

Exercise: Are you fit to be injured?



Every year, as many as 20 million Americans end up with a sports or exercise injury.

Physical fitness is the best road you'll ever find to the fountain of youth. Exercise can help you stay slim and trim, fight disease, feel better, look better and even improve your outlook on life. But if you don't know what you're doing, and don't pay attention to what your body tells you, exercise can also hobble you with sports- or exercise-related injuries.

Every year, millions of people resolve to begin exercising—lifting weights, running or participating in sports. And every year, as many as 20 million Americans will face a sports or exercise injury.

“Before you start a sport or physical fitness program, ask yourself if you are setting yourself up for injury,” says Tim McGuine, a licensed athletic trainer at the UW Health Sports Medicine Center. If you're middle-aged or have health problems, McGuine suggests you see your doctor first before beginning. If your goal is to run a marathon, don't just start running. Find a class that teaches you proper techniques and training methods. If you want to join a softball league this summer, or go out for high school football

this fall, start exercising now rather than showing up unprepared for a two-hour game or practice.

“A lot of the problems we see are overuse injuries,” says McGuine. “If you're throwing a ball or lifting weights constantly, without allowing your body time to recover, you increase your risk of injury. Exercise in a gradual, stepwise fashion.”

Whatever your activity, don't do too much too soon. If you use equipment at a gym or club, learn about the moving and adjustable parts of the machines and how to fit them to your body before you start. In general, follow these simple rules:

- Warm up with 10 to 15 minutes of slow to moderate exercise.
- Use the right gear—proper shoes, safety wear and other equipment.
- Use proper form and increase weights/distance gradually over time.
- New U.S. Department of Health guidelines call for 60-90 minutes of exercise per day. Balance your workouts or sports, so you aren't always doing the same thing. Alternate cardiovascular, strength and flexibility activities.
- Gradually lower your heart rate with a cool down after a workout.

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New Option for Heart Failure Patients

A Needed Assist

Two months ago, conversation with Bill Meili was accompanied by a faint, consistent pumping sound in the background. It was the welcome sound of a Ventricular Assist Device (VAD), pumping Meili's blood through his body—something a heart attack prevented his own heart from doing. Today, that pumping sound is no longer present, as Meili was fortunate enough to receive a heart transplant at UW Hospital in January 2005. This new chance at life would have been impossible if the VAD had not maintained Meili's circulation for the past 11 months.

Meili, 57, is one of a handful of patients to have a VAD implanted through UW Hospital's Heart Failure Program. The VAD can be used either as a bridge to transplant, as it was in Meili's case, or for "destination therapy" in patients who have severe heart failure, but are not transplant candidates.

Needing a VAD came as a surprise to Meili, who had no history of heart

trouble, and no signs of heart disease. "I woke up in the night with severe back pain, and roused my wife," Meili said. She called the local hospital, then 9-1-1. An electrocardiogram revealed the problem—a heart attack. Meili was immediately transported to UW Hospital.

When he arrived, ER staff and members of UW Hospital's heart attack team were waiting to take him directly to the cardiac catheterization lab to locate and open any blockages in his arteries.

As it turned out, Meili's situation wasn't that simple—his heart had arrested multiple times and had suffered severe damage. The organ could no longer pump the blood his body needed. A VAD was placed in Meili to stabilize him. Less than 24 hours after his first signs of a heart attack, he underwent open-heart surgery, and the two-and-a-half pound HeartMate VAD was implanted in Meili's abdomen between his heart and aorta. After

recovery from surgery, Meili returned home to wait for a heart transplant.

Until recently, HeartMate pumps were used only as a bridge, helping a patient recover and maintain health while waiting for a heart transplant. Thanks to recent FDA approval, the VAD can provide permanent support for patients ineligible for a heart transplant because of age or other conditions. UW Hospital is one of the first in the nation to meet criteria to offer the HeartMate device as a permanent or destination therapy.

