented stress. Children's ability to cope with stress mirrors their parents' coping strategies, so be aware of how and when you begin to behave differently. Simple steps like keeping your voice down, walking away and carving out moments for self-care go a long way toward helping you and your children remain calm. And remember that children have more resilience than we give them credit for; learning to live with uncertainty helps kids and adults overcome anxiety.



Alan Oates credits the LSVT BIG Program with helping him manage his Parkinson's disease symptoms, including his fine motor skills that allow him to restore art.

BACK

ON TRACK

➔ VALLEY HEALTH'S SPECIALIZED PHYSICAL REHABILITATION PROGRAMS HELP PATIENTS GET BACK TO THEIR BEST LIVES

Whether you're recovering from a stroke, had joint replacement surgery, or have a general disability, physical rehabilitation therapy at Valley Health can help you regain function and feel more like your old self.

Valley Health's comprehensive Rehabilitation Services team provides not only physical therapy, occupational therapy and speech therapy but also unique specialty therapy programs at various locations to serve patients close to home. Here's a look at three specialty offerings—and how they've helped patients regain their quality of life.

LSVT BIG PROGRAM

WHAT IT IS: Therapy to improve increased amplitude of body movement.

WHO IT'S FOR: People with movement disorders such as Parkinson's disease who want to better perform daily tasks or improve their speech.

HOW TO ENROLL: Get a referral or prescription from your primary care physician or neurologist.

A PATIENT'S STORY: Alan Oates, a retired Army first sergeant living in Woodstock, Virginia, couldn't button his shirt anymore, so his wife had to help. The active 71-year-old also had to give up travel, something he loved.

His Parkinson's disease symptoms were worsening and his independence was slipping away. Then his doctor suggested the LSVT BIG program, consisting of 16 one-on-one sessions with a physical therapist.

The focus is learning to make larger body movements. "The patient is not aware that they are moving less or taking smaller steps," says Shelley Annalora, DPT, a therapist with Valley Health Rehabilitation in Strasburg, Virginia, who worked with Oates. "We're helping patients become aware of their movement patterns with walking, sit to stand, functional activities, and daily tasks." The exercises improve trunk range of motion, flexibility, amplitude of movement, and ultimately the ability to perform daily functional tasks. Participation in the program is covered by Medicare and most insurance companies.

“The patient is not aware that they are moving less or taking smaller steps. We're helping patients become aware of their movement patterns with walking, sit to stand, functional activities, and daily tasks.”

—SHELLEY ANNALORA, DPT

“Shelley found out what I was having problems doing at home, and we worked on those areas,” Oates says.

“Each day, patients get a special task,” Annalora explains. “It could be opening a cabinet ‘BIG,’ putting your arm through your sleeve ‘BIG,’ giving your spouse a ‘BIG’ hug. We ask the patients about their goals and individualize the exercises to meet these needs. This goes along with the seven other research-based exercises that the patient completes daily. Mr. Oates was one of the hardest-working patients I've ever treated. He pushed himself with every treatment to move bigger.”

His dedication goes beyond his physical therapy. Oates, a Vietnam veteran, was an advocate for getting the federal government to recognize that Agent Orange exposure increases the risk of Parkinson's. “It became a passion of mine,” he says. “I went into every office on Capitol Hill—talked with every senator and every congressman.”

He helped found U.S. Military Veterans with Parkinson's, serving as its director of research and legislative affairs and eventually becoming president. The group presented its research to the Institute of Medicine, and in 2010, the U.S. Department of Veterans Affairs acknowledged the connection between Agent Orange and Parkinson's, making impacted vets eligible for disability benefits. “Mr. Oates has really been an advocate for himself and other military members,” Annalora says. “He even educated me on this topic.”

Because of the BIG program, Oates is traveling again, most recently visiting Europe, where he saw the D-Day landing site in Normandy. He feels like he has his life back now. “I'm able to do more around the house,” he says. “I'm off my depression medications, because it's little things that work on depression as much as big things—like getting frustrated because you can't tie your shoe. [The program] gave me back my independence.”

REHABILITATION PROGRAMS

HEALTHY BONES THERAPY

WHAT IT IS: Education and exercise to improve posture and body alignment.

WHO IT'S FOR: People with osteopenia or osteoporosis.

HOW TO ENROLL: Request a referral from your physician.

A PATIENT'S STORY: Paula Everett got her first horse in 1975, and she's been in the saddle ever since. She participates in the sport of dressage, a precise and elegant riding style that she likens to a dance. "It feels like you're a part of nature and the magnificent horse," says the 75-year-old Edinburg, Virginia resident.

But when she sustained a lumbar compression fracture, riding became impossible. "She was afraid to lie on her stomach and had so much pain," says Suzanne McIlwee, PT, who helped Everett begin to heal with body mechanics and strength training, and the use of a Spinomed IV back brace.

Everett has been getting physical therapy from McIlwee for years and has also taken Valley Health's six-week Healthy Bones program—a program she revisited after her spine injury.

"It's an exercise class for patients who have low bone density," McIlwee says. "They're taught exercises that are safe, performed with the spine in an elongated position, and are very specifically designed to reverse the forward-bent patterns of postural change that occur as we age. The program

“[Patients are] taught exercises that are safe, performed with the spine in an elongated position, and are very specifically designed to reverse the forward-bent patterns of postural change that occur as we age.”

