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Back Injury Prevention

Maintain Normal Spinal Curves

- The spinal curves that you can control are the cervical, thoracic and lumbar.
- Avoid twisting. Position your body so that twisting is not needed. Pivot your feet so that your toes point to what you are doing or what you are lifting.
- Avoid over-reaching. Over-reaching causes bending and twisting.
- Keep movements symmetrical to avoid bending and twisting.
- Choose appropriate work heights to avoid bending forward or backward.

Dynamic Stabilization

- Your trunk muscles support your spine.
- Keep your shoulders back and your spine upright by using your back muscles.
- Use your abdominal muscles to support your low back.
- Make sure your muscles are engaged before exerting force.

Keep Loads Close to the Body

- At arm's length, the weight you are handling increases by a factor of 10.
- For example, held next to your body, a 10 lb. object puts 10 lbs. of pressure on your low back. But, if you hold that same object at arm's length, the pressure on your low back is 100 lbs.
- The pressure on your shoulders and elbows is also greater the farther away an object is held.

Keep Movements Smooth and Controlled

- Plan your lift or carry before you do it.
- Test the weight of an object before lifting it.
- Maintain a wide base of support for better balance and greater control. Your feet should be at least as far apart as your shoulders when lifting, pushing or pulling.

Keep Movements Smooth and Controlled

- Frequent position changes will allow your muscles to rest and recover.
- Use foot props when sitting and standing to reduce muscle fatigue and promote good posture.
Body Mechanics: Principles for Lifting

- Stand with feet apart with one foot slightly forward (widens base of support).
- Head and trunk upright and aligned (keeps vertical gravity line inside base of support).
- Knees/hips flexed (lowers center of gravity, decreases spinal disc pressure).
- Bring object as close to your center of gravity as possible (maintains stability and conserves energy).
- Elevate surface to waist height.
- Use legs to generate much of the effort/force, don't rely on back alone.
- Maintain neutral lumbar curve.
- Tighten abdominals while continuing to breathe.
- Shift weight from back leg to front leg and vice versa.
- Synchronize muscle contractions by counting (1,2,3 LIFT).
- Know your capabilities.
- Do not try to move, lift or transfer alone if you have any doubt about your ability.
- Move in a smooth and controlled manner (avoid jerky or sudden motions, especially when moving heavy objects).

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Breast Cancer

*Breast cancer is the second leading cause of cancer death in women.*

The 5-year survival rate for breast cancer that has not spread to the lymph nodes is 98 percent.

**At what age should I start thinking about breast cancer?**

Although the majority of breast cancers occur in women older than age 50, it is important for a young woman to regularly examine her breasts so that she will know what feels “normal.” This will help her later in life in detecting changes. Most breast cancers (70 percent) are self-detected.

**What is a woman’s risk of getting breast cancer?**

Breast cancer is the most common form of cancer (other than skin) in American women and the second major cause of death after lung cancer. One out of eight women will develop breast cancer over the course of a lifetime.

**What are the odds of surviving breast cancer?**

Survival rates really depend on a combination of health status, age, stage of the cancer when detected and other factors. See your physician for your own personal health assessment.

**What are the risk factors for developing breast cancer?**

Risk increases with age. In fact, 80 percent of women with breast cancer are over age 50. Women who have a history of breast cancer in the family, who never have had children, who had a first child after age 30, who began menstruation before age 12 or who complete menopause after age 55 are also at increased risk of breast cancer. Heavy alcohol consumption and obesity have also been shown to increase the risk of breast cancer.

**What medical procedures are recommended for the early detection of breast cancer?**

As a matter of routine, women should perform monthly breast self-examinations, receive a breast exam by a doctor or nurse and have a mammogram (an X-ray picture of the breast that can detect breast cancer when it is in its earliest, most treatable stage, up to two years before a lump can be felt) performed every one to two years.

This will increase the chance of discovering breast cancer early. When detected and treated at an early stage, chances for survival will increase and the woman will have more options for treatment.
What does it mean to have a genetic predisposition to breast cancer?