UW Health cardiologist Dr. Maryl Johnson sees the pump as a bridge that allowed Meili not only to survive, but to improve his physical condition while waiting for a heart donor. For Meili, the toughest part was waiting for a transplant to become available. An independent soul, Meili says he doesn't like imposing on people. "But I'd rather be here and be imposing, than not be here at all."

Among The First

UW Hospital and Clinics is among the first in the nation to meet criteria designed by the Centers for Medicare and Medicaid Services to offer "destination therapy" to patients with end-stage heart failure. This treatment gives new hope to patients who are not eligible for a heart transplant, offering them a more mobile, enhanced quality of life.

To learn more about UW Health's Heart Failure Program and destination therapy, go to uwhealth.org/heartandvascular. To learn more about the HeartMate VAD and how it works, go to hearthope.com.

Fit to be Injured *from page 1*

- If you experience pain that persists or hampers your daily activities, see a doctor or talk to a professional athletic trainer.

Avoiding injury is really about balance—in more ways than one. Research has shown that high school athletes with poor balance are more susceptible to injury. McGuine has taken that research a step further to show that using a simple balance board to improve balance can reduce

the risk of injury. "Balance exercise improves strength all the way up to your shoulders. Strengthening the core—the trunk, stomach, back and leg muscles—can reduce the number of rotator cuff tears, ankle injuries, falls and other injuries," says McGuine.

For a list of exercise classes, call (608) 263-7936 or visit uwsportsmedicine.org.

Pick up the Pace!

Win a training session through the sports medicine performance improvement services:

- triathlon training
- running evaluation
- swim stroke analysis
- sports nutrition assessment
- maximum VO2 testing.

For details, visit uwsportsmedicine.org.



Getting Enough ZZZZZZs?

Do you awake in the morning refreshed and ready for the day? Or do you drag yourself out of bed, listless and weary? If exhaustion and fatigue are the hallmarks of your mornings, you may be suffering from a condition that afflicts 47 million Americans—sleep deprivation.

Lack of sleep seems like the easiest of conditions to remedy. But in today's hectic world, finding time to rest isn't simple at all. Past generations had a much shorter day: When the sun went down, so did the lights. Today, the lights never go out. Our world is up and at 'em 24 hours a day with all-night TV, ATMs, grocery stores, laundromats and night-shift jobs, not to mention late-night clubs and parties. But, why worry? What's a little lost sleep?

(Yawn) Why the Fuss?

The National Highway Traffic Safety Administration estimates that sleepy drivers cause 100,000 crashes a year, resulting in thousands of deaths. Insufficient sleep dulls the brain, impairing judgment, coordination and reaction times, and increases rates of errors and accidents. We are not at our best at work or school. Lack of sleep also makes us short-tempered and irritable, and it may even affect the body's ability to fight disease.

Most of us need seven to eight hours of sleep in a 24-hour period, although some people need more and a few need less. Essentially, a good night's sleep is whatever allows you to wake refreshed. To avoid sleep deprivation, follow these tips:

1. Budget eight hours of sleep into your schedule. Cut back on those 10- or 12-hour workdays, or forfeit some of your play time, but give yourself the appropriate amount of sleep. It's more important than you may realize or want to admit.

2. Keep a regular schedule. Go to bed and get up at the same time every day, including weekends. Rhythm and balance are important parts of life and the sleep cycle.
3. Develop a relaxation routine. Read quietly for a half hour before bed, listen to soothing music or take a warm bath.
4. Move computers and TVs out of the bedroom. Keep the bedroom a quiet and secluded zone, with a comfortable temperature for sleeping.
5. Avoid stimulants like alcohol, caffeine and nicotine for several hours before sleep. Alcohol may help you fall asleep, but the sleep will be less deep and restorative.
6. Exercise regularly to tone, restore and refresh the body. Do not exercise for several hours before bedtime.

Sleep deprivation can be a medical problem requiring professional assistance. "You should seek medical help if you suffer from unexplained excessive daytime sleepiness,

especially if you snore, have high blood pressure and are overweight. Sleepiness that significantly interferes with employment duties, driving and other activities of daily living also merits a medical evaluation," says Dr. Steven Weber, UW Health pulmonologist and director of the UW Health Sleep Disorders Center.

