The following interventional cardiologists (from left) perform invasive heart catheterization procedures: V. Janakiraman, M.D., Mukul Bahtnagar, M.D., George Jabbour, M.D., Haitham Hreibe, M.D., Hany Shanoudy, M.D., Mario Poon, M.D., and Alan Ford, M.D.
Can a sedentary person go from the couch to breezing through regular three-mile runs in 10 weeks? The answer is a resounding yes, according to the creators and followers of The Couch-to-5K® Running Plan. The training program is from Cool Running, an online resource for runners.

The premise of the plan is that anyone can run — even those who previously only shuffled from the couch to the refrigerator during TV commercials. The key is to start slowly and alternate periods of walking with jogging, for a total exercise session of 20 to 30 minutes, three days a week.

The walk/run sessions are held on alternate days to allow the body to rest and recuperate. Participants can track progress using time or distance.

How to begin
So how is a runner made? Each exercise session starts with a 5-minute brisk warm-up walk. The first-week cycle is jogging for 60 seconds and walking for 90 seconds until a total of 20 minutes of exercise is reached. The second week, alternate 90 seconds of jogging and 2 minutes of walking, for a total of 20 minutes.

Dr. Vijay Janakiraman, medical director of Cardiology at Altoona Regional, advises anyone starting a running program to check with their doctor, especially if the running novice is over 40.

The doctor will check for risk factors related to heart disease, such as high blood pressure, high cholesterol, heart valve problems or a family history of heart attacks or strokes.

More than physical gains
Dr. Janakiraman said the benefits of exercise go beyond the physical.

“When someone engages in any exercise program regularly,” he said, “the brain releases feel-good chemicals called endorphins, and that makes the person feel better psychologically, too.”

Exercise programs do not always progress as desired, and Paul Tryninewski, physical therapist and director of Physical Medicine and Rehabilitation at Altoona Regional, has advice if lower-extremity pain or back pain develops.

“So as to not lose the aerobic exercise conditioning, do not simply rest, but substitute either swimming (if available) or upper body exercise until you can resume the walk/jog portion of the program,” he said.

Continuous upper arm movements using light (1- or 2-pound) hand weights or wrist cuffs are beneficial, he said.

“Just be cautious not to raise your hands overhead,” Paul warned, “to avoid possible further injury.”
As medical assistant Jennifer Woomer walked toward the waiting room to call the next patient for neurologist Dr. Mark Lipitz, she felt a severe pain shoot through her right hand. Her legs buckled and she fell to the floor beside the nurses station as colleagues rushed to help. Jennifer, 27 years old, wanted to scream, “Call 9-1-1! I’m having a stroke. Get Dr. Lipitz.” She couldn’t. She could think the words but not speak them. Dr. Lipitz, who also serves as medical director of the hospital’s Regional Stroke Center, came to her side to assess and comfort her until AMED paramedics arrived.

Jennifer remembers staring at a large poster with the symptoms of a stroke and ticking off her own symptoms in her head: sudden pain, weakness on her right side, right side facial droop and inability to speak.

**Tingling, heaviness**
The symptoms disappeared in the minutes it took AMED to arrive, so Jennifer was able to describe for everyone the tingling and heaviness on her right side. To offer hope, her coworkers at Blair Medical Associates speculated more as friends, she said: Could it be an intense migraine or low blood sugar caused by her dieting?

“We are all professionals and know about stroke,” Jennifer said. “But in the emotion of the moment and given my age, no one really wanted to consider stroke as a possibility. You just don’t think it will happen to you or someone you love.” But the symptoms reappeared in the Emergency department at Altoona Regional, and further imaging tests revealed Jennifer had had not one but two strokes. A few days later, she had a third. Unfortunately, Jennifer isn’t alone. The number of strokes is rising — locally and nationally — especially among women.

**More women than men**
Each year, 425,000 women suffer a stroke—55,000 more than men. Stroke kills twice as many women as breast cancer every year, according to the National Stroke Association. In 2011, 431 women and 342 men in this region suffered strokes, according to Dr. Lipitz.