—SUZANNE MCILWEE, PT

includes core strengthening, especially of the lower abdominal and back muscles." The class also covers safe ways to sit, bend, and lift, does not stress the spine or hips, and the only equipment needed is a mat.

"It has helped my hips and back," Everett says. "It's an amazingly simple, effective way to take away your pain and improve your posture, which is important for riding. Also, if you go to the gym, Suzanne goes through all the machines and tells you what you should do and should not do, like any twisting of the spine. She knows what she's doing and cares about you."

Although the Healthy Bones program is appropriate for people at all fitness levels, Everett notes it was perfect for someone her age. "Healthy Bones is very empowering for older women," she says. "It respects their abilities and gives them exercises they can safely do. And the exercises can be modified as you age."

McIlwee calls her a "go-getter," and Everett acknowledges that she's motivated, saying, "I have horses that I want to ride, and I have dogs that I want to walk. This is the safest road to go when you have a back injury. Taking the Healthy Bones class with Suzanne was absolutely a game changer."

LOW VISION REHABILITATION

WHAT IT IS: Training for people with visual impairment.

WHO IT'S FOR: Anyone whose vision is less than 20/60, including those with macular degeneration, diabetic retinopathy, glaucoma, and stroke-related low vision.

HOW TO ENROLL: Ask your primary care physician or eye doctor for a referral.

A PATIENT'S STORY: Sherry Lewis has always loved to read, especially mysteries. That is, until macular degeneration, which affects the retina in the eye, made reading a challenge. "I started noticing difficulty trying to read words," she says. "[My optometrist] said that I shouldn't read for too terribly long, because it makes my eyes tired and the words get blurry. And then I don't feel good in my head."

Sometimes her vision troubles were embarrassing. "If somebody was walking toward me, I knew somebody was coming, but who was it?" she says. "People would have to walk right up to me and say, 'Sherry,' to say hi, and [I'd] feel terrible

Equestrian Paula Everett took the Healthy Bones class to rebuild her strength after a back injury.



because I didn't recognize them until they got up close to me."

Magnifiers and eyeglasses didn't help enough with her vision, so her eye doctor suggested low vision rehabilitation with occupational therapist Sarah Corridon, who works in Rehabilitation Services at Winchester Medical Center. Lewis' rheumatoid arthritis makes it difficult to get around, but Corridon was willing to visit her at home. And since low vision therapy is covered under Medicare and most other insurance plans, it's a good option for those who are struggling with routine tasks.

"Macular degeneration causes a blind spot to form in the central part of the eye that we use to focus on small details," Corridon says. "I teach people like Ms. Lewis to focus to the side of what they are reading instead of looking directly at it, so they're using the healthy eye tissue to look at those details."

She had Lewis begin by reading larger print to get acclimated to that practice, then worked down to the smaller print, eventually adding a special magnifier. "We got down to

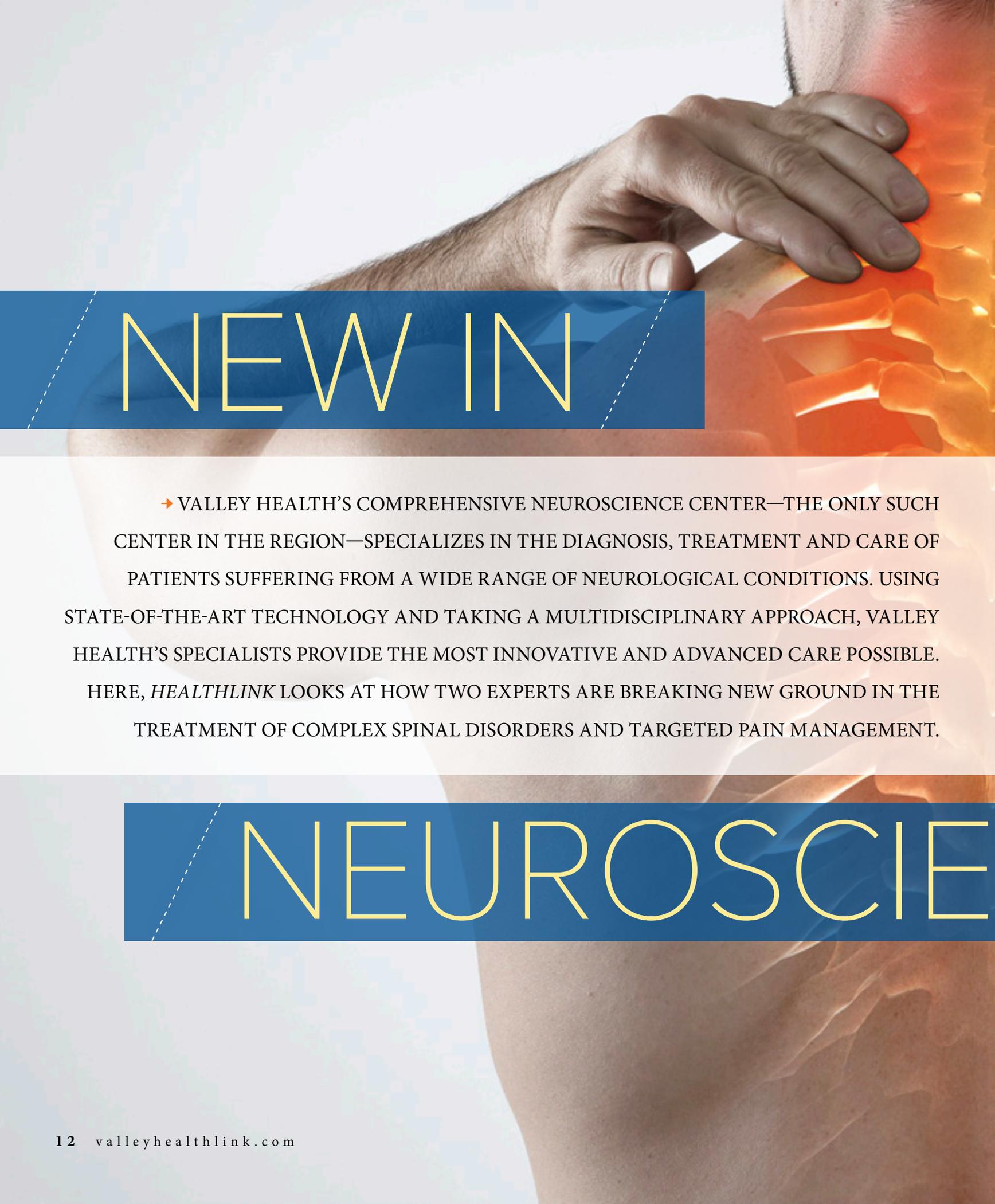
newspaper-size letters," Lewis says.