"People with persistent insomnia not related to lifestyle issues, medications or medical conditions may benefit from professional medical attention. Recurring episodes of injurious or potentially dangerous behavior during sleep should also be evaluated by a sleep specialist," adds Dr. Weber.

If you find that nothing helps you sleep better, talk to your primary care physician, who can refer you to the UW Health Sleep Disorders Center. More information is also available at uwhealth.org, and from the National Sleep Foundation at sleepfoundation.org.

Multidisciplinary cancer care: What it means to you

The dictionary defines multidisciplinary as “combining several specialized branches of learning or fields of expertise.”

For a woman diagnosed with a breast cancer, a multidisciplinary treatment approach offers simultaneous access to a team of highly trained specialists from all walks of the breast cancer field. Multidisciplinary care at UW Hospital and Clinics includes breast radiologists, surgeons, medical and radiation oncologists, pathologists, nurses, mammography technologists, genetic counselors, social workers, dieticians and support staff.

“Multidisciplinary care means that a woman’s treatment plan is the result of the exchange of knowledge and opinions among our entire team of experts,” says Teresa Smith, Director of Oncology at UW Hospital and Clinics. “This ensures we consider all treatment options and create the best possible plan for each patient.”

Overcoming the blow of breast cancer

Lori Roberts of Lone Rock, Wis. was only 37 when she found a lump in her right breast. A biopsy soon revealed cancer.

“I consider myself a fairly tough person, but that diagnosis brought me to my knees,” says Roberts, an elementary school secretary. “It was quite a shock.”

After a thorough consultation with her UW Health surgical oncologist, Dr. Tara Breslin, Roberts opted for a mastectomy, followed immediately by a complete breast reconstruction performed by Dr. Karol Gutowski, a UW Health plastic surgeon. Roberts also required eight rounds of chemotherapy under the direction of Dr. Lynn Van Ummersen, a UW Health medical oncologist, to ensure that her body was free of cancer cells.

Today, Roberts is 40 and cancer-free. Her appreciation for the breast cancer care she received at UW Hospital and Clinics only grows with time.

“What amazes me most is the support available to me for every type of need, be it medical, psychological, nutritional, genetic counseling, or just a ready shoulder to cry on,” says Roberts, who is married and the mother of three teenagers. “I learned very quickly that there is a lot of life after breast cancer.”

“When a breast cancer patient comes to UW Hospital, her treatment is conducted in what we call a multidisciplinary fashion,” Dr. Breslin says. “This means that a woman will meet together with specialists from every walk of the breast cancer field, such as a surgeon, medical oncologist and radiation oncologist. We all work together to ensure the best outcome

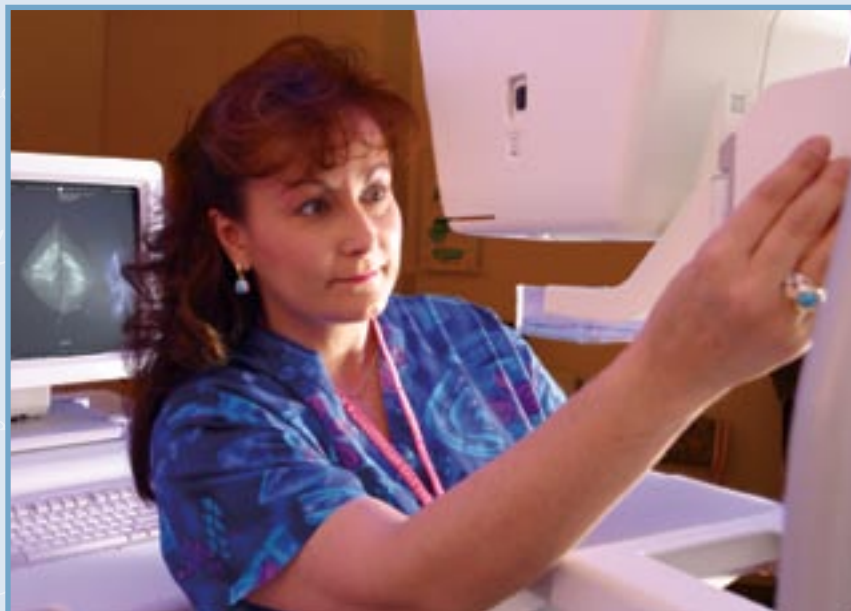
for the patient. For Lori,” Dr. Breslin adds, “this approach helped her feel well-informed before her surgery and chemotherapy. Today, she is three years out and doing great.”