Genes, which contain the hereditary information passed down from parent to child, serve as the blueprint for many human features and characteristics. Everyone has two copies of a gene called BRCA1, one inherited from their mother and one from their father.

In most people, both copies function normally. But, in some individuals, one copy carries a change or an alteration, that may make a woman more at risk for developing breast or ovarian cancer and may possibly be associated with cancers of the colon and prostate.

While much is still unknown about BRCA1, researchers have determined the following facts:

- Most people who develop breast cancer have normal BRCA1 genes. In fact, only about five to 10 percent of all breast cancer cases appear to be inherited and not all of these are related to BRCA1.
- Women with a strong family history of breast and/or ovarian cancer who have inherited an alteration in BRCA1 have a substantial risk of developing breast and/or ovarian cancer. This often occurs at an unusually early age, for instance, before menopause. There are other factors such as lifestyle, hormonal factors, environmental influences and other inherited traits that affect cancer risks.
- Not all women who carry the BRCA1 alteration will develop breast or ovarian cancer. Since the alteration is not the single cause of disease, only a contributing factor, there are other factors, yet unknown, that affect the development of cancer in addition to having an altered BRCA1 gene. Therefore, people who carry the altered gene are said to have a susceptibility to breast and ovarian cancer.
- If a woman tests negative for an alteration in BRCA1, she may still get breast cancer.

What are the treatments for breast cancer?

Four types of treatment are used: surgery (taking out the cancer in an operation), radiation therapy (using high-dose X-rays to kill cancer cells), chemotherapy (using drugs to kill cancer cells) and hormone therapy (using hormones to stop the cells from growing). Biological therapy (using your body's immune system to fight cancer) and bone marrow transplantation are now being tested in clinical trials.

Several treatments may be combined, and specific treatment recommendations depend on the type and location of the tumor, the stage at which it was detected, and the patient's age and general health.

You can find out more about breast cancer by contacting the National Cancer Institutes Cancer Information Service at 1-800-422-6237 or www.nci.nih.gov.
Breathing & Good Health

**Breathe Your Way to Good Health**

- Use it in conjunction with various postures to achieve the deepest possible effect and prepare the mind for meditation.
- Use it as breath control to invigorate your vitality.
- Use it as a healing method, in which you consciously direct the breath to a particular part or organ of the body to remove energetic blockages and help in the healing. This is Yoga’s gentle version of acupuncture.

**Reaping the Benefits of Yogic Breathing**

- It steps up your metabolism.
- It uses muscles that automatically help improve your posture so you can prevent the stiff, slumped carriage characteristic of many older people.
- It keeps the lung tissue elastic, which allows you to take in more oxygen for your body.
- It tones your abdominal area, which is a common site for health problems, because many illnesses begin in the intestines.
- It helps strengthen your immune system.
- It reduces your levels of tension and anxiety.

**Breathing Through the Nose**

- Yogic breathing is typically done through the nose, both during inhalation and exhalation.
- It slows down the breath because you are breathing through two small openings instead of one big opening in your mouth. Slow is good in Yoga!
- The air is hygienically filtered and warmed by nasal passages.
- Alternate nostril breathing – Researchers have shown that we don't breathe evenly through both nostrils.
- Three to five minutes of relaxation breathing can be a valuable practice.
Breathing Exercises

Four Exercises for Better Breathing

1. Cleansing Breath

Get comfortable in a chair or in your car seat. Loosen tight clothing or belts. Breathe normally. Now exhale forcefully and then begin to inhale deeply. When the lungs are really full, exhale through your nose. This is done rather quickly. Assist this exhalation by contracting your stomach muscles. Let the stomach relax completely as the air begins to come back in through your nose. Fill lungs again, exhale through your nose quickly once again with the aid of those stomach muscles. (If the exhalation is really complete, you will find that the act of breathing in again is quite sudden and automatic, so that a rhythm is established.) Do this inhale-exhale pattern four to six times. Depending on time constraints, you can repeat this cycle once more.