Corridon helps patients with vision problems with any daily tasks they're struggling with. "For most people, reading is a huge focus, but sometimes it's cooking, sewing or just matching clothing, as colors are hard for some patients to tell apart," she says. "And low vision rehab is also for people who have lost peripheral vision from diseases like glaucoma, retinitis pigmentosa, or stroke."

She met with Lewis five times over three months, with fairly quick results. "Working with Sarah really helped," Lewis says. "It's even much easier to see things on TV that I would have missed before."

And now when a friend is walking toward her, she can recognize that familiar face and say hello.

→ Visit valleyhealthlink.com/rehabservices for more about these programs and the many other therapy services offered at Valley Health.



NEW IN

→ VALLEY HEALTH'S COMPREHENSIVE NEUROSCIENCE CENTER—THE ONLY SUCH CENTER IN THE REGION—SPECIALIZES IN THE DIAGNOSIS, TREATMENT AND CARE OF PATIENTS SUFFERING FROM A WIDE RANGE OF NEUROLOGICAL CONDITIONS. USING STATE-OF-THE-ART TECHNOLOGY AND TAKING A MULTIDISCIPLINARY APPROACH, VALLEY HEALTH'S SPECIALISTS PROVIDE THE MOST INNOVATIVE AND ADVANCED CARE POSSIBLE. HERE, *HEALTHLINK* LOOKS AT HOW TWO EXPERTS ARE BREAKING NEW GROUND IN THE TREATMENT OF COMPLEX SPINAL DISORDERS AND TARGETED PAIN MANAGEMENT.

NEUROSCIENCE



ADVANCES IN SPINE SURGERY

NEUROSURGEON DAVID J. SALVETTI, MD, BRINGS LEADING-EDGE EXPERTISE IN COMPLEX SPINE SURGERY TO VALLEY HEALTH

Problems with your spine's natural curves and alignment can trigger pain, fatigue, strained muscles, difficulty walking, and even numbness, weakness, and bowel or bladder trouble. If you're sidelined with a debilitated spine—whether it developed in childhood or later in life due to aging, injury or another cause—it's a good time to learn more about Valley Health's new, first-in-the-region complex spine surgery options.

"The improvement can be remarkable," says neurosurgeon David J. Salvetti, MD, a specialist in complex spine surgery who recently joined Virginia Brain and Spine Center | Valley Health after a seven-year neurosurgery residency at the prestigious University of Pittsburgh Medical Center. "For someone who is barely able to function in daily life and whose existence is consumed by pain, a carefully planned and executed surgery and recovery can transform their life. They can become active again with far less pain. They can do the things they love. People who've taken narcotic painkillers for years can wean off these drugs, too."

In the past, Shenandoah Valley residents had to travel to distant medical centers to receive this level of advanced back surgery. Now, patients can stay close to home for every step of the journey—including state-of-the-art evaluations, extensive pre-surgery optimization that boosts recovery success, spinal surgery including minimally invasive and CT-guided procedures, and post-op care. "High-quality complex spine and scoliosis correction locally means long-term success," says Dr. Salvetti. "Our goal is to approach any surgery, regardless of the size, in a way that avoids a vicious cycle of multiple operations."

MEET DR. SALVETTI

A graduate of the University of Virginia School of Medicine, Dr. Salvetti always wanted to become a doctor. An early interest in mechanics led him to earn a bachelor's degree in biomedical engineering from Vanderbilt University. His inspiration? "My dad was always working on something in our house," he says. "We never paid to have anything fixed because we did it ourselves,

NCES



Neurosurgeon David J. Salvetti, MD, specializes in complex spine surgery.

including working on cars.”