Dr. Breslin says that breast cancer patients also benefit from advanced breast imaging performed in the new Breast Center at UW Hospital and Clinics, a facility that opened in late 2002. UW Health also offers breast care services at its 1 S. Park Street clinic.

“The quality of mammography and imaging we have here really allows us to make the most precise diagnosis possible,” Breslin says. “In fact, when the Food and Drug Administration (FDA) certified the mammography component of our Breast Center, they described it as a role model for other mammography units.”

Dr. James Stewart, UW Health medical oncologist and medical director of the UW Breast Center, says the range of services available for women runs the gamut from the routine to the complex.

“Thankfully,” Stewart says, “most women who come through the Breast Center for a mammogram will not be diagnosed with breast cancer. For those women with a breast problem, our team is focused on providing each patient with an array of treatment options bolstered by a support system that helps reduce anxiety and stress.”



“When I came in for surgery, I was prepared,” Lori remembers. “When I walked into my first chemo appointment, I was prepared. The whole experience allowed me to put the medical piece in the hands of the experts so I could concentrate on staying sane.”

More information about the UW Breast Center is available by calling (608) 266-6400 or visiting uwhealth.org. For information about breast services at 1 S. Park, please call (608) 287-2933.

“When I came in for my first chemo appointment, I was prepared.”



Lori Roberts with Dr. Tara Breslin

Dr. Rakesh Patel is bringing a fresh look—and a research-based approach—to an already successful cancer-treatment program at UW Health.

Dr. Patel, a UW Health radiation oncologist, has been involved with UW Health’s breast brachytherapy program since its inception in 2000, and became the director last year. In the nearly five years the brachytherapy program has been in operation, 276 patients have received the innovative radiation treatment, making UW Health one of the largest providers of the therapy in the United States.

“Because we’re a large academic center, I feel it’s important to integrate radiation oncology into the Breast Center,” says Dr. Patel. “This makes a lot of sense, since radiation, including brachytherapy, plays an integral role in

breast cancer management.”

In the past, a woman who opted to treat her cancer with lumpectomy and conventional radiation treatment would typically undergo six weeks of daily radiation therapy, in which her entire breast would receive radiation. Brachytherapy shortens the process and treats only the affected area of the breast.

Here’s how it works: A series of flexible, small catheters are inserted into the patient’s breast surrounding the lumpectomy cavity. A radioactive seed about the size of a grain of rice is then released through the catheters, where it briefly irradiates the site where the tumor has been removed. Best of all, the process takes only a week to complete.

“Today, brachytherapy is not considered investigational,” says Dr. Patel. “But it’s also not yet the

standard of care, as we need to follow patients longer and ask new questions.”

Dr. Patel is working to change that, and he has the numbers firmly on his side. Of the 276 breast cancer patients who have received brachytherapy at UW Health since the program began, only four have experienced local cancer recurrence—that’s a rate of less than two percent.

To better track how patients who receive brachytherapy do over the long-term, Patel is currently recruiting 300 patients for a large, phase-2 clinical trial. The trial will give Patel and his colleagues the chance to track patients’ progress and examine other factors that may affect how women fare with brachytherapy

Not every woman is a candidate for brachytherapy. The therapy is best suited for early-stage breast



Rakesh Patel, MD

cancer patients with relatively small tumors.

“It’s a very effective option for the right patient,” says Dr. Patel.

For more information about brachytherapy or to inquire about the clinical trial, call Katie Steege at (608) 263-9839 or visit www.breastbrachytherapy.com.



When in doubt....