“Women also may experience a higher death rate due to stroke,” he said. “Although we do not know for certain why, it appears to be due to a higher risk of hemorrhage.”

Each woman’s risk factors for stroke are unique to her, and her doctor can help her understand what risk factors she can modify, Dr. Lipitz said.

“Oh, obviously, we can’t alter our family history, but we can modify our diet and exercise more regularly,” he pointed out. “And those are two steps Jennifer has taken to manage her risk for future problems.”

**Back to work**
Jennifer returned to work in October, three months after her strokes. She is exercising by walking and doing yoga, both of which reduce her stress level. And she is watching her diet better, now that she knows she has high blood pressure, both risk factors that need to be treated and monitored.

Jennifer said her ordeal has increased her empathy with stroke patients and their families. She joined the National Stroke Association as an advocate, and, when a patient is receptive, Jennifer shares her story.

“It helps put them at ease and gives them a personal connection,” she said. “I’m someone they can relate to.”

**Contact:**
Mark Lipitz, D.O.
Blair Medical Associates Neurology
Station Medical Center
1414 9th Ave., Altoona
946.1655 • www.bma.md

---

**Program Alert!**
How to Know It’s a Stroke and Limit the Damage
See calendar insert for details, date and time

---

**Stroke risk factors for women:**
- Getting migraine headaches
- Taking birth control pills
- Being pregnant (stroke risk increases during a normal pregnancy due to natural changes in the body such as increased blood pressure and stress on the heart)
- Using hormone replacement therapy (HRT), a combined hormone therapy of progestin and estrogen, to relieve menopausal symptoms
- Having a thick waist and high triglyceride (blood fat) level (post-menopausal women with a waist size larger than 35.2 inches and a triglyceride level higher than 128 milligrams per liter may have an increased risk for stroke)

---

**Reduce your stroke risk**
- It is possible to reduce the risk of stroke with proper attention to lifestyle and treatable medical risk factors.
- Lifestyle risk factors include tobacco use/smoking, obesity and alcohol use.
- Treatable medical risk factors are high blood pressure, high cholesterol, diabetes, atrial fibrillation, sleep apnea, heart disease and previous transient ischemic attack (TIA), also known as a mini-stroke.
Five years ago, Rose Barefoot, now 62, fell in her garage and landed on her left hip. An initial exam by a physician found that the break and associated pain weren’t severe enough to warrant surgery. “I’m sure most people would agree — I didn’t want to have surgery if I didn’t need to,” she recalled. “The pain was so minimal I rarely noticed it at first. Then through the years it would come and go.”

But in July of last year, the pain finally became severe. “It was intolerable. The pain started in my groin area,” she said. “It hit me to the point where I couldn’t sit on our riding mower without my body hurting. I needed help walking — first with a cane, then a walker. It was time to do something.”

Wanted to “function again”

Rose, who lives in Bedford, sought relief from Dr. Charles Harvey, who would eventually tell her she needed a total hip replacement. An avid cook and gardener, Rose says she simply wanted “to be able to function again.”

“I wanted to walk outside for exercise, and cook and bake in the kitchen,” she said. “I wanted to cut the grass again and ride my bicycle.”

Dr. Harvey performed the surgery Jan. 16. Rose was discharged from Altoona Regional Jan. 18. “Dr. Harvey is the kindest, most compassionate physician I’ve come across in a long time,” she said. “The office and hospital staff were fantastic, too. In fact, I took some candy to thank them for being so caring.”

“Feeling wonderful”

A mere week after her surgery, Rose said, she was already “feeling wonderful.”

“I had some swelling, but the pain was gone. Only soreness,” she said. “And now, I’m up and moving around.”

Trying not to sound too clichéd when answering a question about what lies ahead for her, Rose answered: “I’m going to Disneyland!”

Along with her husband of 44 years, Kerry, Rose is making the trek to Florida with her three grandchildren — ages 6, 7 and 8 — this July.