As an undergraduate, Dr. Salvetti worked in a neurosurgery lab, sparking an interest in the field. “In my practice, there’s the mechanical side, where I’m working on correcting someone’s spine, and the microsurgery side, where I’m at work in the brain itself,” says Dr. Salvetti. “It’s the best of both worlds.”

Dr. Salvetti chose to practice at Valley Health and Virginia Brain and Spine Center because of their commitment to quality care. “Valley Health has added an intraoperative computed tomography [ICT] scanner for neurosurgery,” he says. “Instead of using two-dimensional X-ray snapshots, ICT provides a real-time, three-dimensional image of the spine. That allows us to navigate more precisely, shortening procedure times. ICT is also beneficial in patients who’ve had spine surgery such as fusions in the past, which can make revision surgeries challenging.”

In addition to spine surgery, Dr. Salvetti will also join his practice colleagues in providing a host of neurosurgery procedures such as craniotomies for brain tumors, stereotactic brain biopsies, trauma surgery, and more. In his off hours, he hopes to go fishing and hiking in the Shenandoah Valley and surrounding mountains.

SPINAL DEFORMITY: CAUSES, SYMPTOMS, TREATMENT

Spinal deformity is a term used to describe many different spine problems in which the alignment of the spine has been compromised. People usually think of scoliosis as a condition that begins slowly in childhood or the teen years, which is characterized by the development of a sideways curvature of the spine. But more often, in adults, scoliosis is the result of common factors such as age-related arthritis and degenerative disc disease that breaks down the cushiony discs between the 24 vertebrae of the spine. In addition, adults may have other spine conditions at the same time that need treatment, such as spinal stenosis, which occurs when the spaces for nerves to pass through narrow dangerously.

Several other problems also fall into the category of a spinal deformity or a complex spine problem. These include injuries, infections, and tumors that have led

“The best gift is to hear a patient share how their everyday life is greatly improved because of treatment from our team.”

— DAVID J. SALVETTI, MD

to spinal malalignment. Flatback syndrome, when the spine's natural curves straighten, can lead to a stooped posture that makes standing up straight difficult. A chin-on-chest deformity is where the neck curves abnormally, allowing the head to fall forward. This makes looking ahead to walk or drive difficult to impossible. Many of these disorders can occur simply due to degeneration or after having undergone prior spine surgery. They cause back pain, muscle stress, fatigue, and balance problems, and can also put pressure on nerves, leading to shooting pains down the legs or arms, muscle weakness, numbness and tingling, and bowel or bladder control problems.

Treatment of spinal malalignment may involve repositioning the bones of the spine for healthier alignment and more natural curves. The surgeon may use rods and other hardware to hold vertebrae in place so that the bone can fuse together during recovery. Surgery may also involve removing part of a vertebra that is pressing on a nerve or widening the hole where a nerve passes through a vertebra. Dr. Salvetti uses his advanced expertise in spinal alignment to make adjustments so that surgical outcomes last longer in both complex and simple procedures.

In addition, Dr. Salvetti says that minimally invasive procedures are often an option for many types of spine surgery. These range from repairing a herniated disc to spinal fusion procedures in which the surgeon makes a small incision, often working with a microscope and specialized tools to make repairs. The benefits? Minimally invasive surgery disrupts less tissue, so recovery may be faster and easier. Many complex spine procedures are performed as open surgeries. Valley Health's neurosurgeons select the appropriate approach for each patient's unique condition.

Complex spine surgery can be a major procedure. What happens before and after surgery is crucial for recovery, Dr. Salvetti says. A program called “pre-operative optimization” ensures patients are as healthy as possible before surgery day. Patients are encouraged to quit smoking, bring chronic conditions such as diabetes and high blood pressure under control, achieve a healthier weight, improve muscle strength and fitness, and adopt a healthy diet. The process ensures better outcomes during recovery, which is important for patients undergoing complex surgery.

For the most complicated procedures, “patients typically stay in the hospital for five to seven days, then may go home or to a rehab center first to build strength and stamina depending on their needs,” Dr. Salvetti explains. “In six weeks to three months, you'll start to feel like yourself again. By six months to a year, you'll feel better than you have in a while. Not everyone, however, needs such an invasive procedure. Our goal is to offer a surgery that balances invasiveness, durability and symptom relief.”

Often, people with complex spine problems hope to recover from surgery in time for a special event such as a family wedding or big vacation. “We hear wonderful stories of people who were able to stroll through Italian cities or walk their daughter down the aisle,” Dr. Salvetti says. “But the best gift is to hear a patient share how their everyday life is greatly improved because of treatment from our team.”

For information on complex spine surgery options, call 540-450-0072 to contact Dr. Salvetti at Virginia Brain and Spine Center | Valley Health.



Dr. Salvetti consults with a back surgery patient.



BREAKTHROUGHS IN PAIN RELIEF

REHAN WAHEED, DO, WHO RECENTLY JOINED THE TEAM AT VALLEY HEALTH, OFFERS MINIMALLY INVASIVE TREATMENTS THAT PROVIDE WELCOME RELIEF FROM CHRONIC PAIN

As anyone with chronic pain can attest, the relentless suffering can completely disrupt your life. Rehan Waheed, DO, a nationally recognized pain specialist, remembers a heartbreaking conversation with a farmer who had debilitating foot pain that was partly nerve-based. The farmer, who thought he might have to sell his farm, told Dr. Waheed: “I can’t live like this anymore. I’ve tried everything under the sun—every medication, every injection.”