You reach into the farthest recesses of your freezer and stumble across the ground beef you were going to turn into Meatloaf Surprise. But that was back in September—is there any way it's still safe to eat?

The answer depends on how long the meat has been in the deep freeze, say experts. Most meat can be frozen successfully, but if left too long, taste begins to suffer. How the meat looks is often the biggest indicator that quality has begun to head south, says John Marks, executive chef for UW Hospital and Clinics. "Meat that's been frozen too long will start to look pink, and you'll see striation, or stripes, in the muscles," says Marks.

Marks recommends labeling and dating everything that goes into your freezer to make sure you're not left feeling freezer-burned. And never thaw meat items and then re-freeze them, he adds.

The Partnership for Food Safety Education offers a basic guide to help you decide when it's time to pitch your frozen items:

Hamburger and ground turkey (raw): 3-4 months
Bacon (raw): 1 month
Steak and roasts (raw): 6-12 months
Pork chops (raw): 4-6 months
Chicken pieces (raw): 9 months
Cooked chicken: 4-6 months
Lean fish (raw): 6 months

If unlabeled meat leaves you feeling unsure, fall back on the old adage: When in doubt, throw it out!

Cure Plus: New Cervical Cancer Surgery Preserves Fertility

In 2003, an irregularity in Gina Janovsky's annual Pap smear led doctors to discover early-stage cervical cancer, a condition that, as little as five years ago, would have slammed the door on motherhood for the 33-year-old Rockford, Ill. resident. The standard treatment for early-stage cervical cancer is radical hysterectomy, a surgical procedure in which doctors remove a woman's cervix and uterus.

"I was more fearful of not being able to have a child than I was about having cancer," Janovsky recalls. "All I could think was, 'This wonderful opportunity is being taken away from me.'"

Janovsky and her husband Mike didn't realize that less than 150 miles away, Dr. David Kushner, a UW Health gynecologic oncologist with the UW Comprehensive Cancer Center (UWCCC) had been traveling internationally to become proficient in trachelectomy, a new procedure that would give the opportunity back to her.

In a trachelectomy, surgeons use laparoscopic techniques to remove only the lymph nodes and the cancerous part of the woman's cervix, preserving her ability to carry a child. A permanent suture called a cerclage is used to hold the remaining part of the cervix in place. Women who undergo the procedure must deliver their babies by Caesarean section.

Janovsky's case was one of incredibly good timing. She was receiving her cancer care from

Kushner's UWCCC colleague, Dr. Ellen Hartenbach. Hartenbach told Gina and Mike about trachelectomy—and that Kushner would be traveling to Canada to perform some cases in a few weeks.

After clearing a few hurdles related to health insurance, Gina, Mike and Dr. Kushner traveled to a hospital in Quebec City, where Kushner was part of the surgical team that performed a four-hour trachelectomy on Janovsky. Doctors were able to remove Gina's cancer and give her a clean bill of health. Six months later, she became pregnant, and in September of 2004, she gave birth by Caesarean section to a healthy baby boy.

"I was so thankful, so overjoyed," says Gina. "The doctors were able to treat my cancer and still allow me to become a mom, which was a choice I didn't think I was going to have when I was first diagnosed. Our son is absolutely amazing—Mike and I look at him each day and cry for the joy we feel at having him in our lives."

Cervical cancer affects approximately 12,000 women in the United States each year. One-fourth of those women have early-stage cervical cancer, making them a potential candidate for surgical treatment. The best patients for trachelectomy are women under 40 with tumors smaller than 2 centimeters who want to maintain fertility.

"Gina's story has been incredible for our whole team," says Kushner. "To be able to get to the next level, to be able to say that we can not only cure people, but also improve their quality of life and give them something they wouldn't have been able to have a few years ago—that's exciting."

UW Health now offers the trachelectomy procedure in Madison, where Dr. Kushner is the only doctor in this region currently performing it. For more information, call (608) 265-1700 or visit uwhealth.org.



Classes & Support Groups



Unless otherwise indicated, call (608) 263-4869 for registration and information.