THE ELITE TEAM

SPINE AND HIP SPECIALIST

Charles Harvey, D.O., is a board-certified orthopedic surgeon whose specialties are spinal (neck and back) disorders and total hip replacement.

Dr. Harvey received his medical degree from Philadelphia College of Osteopathic Medicine, where he also did his internship and his residency in orthopedic surgery. He did fellowship training in pediatric orthopedics and spine surgery at Shriners Hospital, Philadelphia.

He is board certified by the American Osteopathic Board of Orthopedic Surgery and has been in practice since 1997.

ORTHOPEDIC SPECIALIST

Jack Rocco, M.D., is a board-certified orthopedic surgeon with special interests in sports injuries and joint replacement.

Dr. Rocco received his medical degree from the Temple University School of Medicine. He completed his internship and residency at Temple University Hospital.

He is board certified by the American Board of Orthopaedic Surgery and has been in practice since 1997.

FRACUTRE SPECIALIST

Corey Schutt, D.O., is a fellowship-trained orthopedic trauma surgeon with unique skills in all aspects of fracture management.

Dr. Schutt completed his orthopedic trauma surgery fellowship at Medical University of South Carolina in Charleston. His skills include pelvic injuries, complex joint injuries, malunions, nonunions and open fractures.

After receiving his doctorate of osteopathic medicine (with honors) from NOVA Southwestern University College in Fort Lauderdale, Fla., in 2004, Dr. Schutt completed his internship and residency at Memorial Hospital in York, Pa. He is board certified.

Southern Alleghenies Elite Orthopedics —a unique, full-service orthopedic physician practice serving Blair, Huntingdon, Bedford, Clearfield, Cambria, Centre and Somerset counties — opened in January.

Elite Orthopedics is located in Hollidaysburg at Gateway Centre, 601 Hawthorne Drive, across Logan Boulevard/Penn Street from the YMCA.

The practice is growing and includes three physicians and three physician assistants (PAs).

“Elite Orthopedics is the preferred practice for physicians who want to pursue their work in an environment of patient-centered care,” said Charles Harvey, D.O. “Our practice is fully committed to outstanding patient service. From the caregivers to our office staff, our goal is to provide an exceptional patient experience.”

Southern Alleghenies Elite Orthopedics offers care in a comprehensive field of specialties, including:

• Hip • Spine • Fractures • Elbow • Foot and ankle • Hand
• Knee • Shoulder • Sports medicine • Total joint replacement

Elite Orthopedics partners with Altoona Regional Health System to provide patients who choose Altoona Regional with exceptional and coordinated physical therapy services to expedite recovery.

Scheduling is easy for patients and for physician offices. Callers will speak to an office staff member, not a recording. In the rare instance where someone may need to leave a message, all calls are returned promptly.

“Elite Orthopedics welcomes all patients,” Dr. Harvey said. “If you have any questions, feel free to contact our office, and our experienced staff will assist you.”
Physician ends seven-year executive tenure marked by focus on health care quality

In a 400-plus-bed acute care hospital system, with a 340-plus member medical staff and a Family Medicine residency program, David Cowger, M.D., practiced what Theodore Roosevelt preached.

As the medical culture changed to focus clearly on quality and patient satisfaction, Altoona Regional’s board of directors tapped Dr. Cowger as chief medical officer and senior vice president for quality seven years ago. His job was to ensure that the system offered “only the highest quality of health care, from an extremely qualified, valued and diverse health care team.”

When asked to mention some accomplishments during his tenure, Dr. Cowger, who retired in February, typically deflected credit.

‘Wonderful initiatives’

“I really have no accomplishments,” he said. “People I worked with have accomplished some wonderful patient safety and quality initiatives for the health care system. I have supported their efforts.

“Everyone knows how committed our physicians and nurses are to patient safety and quality. What everyone may not know is how committed all our employees are.”