But Dr. Waheed had an innovative tool in his arsenal. He is among a handful of physicians who use an exciting technology called neuromodulation to treat pain. A technique that directly targets the nervous system with electrical pulses, neuromodulation is a highly effective and safe method of relieving chronic pain.

“Pain is, at its core, a nervous system response to stimulus in the body that is experienced in the brain,” explains Dr. Waheed, who joined the Valley Health team in May. “When some part of your body senses pain, the response is to tell your brain, ‘this hurts.’”

But when the body’s efforts to send that message are altered—or modulated—by an implantable device that sends signals to the nerves, it can change the way the nerves respond to pain.

To help the farmer, Dr. Waheed used a type of neuromodulation known as dorsal root ganglion (DRG) stimulation. The treatment—which can be used for



◀ Rehan Waheed, DO, is a nationally recognized pain specialist.

→ Dr. Waheed explains how neuromodulation can relieve chronic pain.



neuropathic pain (primarily pain from nerve damage or nervous system injury) in the foot, knee or hip, and even for people who've had shingles with nerve pain that remains after the shingles rash has subsided—begins with a five- to seven-day trial period. During the trial, an external pulse generator is connected to thin, insulated electrical leads that are positioned on the dorsal root ganglia nerves in the spine. As a result, the body's pain signals are interrupted and the perception of pain is dramatically altered.

After the trial period with the external pulse generator, the farmer reported being happy with the results (as do a vast majority of Dr. Waheed's patients) and chose to have a permanently implanted pulse generator. During the implant procedure, the pulse generator is placed under the skin and includes a battery that is rechargeable via Bluetooth.

“DRG changed his life,” says Dr. Waheed. “He’s doing great. He’s minding his fields, and he’s relatively pain free.”

MEET DR. WAHEED

Dr. Waheed, who speaks nationally on neuromodulation, is a new physician at Valley Health, bringing expertise in several exciting chronic pain treatments. After becoming a lawyer, he got interested in health-care policy and switched gears, enrolling in medical school. (Perhaps medicine is in his blood; his father was a pulmonologist and his older brother is a surgeon.)

While DRG is a more targeted technique, people suffering from a diffuse pain syndrome like radiculopathy—pain in the neck and lower back that spreads down the arms and legs—might benefit from traditional spinal cord stimulation. During this treatment,

“I have patients who couldn't easily move or walk because of back pain and leg pain, and it's been drastically reduced with these new treatments. They can be life changing.”

—REHAN WAHEED, DO



Dr. Waheed places a radiopaque marker on a patient's lumbar spine prior to beginning an epidural injection.

the spinal cord is stimulated with electrical pulses through a wire lead placed into the spine. “Seventy percent or greater [of patients who receive spinal cord stimulation] experience enough pain relief that they would repeat the procedure again,” Dr. Waheed says.

Spinal cord stimulation helps treat headache pain; trigeminal neuralgia, or stabbing pain in the face; syndromes that cause foot or hand pain; and pain caused by diabetic neuropathy. The two-part treatment, performed in a doctor's office or outpatient surgery center, also begins with a five- to seven-day trial, followed by permanent implantation.

“For the trial procedure, no incisions are required,” Dr. Waheed says. “The lead is simply inserted using a needle, which is advanced into the appropriate space. The battery can also be surgically implanted or worn in an article of clothing, based on patient preference.”

Another highly focused use of neuromodulation is called peripheral nerve stimulation (PNS), a technique that has seen significant advances over the years. During this procedure, a lead is placed directly over a nerve in a hand, arm, shoulder, or foot. Doctors used to permanently implant the wires, but today, an electronic pulsing device is used temporarily. “I place the lead there for 60 days and then remove it in the office, and the pain relief may last up to one to two years,” Dr. Waheed says. “It's like a 60-day retraining of the nerve.” The procedure helps with troubles like post-amputation pain, chronic shoulder pain and postoperative knee pain.

TARGETED USE OF PAIN MEDICATIONS

In addition to neuromodulation, Dr. Waheed offers game-changing ways to effectively deliver targeted pain medication. One of his patients, a young woman who was a cancer survivor, couldn't walk because she still suffered from severe pain all over her body. “She was on high-dose opioid pain patches and oral medication, and said, ‘[They] constipate me and make me sleepy, and I'm not sure that they're helping,’” Dr. Waheed recalls.

He recommended an intrathecal pain pump (IPP), which is implanted to deliver relief using less medication. “This pain pump, the size of a hockey puck, has a catheter that pumps medication directly into your spine,” he says. “We can use just micrograms of medication and cause profound pain relief.”

Newer nonopioid medications can be used with the pump, which Dr. Waheed calls a game changer. A physician or nurse controls the dosages via Bluetooth, or the pump can be programmed so patients with severe pain can safely give themselves doses of medication controlled in quantity by a physician throughout the day.

The pump allowed Dr. Waheed's cancer patient to cut way back on her oral medications. “She can now walk around in the office when she sees me,” he says. “She uses a wheelchair for longer periods, but it's a complete 180 from the direction she was going.”