Healthy Living

Sensational Soy

Learn the benefits of incorporating soy into a healthy diet for women. Cooking demonstration included. \$25

Tuesday, March 8

7-8:30 p.m.

UW Health West Clinic

Quick Gourmet Chicken

Create gourmet dishes in less than 30 minutes. Our chef shows you how to make chicken entrees and salads. \$25

Monday, April 25

5-6:30 p.m.

UW Health West Clinic

Mediterranean Cuisine

Combine old world tastes with new flavors and vibrant colors to create healthy cuisine. Slide presentation and cooking demonstration included. \$32

Mondays, April 11 & 18

5-6:30 p.m.

Midvale Lutheran Church

Kids in the Kitchen Celebrate Earth Day

Children will make tasty meals while learning how to cook in an "earth friendly" way using natural ingredients. Focus is on recycling, preventing wastefulness and using fresh foods. For 6-10 year olds. \$20 per child/\$10 each additional sibling

Monday, April 18

3-6 p.m.

UW Health West Clinic

Eat to Optimize Your Sight

Taste colorful, flavorful foods packed with nutrients that could protect your eyes. Cooking demonstration included. \$20

\$20

Monday, May 2

5-6:30 p.m.

Midvale Lutheran Church

Nutrition and Kidney Stones

Learn what you can do to prevent kidney stones by reducing your intake of certain foods and nutrients and increasing your intake of others. \$12

\$12

Monday, April 25

6:30-8 p.m.

UW Health West Clinic

Beautiful Beginnings-UW Health Childbirth Classes

Expectant moms and their support person can learn all about the child-birth process in this 4-week class. Call (608) 265-7666 or see the website at www.obgyn.wis.edu/bb/php. \$95

Tuesdays and Thursdays

6:30-9 p.m.

UW Health West Clinic

Nourishing the New Mother

Learn about recovery from labor, breastfeeding nutritional needs for mom, feeding a family with quick and easy meal options, healthy ways to lose pregnancy weight, re-examining portion sizes after eating for two and more. Participants are welcome to bring their infants to class. \$15

\$15

Thursday, March 10

10 a.m.-noon

UW Health West Clinic

Carbohydrate Confusion

All you ever wanted to learn about carbohydrates and more. Good carbs, bad carbs and how to modify your diet. Pros, cons and myths about high-protein diets also included. \$15

\$15

Monday, March 7

6:30-8 p.m.

UW Health West Clinic

Get in Shape for Gardening

Spring is almost here. Learn how to protect your body from gardening aches, pains and injuries. Learn tips on cooking with herbs from your garden. \$20

\$20

Thursday, April 7

6-8 p.m. or

Friday, April 8

9-11 a.m.

UW Health Research Park Clinic

Total Cholesterol Screening

Come and get your cholesterol checked. No registration or fasting required. \$8

\$8

Saturday, March 19

9:30 a.m.-11:30 a.m.

Westgate Mall

SMART: Stress Management And Relaxation Training

Ten-week group sessions designed to teach new strategies for interpreting stressful events for patients with cancer. Learn stress management skills and relaxation techniques. (608) 262-7515

(608) 262-7515

UW Hospital and Clinics

Support Groups

Young Women's Cancer Support Group

This new support group helps women manage the emotional and physical challenges that are unique to women who are facing a cancer diagnosis at a young age. Meetings consist of education and conversation. (608) 263-8521 or mick@spwl.net

Meets the first Thursday of the month 6 p.m.

Wisconsin Women's Health Foundation

UW Health CareWear

Offers products and services for women who have had mastectomy, lumpectomy or breast reconstructive surgery. Products include full and partial breast prostheses, jogging tops, tank tops, swimsuits and lymphedema sleeves. Products for women who are receiving treatment for cancer include hats, scarves, partial hairpieces, natural hair eyebrows, nonmetallic deodorants, specialty gifts and jewelry. Located at UW Hospital and UW Health East and West Clinics. Products vary at each location. For an appointment call (608) 262-2609.