Those who worked closely with Dr. Cowger echoed the same words when asked what kind of person he is: “a leader,” “a consummate professional,” “a visionary.” But most important, all agreed, Dr. Cowger’s focus was on improving quality for patients.

According to Jim Robuck, director of Systems Improvement, the emergency medicine-trained physician used a methodical approach to improving quality.

“He was always open to new thoughts and ideas about ways to improve the care and services we provide,” said Jim.

“Dr. Cowger liked to do things in a systematic way, thoroughly researching health information and data and working with our physicians and others on our health care team to improve practices for the ultimate benefit of our patients.”

Passed on valuable skills

Kathy Vincent, administrative director of Medical Staff Services, said Dr. Cowger worked with the Medical Education Committee to develop continuing medical education programs for physicians and hospital staff to provide quality care.

Dr. Donald Beckstead, director of the Altoona Family Physicians Family Medicine Practice Residency Program, said, “He was very supportive of our residents and often taught them valuable practice management skills which they can then use in their own future practice environments.”

“He displayed excellent leadership in his roles as chief medical officer and as a senior leader,” Jerry Murray, president/CEO, said. As a liaison between the hospital board and the medical staff, Jerry said, Dr. Cowger improved communication between the two and helped the board understand the new focus on quality and the change it required.

“He earned a reputation as a visionary,” Jerry said. “He would always do a professional job; he was the consummate professional.”

‘Among the best...’

One of Dr. David Cowger’s jobs as senior vice president for quality was to supervise the many committees working to ensure the best possible outcomes for patients.

In 2011, Altoona Regional was among the best hospitals in the state in three important quality and safety measures — catheter-associated urinary tract infections, central line infections (only one) and ventilator-associated pneumonias (none).

Other notable initiatives and accomplishments during Dr. Cowger’s tenure:

Since 2006, Altoona Regional has achieved excellent results on quality initiatives. These include low infection rates, low re-admissions, compliance on Medicare CORE Measures, etc. Medicare CORE Measures, established by the Centers for Medicare & Medicaid Services, were created to assure patients the best health care available, and include steps taken to prevent or treat heart attack, heart failure and pneumonia.

The hospital received a Regional Stroke Center certification from The Joint Commission and a Get With The Guidelines® Stroke Gold Plus Achievement Award, recognizing excellent care for stroke patients, from the American Heart Association/American Stroke Association.

The hospital is now a sixth-year participant in Highmark Blue Cross/Blue Shield’s QualityBLUE Program. QualityBLUE uses financial incentives to lower health care-acquired infection rates, improve Emergency department throughput times and improve screening rates, thereby increasing overall patient safety.

In 2009, Altoona Regional earned five VHA Pennsylvania APEX Awards for extraordinary levels of clinical performance in caring for heart attack patients and reducing blood and MRSA infections. VHA Pennsylvania is part of a national health care alliance that helps members improve their clinical and economic performance.

Rapid Response Teams are now on call 24/7 to respond when a patient’s condition takes a turn for the worse.

Condition H is available to the loved ones of a patient so they can directly call extra help to the bedside if they see a decline in his or her condition.

The hospital participated in the Institute for Healthcare Improvement’s 5 Million Lives Campaign. The goal of the campaign, which ran from 2006-08, was to significantly reduce inpatient illness and medical harm, such as adverse drug events or surgical complications, and mortality.
Endowment Program

Established

Plan offers several donation and recognition options

The Foundation for Life, which raises funds to support exceptional nonprofit health care for everyone in this region, has initiated a new program aimed at building future support for Altoona Regional Health System.

The Step-by-Step Endowment Program gives those pledging to establish an Altoona Regional endowment of $10,000 or more over five or seven years the opportunity to establish a named fund to support the future of health care in our community.

Donors make payments annually over the period of years they select. At the end of the payment period, the donor has the choice of continuing annual payments to build the endowment and earn recognition for lifetime giving, or letting the fund balance continue to grow without further donation until the endowment fund reaches its estimated value at the end of 10 years.

Once the endowment value is reached, earnings will be used by Altoona Regional for equipment and services that enhance the standard of health care in our community.