As a pain specialist who uses state-of-the-art tools, Dr. Waheed has helped patients who thought they were out of options find relief and get back to their lives. “I have patients who couldn't easily move or walk because of back pain and leg pain, and it's been drastically reduced with these new treatments. They can be life changing.”

Do you suffer from chronic pain? Ask your physician for a referral or contact Dr. Waheed at Valley Pain Consultants | Valley Health at 540-450-2339.

→ To learn more about Valley Health's comprehensive neuroscience services, visit valleyhealthlink.com/neuro.



THE DOCTOR IS ONLINE

Tips for making the most of virtual healthcare visits

Thanks to advances in technology, more and more patients now consult with their healthcare providers without leaving their home. Through telemedicine—also called telehealth or e-health—patients can seek help for minor and nonemergency medical conditions and determine whether they need to have an in-person appointment. And during the shelter-in-place restrictions this year, telehealth has become a more vital resource than ever before. In fact, between March 23 and May 31 of this year, Valley Health served patients via more than 57,000 telehealth visits.

During a telemedicine appointment, patients speak with medical professionals through electronic devices such as smartphones, computers or tablets. In certain cases, the provider can evaluate, diagnose and treat the patient, and order prescriptions and lab work.

HERE ARE A FEW WAYS PATIENTS CAN MAKE THE MOST OF THEIR REMOTE HEALTHCARE APPOINTMENTS.

1. Determine whether telemedicine is right for your care needs.

If you have minor concerns—such as allergies, a rash or seasonal flu-related symptoms—telemedicine may be an efficient option for both you and your provider.

2. Make a list of relevant information for your provider, including:

- Your symptoms, when they started and how severe they are
- Your temperature and blood pressure (if you have a monitor at home)
- Your chronic health conditions, if any
- Any prescriptions you take
- Your health history and family health history

- COVID-19 test results, if applicable

3. Coordinate your televisit with the doctor's office.

- After your appointment is scheduled, you'll receive a call from the physician's office.
- Staff will collect your contact information (including primary physician and pharmacy contacts, and insurance and payment info) and let you know what steps you'll need to take the day of your appointment.
- Shortly before your appointment, staff will send you a link for the telehealth visit. Once you click the link, you are in the virtual exam room where your provider will meet with you.
- Make sure your device is fully charged or plugged in, and be sure you have a reliable internet connection.

4. During the call:

Make sure you have a quiet, private place to sit and that your camera offers clear face-to-face views of both you and your provider. Make notes of the provider's recommendations, and ask questions if you don't understand what he or she is saying. Ask a family member or friend to participate if you have difficulty hearing or working electronic devices.

5. Plan follow-up care.

Be sure you understand next steps before ending your visit, and schedule needed follow-up appointments.

Telemedicine should not replace your relationship with your primary care physician, which is important for wellness visits, preventive care and ongoing health management. **Most importantly, patients should always call 911 for emergencies such as stroke or heart attack.**

→ To learn more about televisits at Valley Health, visit valleyhealthlink.com/telehealth.

SPOTLIGHT

LEADING THE WAY IN COLORECTAL CANCER CARE

Valley Health offers advanced diagnostics and treatments for this all-too-common cancer

Colorectal cancer is everyone's health concern. Whether you need a routine screening test or therapy for early to advanced colorectal cancer, Valley Health is with you every step of the way—with research-proven advances in testing and treatment and a dedicated, highly trained team of specialists.

“In colorectal cancer, every patient needs an individualized care plan and a medical team diligently taking into consideration all the options, expectations, and our patients' quality of life,” explains cancer surgeon Patrick Wagner, MD. “We're fortunate to have a team capable of doing this at Valley Health. It's not something every hospital can do this well.”

Here's what to know about this common cancer—and how Valley Health's colorectal cancer care stands out.

COLORECTAL CANCER 101

The second-leading cause of cancer deaths among American adults, colorectal cancer usually begins as a tiny growth on the inner lining of the large intestine and tends to grow slowly. Untreated, it can grow deep into the wall of your colon or rectum and also spread to other parts of your body. The good news: There's plenty you can do to prevent it or catch it early, when treatment is most effective.

Your first step: Talk with your primary care doctor about colorectal cancer screening. The American Cancer Society recommends a first screening at age 45 if you're at average risk, sooner if you have a family or personal history of colorectal cancer or polyps or if you have inflammatory bowel disease, have had radiation treatment of a past cancer in your abdomen or

“Screening tests find colorectal cancer early, before you notice symptoms.”

—PATRICK WAGNER, MD



Surgical oncologist Patrick Wagner, MD

pelvis, or have been told you have a hereditary colorectal cancer syndrome. Screening colonoscopies are performed at all Valley Health hospitals and the Endoscopy Center at Winchester Medical Center (WMC).

“Don't put it off,” Dr. Wagner says. “A colonoscopy can find precancerous growths called polyps that your gastroenterologist can remove, preventing cancer from developing in them. Screening tests find colorectal cancer early, before you notice symptoms. Too often, we meet people who've delayed testing for 15 or 20 years. It's never too late to start, but sooner is better.”

Risk is higher for African Americans, people with Type 2 diabetes and for everyone as we age. To minimize risk, maintain a healthy weight, cut back on red meat and processed meats, stay physically active, and drink alcohol only lightly (up to one drink a day for women, two for men).