Unity, Group Health, Physicians Plus HMO and other insurance plans offer discounts on some classes. Check with your HMO or insurance plan for specific information.

For more information on all of our classes and support groups, visit uwhealth.org.



Treating CLUBFOOT, WITHOUT SURGERY

It was a joyous moment on June 4, 2002, when Christine and Paul Maher welcomed their first child into the world. Several ultrasounds had indicated the Sussex, Wis. couple were expecting a girl, but when the delivery room doctor announced, “Here he is,” the Mahers were nothing but happy about their little surprise.

Shortly after Michael was born—as Christine and Paul did the requisite counting of fingers and toes—they noticed something amiss with his tiny feet, which appeared to be inverted. Their son had clubfoot, a congenital malformity characterized by one or both feet turning inward or on their sides. In many cases, the condition makes it impossible for the foot to lie flat, leading to a lifetime of disability if left untreated. The doctor recommended a casting process followed by major reconstructive surgery to correct Michael’s feet.

“That’s all they kept saying—‘Your son’s going to need surgery,’” Christine says. “I was thinking, ‘My child’s three weeks old!’ I was scared to death.”

Michael was just as scared. He was terrified during the weekly casting sessions. “He was sobbing, I was sobbing—the whole thing was just

horrible. Christine says. “I just said, I’m not going to do this anymore. There has to be another way.”

The Mahers found that other option after an Internet search on non-surgical clubfoot treatment led them to Dr. Kenneth Noonan, a UW Health orthopedic surgeon. Dr. Noonan has been practicing a gentle manipulation and stretching approach known as the Ponseti Method for about three years.

Developed more than 50 years ago by Dr. Ignacio Ponseti at the University of Iowa, the Ponseti Method has only recently taken hold outside of Iowa, where Dr. Noonan learned about the approach from its creator. Since the mid-1990s, Dr. Ponseti’s work has been bolstered by studies showing that the feet of children treated with the Ponseti Method are generally more supple, flexible and mobile than the feet of patients who undergo major surgery to correct clubfoot deformities.

“Pediatric orthopedic surgeons are trying it and finding success,” says

Dr. Noonan, who is working with UW Health pediatrician Dr. Blaise Nemeth at UW Children’s Hospital to preserve the technique practiced by only a handful of physicians in Wisconsin.

Rather than moving the bones in the clubfoot surgically, the Ponseti Method calls for a very specific manipulation of the foot to stretch the contracted tissues. A cast is then applied to maintain the correction

and the foot is held in the corrected position for about seven days, allowing the muscles and ligaments to stretch enough to make further correction possible. The cast is then removed and another process of gentle massage and manipulation is repeated.

The casting process can take three to four months, after which the baby is fitted with shoes attached to a metal bar that must be worn 24 hours a day for about six months, and then at night until the child is three or four years old. In order for the

technique to be successful, parents must be dedicated to following through at home.

“It’s not a quick, easy fix. It requires a lot of effort on our part and on the families’ part,” says Dr. Nemeth.