Several recognition opportunities

Donors to the Step-by-Step Endowment Program will be recognized by the Foundation for both their annual and cumulative donations. Depending on the level of the pledged amount, endowment program participants will be entitled to:

- Annual donor gift club recognition based on the amount of their annual donation for as long as they continue donating to their Foundation endowment fund
- A room- or space-naming plaque on the hospital campus that can either recognize the generosity of the donor(s) or be used to honor family members or others
- Lifetime recognition for cumulative gifts made to the hospital on a future donor recognition display, which will honor those who have helped support the future of health care for all in our community through their generosity

Endowment illustration

Mary and Phil Anthropy are retired and both are active Altoona Regional volunteers. Mary and Phil recognize the importance of the hospital not only to their family but for everyone it serves. As lifelong members of the community, they want to do something to ensure exceptional health care in the future for themselves, their children, grandchildren and friends.

They contact the Foundation for Life to begin a Mary and Phil Anthropy Endowment Fund and commit to a five-year, $10,000 pledge. They are comfortable that they can make annual payments of $1,384 for the next five years. Based on circumstances, they may also decide to add to this endowment over time.

For their pledge, the Anthropys will be recognized by the Foundation annually for the next five years as $1,000 donors. They will also receive recognition as Foundation endowment donors and be given an opportunity to take advantage of a $10,000 space- or room-naming opportunity.

Mary and Phil decide on a room-naming plaque honoring Mary’s parents.

For more information on the Step-by-Step Endowment Program and recognition opportunities, call the Foundation for Life at 889.6406.
activity and weight. Proper body mechanics, weight control and an appropriate amount of exercise can help in preventing injury. Risky behaviors, such as skiing, can be safely enjoyed. If you push the envelope too much, or just encounter “bad luck,” accidents can occur.

When should someone consider seeing an orthopedist?

If pain has persisted for more than a few weeks, particularly if it limits activity and is not relieved with an over-the-counter medication, you should schedule an evaluation. Instability, catching, clunking or noticeable swelling are some signs the knee could be damaged and may need repair.

Q Everyone seems to know someone with knee problems. Why does the knee get injured so frequently?

A Many people believe the knee is a simple “hinge joint,” but there’s really nothing simple about it. It flexes and extends, but also rotates and translates back and forth and side to side. During complex activities like sports, the knee needs stability and flexibility simultaneously. These complexities, as well as the knee’s location, all contribute to the frequency of injury.

Q What factors are most important in the cause of knee pain or injury?

A The two most important factors in determining the cause of knee pain are age and activity level. Everyone will develop some degree of wear and tear on the knee as they age, and you must remember to find an appropriate balance between ability and activity level.

If you then add a person’s gender and weight, you cover 90 percent or more of all factors leading to various symptoms.

Men and women have different knee alignment and stability. Women tend to be more elastic as a result of estrogen and have a wider pelvis, which can put more stress on the outside of the knee and under the kneecap. Men tend to be less flexible and more prone to overuse because of poor body mechanics.

And as for weight, remember, the shocks on your car will wear faster if you carry bricks in your trunk, and your knees (like shocks) are no different.

Q How can people prevent knee problems?

A The only factors we can control are activity and weight. Proper body mechanics, weight control and an appropriate amount of exercise can help in preventing injury. Risky behaviors, such as skiing, can be safely enjoyed. If you push the envelope too much, or just encounter “bad luck,” accidents can occur.

Program Alert! ‘Oh My Aching Knees!’

See calendar insert for details, date and time

Dr. Rocco is board certified through the American Board of Orthopaedic Surgery and is a fellow member of the American Academy of Orthopaedic Surgeons. He received his medical degree from Temple University School of Medicine, and completed his internship and residency at Temple University Hospital. For four years, Dr. Rocco served in the U.S. Air Force and was stationed in Japan. He came to Altoona in 2005 from Cumberland, Md. Dr. Rocco resides in Altoona with his wife and two children.