Tell your doctor right away if you have potential colorectal cancer symptoms such as a change in bowel



habits; blood (bright red or very dark) in your stool; diarrhea, constipation, or feeling that your bowels don't completely empty when you use the bathroom; frequent gas pains, bloating, fullness, or cramps; or vomiting.

To diagnose colorectal cancer, doctors use physical exams (including a digital rectal exam) as well as tests for blood in your stool, X-rays of your large intestine, and a sigmoidoscopy or colonoscopy—a close examination of the inside of your rectum and colon using a lighted scope.

COLORECTAL TREATMENT ADVANCES

Surgery is the foundation of colorectal cancer treatment. You may also receive radiation, often to reduce the size of a tumor before surgery, as well as chemotherapy after surgery, depending on your cancer's stage. At Valley Health's Cancer Center at WMC, your therapy also includes mind-body care before, during and after your cancer therapy, as well as genetic testing that can identify

inherited risks, safeguarding the health of your family.

In addition to open surgical procedures to remove tumors, Dr. Wagner and Valley Health's oncologic surgeons also perform minimally invasive procedures, including:

Laparoscopic surgery using small incisions, long, thin tubes and a specialized camera. The surgeon performs the procedure using specialized instruments inserted through the tubes.

Robotic surgery using WMC's da Vinci® Xi™ Surgical System. The surgeon works from a console in the operating room, making all surgical decisions and controlling surgical tools while watching a magnified, three-dimensional view of the procedure. "Robotic surgery is our go-to choice for rectal cancer, because we can visualize what's happening deep in the pelvis in sharp detail," Dr. Wagner says. "It's a game changer for rectal surgery, allowing very precise surgery with less blood loss, a shorter recovery time and less pain."

Endoscopic surgery using miniaturized tools and a light to operate from within the rectum. "For early rectal cancers, we can reach inside and remove tumors without cutting into the rectum itself," Dr. Wagner explains. "This is revolutionary. It cuts down on recovery time and on the need for an ostomy"—rerouting part of the intestines so waste leaves the body through the abdominal wall instead of through the anus.

OTHER ADVANCES IN COLORECTAL CANCER CARE

Rectal Cancer Program: In 2019, Dr. Wagner started a new rectal cancer program at Valley Health based on leading-edge recommendations from the American College of Surgeons' National Accreditation Program for Rectal Cancer. "Rectal cancer is complex," he explains. "Instead of reviewing cases through our regular tumor board of cancer specialists, we created a multidisciplinary rectal cancer board. Members include surgeons, oncologists, pathologists, patient navigators, care coordinators, and others. Twenty to 30 people discuss each case in detail, helping determine the best approach for each patient. If I had a family member who needed rectal cancer treatment, this is what I'd want for them."

Genetic screening: Since 2016, all newly diagnosed colorectal tumors at WMC are screened for Lynch syndrome, the most common hereditary colorectal cancer syndrome. This can help identify individuals who would benefit from increased screening, but who hadn't already known they were at high risk.

→ Learn more at valleyhealthlink.com/colorectal-care.



Staff appreciated the many messages of support from the community—including cheerful sidewalk art created by local youth.

THANKING OUR CARING COMMUNITY

GIFTS LARGE AND SMALL MEAN THE WORLD TO VALLEY HEALTH CAREGIVERS

Since the Valley Health team began caring for the first of many COVID-19 patients, our community has rallied to support staff in ways large and small. Knowing how much you care keeps our team going on good days and bad days, and we thank you for all the gifts that keep our spirits up!

In fact, the Valley Health team has been feted and fed by community friends from 8 to 80! Kids and teens made cheerful signs and chalk art that magically appeared at our hospital entrances. Church groups and local religious leaders prepared meals and held socially distanced prayer vigils in our parking lots. Restaurants, banks, real

estate agents, insurance agents, doctor and dental offices, and dozens of other local businesses and nonprofit groups all dug deep during the stressful lockdown, making gifts that warmed hearts and filled bellies.

Some gifts were inspirational. Take the donation from 8-year-old Noah Ryman of Woodstock, Virginia. Noah emptied his piggy bank and sent the sum of \$7.87 to leaders at Shenandoah Memorial Hospital (SMH) along with a hand-drawn note, asking that the funds be used “for the sick people that need it.” SMH staff and other community members were moved by his gift, and many matched it. Before long, Noah’s “piggy bank” was bursting with over \$3,000 raised to offset the cost of prescriptions and medical supplies for patients in need.

The gifts donated to our team from the Northern Shenandoah Valley Master Gardener Association were life affirming. Members delivered over 300 plants adorned with handwritten notes of appreciation to Valley Health caregivers. The blooms,



Above: Master Gardeners arrive with plants for Valley Health staff.
Below: Valley Health physical therapists enjoy cupcakes donated by a local supporter.