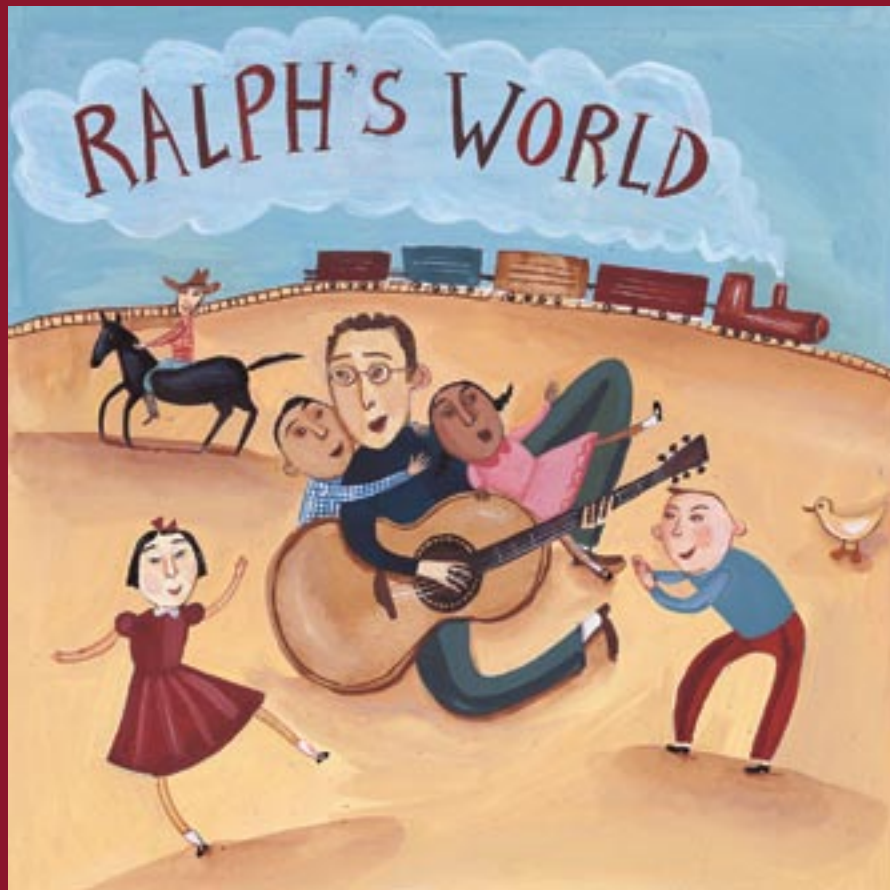
In about one-third of Ponseti patients, slight residual deformities may emerge at age two or three. These youngsters may require what Dr. Noonan characterizes as a “tune-up surgery” in which doctors might transfer a tendon to the back of the heel to correct the problem.

“With or without minimal tune-up surgery, (the Ponseti method) is much better for the foot and long-term function than major reconstructive surgery,” Noonan says. “I feel quite strongly that this is the treatment of choice.”

With an active two-and-a-half-year-old son who likes to run and jump, the Maher family agrees.

“You would never know he had a disability,” Christine Maher says. “The procedure gave us so much more than my husband and I anticipated.”

For more information, please contact the Affinity UW Children’s Health Center at (920) 730-2650 or visit uwhealth.org.



American Family Children's Hospital benefit concert

Sunday, March 6 in Madison

Billboard magazine described *Ralph's World* as "one of the finest kids' audio releases of this or any year." On Sunday, March 6, this entertaining children's musical group will come to Madison to put on a benefit concert beginning at 3 p.m. in the Wisconsin Union Theater, 800 Langdon St. All proceeds from the concert, which is hosted by Friends of UW Hospital and Clinics, will help build the new American Family Children's Hospital in Madison.

Ralph's World is known for bringing an accessible, pop music sensibility to their children's music, a trait that can be traced back to leader Ralph

Covert's early musical influences (such as the Beatles) and his work with an earlier Chicago rock band, The Bad Examples.

Tickets for the March 6 benefit concert are on sale (\$15 for adults, \$10 for children ages 2-12.) Children under age two are admitted free if they sit on a lap. Tickets may be ordered by phone at 608-262-2201 or purchased online at www.union.wisc.edu/theater. A service charge applies to all telephone and Webticket orders.

More information about the concert is available by visiting www.nofinergift.org or calling (608) 263-6046.

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Bye-bye, bitter medicine!

Thanks to a new flavoring system recently unveiled at several UW Health pharmacies, the yucky taste of certain medicines can now be masked and sweetened, turning bitter into, say, banana crème.

The system can be used by anyone, not just kids. "We're hoping that parents who struggle to get their children to take their medicine will have a much easier time," explains Hannel Tibagwa, a UW Health pharmacy manager.

Available flavors include apple, banana crème, bubble gum, cherry, grape, watermelon, lemon oil, and raspberry. A "Wheel of Yuck" helps users decide which flavors work best with which medicine.

The system is available at several UW Health pharmacies, including those located at UW Health's East, West and University Station Clinics, as well as Hilldale Mall—all in Madison. For more information, go to uwhealth.org.