COUNTING OUR COMMUNITY'S GENEROSITY

\$25,000+ worth of toilet paper

32 GALLONS OF HAND SANITIZER

10 COMPUTER TABLETS so isolated patients can communicate with family

250+ LOCAL BUSINESSES AND INDIVIDUALS

MADE DONATIONS TOTALING TENS OF THOUSANDS OF DOLLARS

THOUSANDS of cookies, cupcakes, donuts, and other snacks

4 TIMES A DAY—HOW OFTEN AN INTERDENOMINATIONAL GROUP OF CLERGY PRAYED FOR STAFF AND PATIENTS

Over **4,000 MEALS**

herbs and other greenery “brought the outside in,” lifting spirits for those confined to high-intensity respiratory units for hours on end.

Other gifts were exceptionally practical. The Mercury Paper Company of Strasburg donated over \$25,000 worth of toilet paper. For team members who grabbed a few rolls, this useful contribution meant avoiding a trip to the store only to find empty shelves after a long shift in PPE (personal protective equipment). The true value of that gift? Priceless!

“The COVID surge was a very stressful time for our caregivers,” states Grady W. “Skip” Philips, III, VHS senior vice president, and president, Winchester Medical Center. “On behalf of our entire team, I thank everyone in our caring community for lifting us up with gifts, supportive messages, prayer, and more. As we battle COVID-19, we give it our all ... and knowing the community has our backs means the world to us. Thank you, friends and neighbors!”

INTERESTED IN SUPPORTING VALLEY HEALTH'S EXCEPTIONAL CAREGIVERS AND OTHERS IN THE COMMUNITY IMPACTED BY COVID-19? CONTACT THE VALLEY HEALTH FOUNDATION AT 540-536-2387 OR VISIT VALLEYHEALTHLINK.COM/GIVING. THANK YOU!

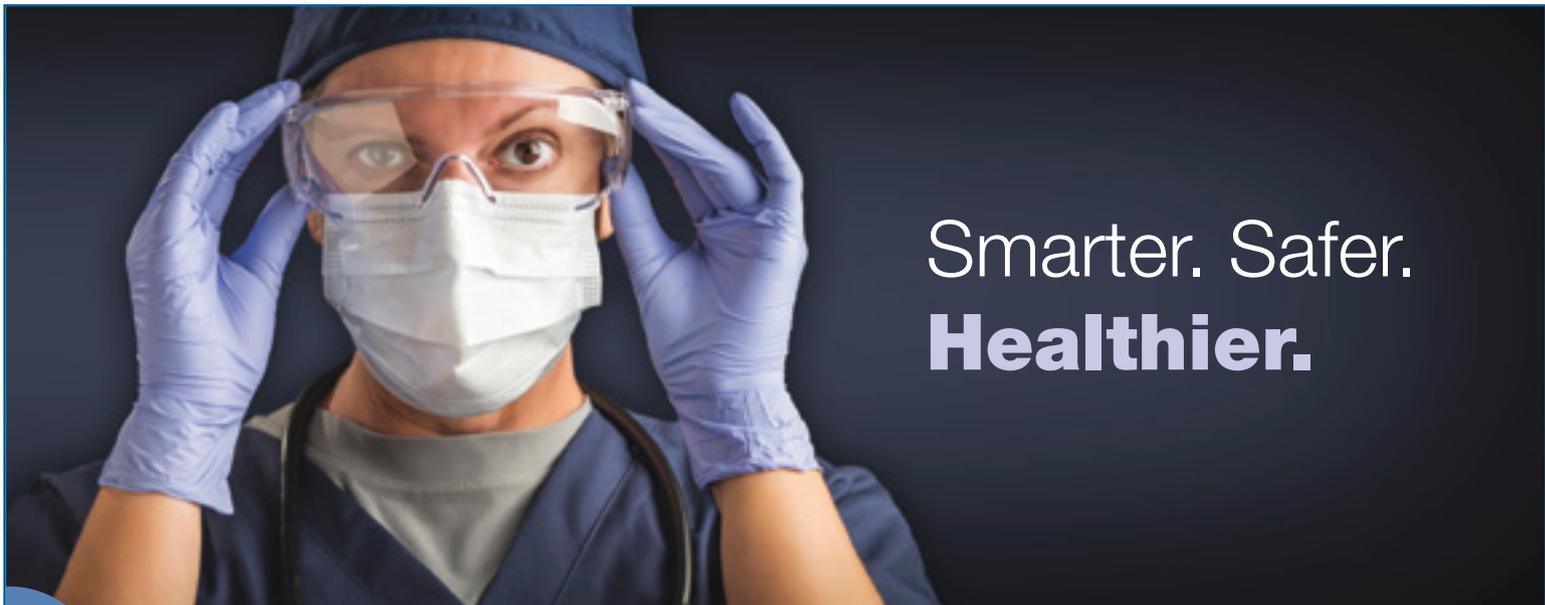


Healthier, together.

Valley Health System
P.O. Box 3340
Winchester, VA 22604

Non-Profit
U.S. Postage
PAID
Permit No. 333
Winchester, VA

Follow us:



Smarter. Safer.
Healthier.

Families and individuals throughout our community have been brave and resilient.

And at Valley Health, we provide quality care, with a renewed commitment to protecting our patients and staff with safeguards, including universal masking, pre-screenings and testing, stringent cleaning routines and social distancing.

Whether you see your Valley Health provider via telehealth or inside one of our hospitals, physician practices or Urgent Care centers, we are here... when and where you need us.

Visit valleyhealthlink.com for more information on our battle against COVID-19 and updates on services.



Healthier, together.