2. One Nostril Breathing

Close one nostril with a finger. Breathe in slowly through the other nostril, and exhale through this same nostril. Continue breathing thus, through one nostril for five breaths. Then switch sides. Having completed this pattern on both sides, you may repeat the pattern if time allows, adding one repetition per day. Two repetitions will still be quite effective, however.

3. Alternate Nostril Breathing

Using your right hand, close the right nostril with your thumb, and breathe in through the left. Having inhaled thus, now close the left nostril with the pinky and ring finger of the same hand, and breathe out through the right nostril. Immediately breathe in again through that same (right) nostril, and exhale through the left. This pattern: in left, out right, in right, out left, is one unit. Repeating this unit four times makes one round. One is enough to begin with, but try to increase by one round daily, again depending on time constraints.

4. Complete Yoga Breath

Sitting straight, standing or lying flat when possible, begin by expanding the abdomen and breathing into the lower lungs. Continue filling the middle lungs, expanding your lower ribs, then the middle ribs, then lifting the upper ribs and expand the upper chest. To get that air into the lungs' highest areas, contract the abdomen just a bit. Hold your breath for just five seconds, no more. Finally, exhale through your nose, slowly, again contracting your stomach muscles. Now, relax all over. Breathe normally for a breath or two, and repeat the complete breath. Twice is good; daily, gradual increases are beneficial.

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Breathing for Anxiety, Fatigue and Depression

Anxiety

- You can work with anxiety by focusing on your exhalations and lengthening them, deliberately and gradually.
- For example, if your everyday exhalation lasts six counts, draw each one out to seven for a few breathing cycles, then to eight for a few cycles, and so on, until you find a length that suits you.
- Once you’ve comfortably increased the length of your exhalations by a few counts, turn part of your attention to the subtle sound of them. You’ll notice that each one makes a soft “ha,” like a gentle sigh. Try to make this sound – and your exhalations – as soft and even as possible from beginning to end. Pause briefly at the end of each exhalation, resting peacefully in the stillness. Continuing like this, watch your breath as steadily as you can for 10 to 15 minutes.

Fatigue

- To work with fatigue, settle into your everyday breath. Then, after it has slowed down and smoothed out, pause briefly after an exhalation. Rest peacefully in the stillness.
- After a few seconds, you’ll feel a kind of ripple; it’s the swell of your next inhalation, building like a wave approaching the shore. Don’t take the inhalation immediately; instead, allow it gather and grow for a few more seconds. Then, without effort or resistance, gratefully receive the breath.
- Continue to explore lengthening your exhalation retentions for 10 to 15 breaths. Then begin to lengthen your inhalation gradually, just as you lengthened your exhalations in the previous exercise for anxiety.
- Finally, shift part of your focus to the sound of your inhalations, a slightly whispering sibilance the yogis think of as “sa.” Try to make this sound – and your inhalations – as soft and even as possible from beginning to end, and continue to watch your breath as steadily as you can for 10 to 15 minutes.

Depression

- Working with depression can be more difficult that working with either anxiety or fatigue. For that reason, be cautious about how you apply the breathing remedy when you’re feeling blue. Forcing the breath can quickly exacerbate your lousy mood.
- As with any breathwork, start by settling into a comfortable position and allowing your everyday breath to slow down and smooth out. Then, count the length of your next inhalation. When you release your exhalation, match its length to that of the inhalation.
- Continue in this fashion for a minute or so, balancing the length of the inhalations and exhalations. Then gradually – just once out of every three or four cycles – add another count to each inhalation and exhalation until you reach a number that suits you. The yogis call this equal ratio breathing.
- For depression, the effect of the breath on your mood is the best indicator of how long you should continue the exercise. Start out with a particular time goal in mind – say, 10 minutes – but be ready
to shorten that by a few minutes if you feel your depression lifting. On the other hand, you can continue on past your goal for a few minutes if you feel you need to.

The Pause that Really Refreshes

- How often do you need to practice to make the breathing remedy effective when you really need it? There’s no pat answer; it’s a practice like any other, and the more you exercise your ability to watch your breath, the better you will become at doing it.
- If you can, schedule a regular 10-minute breath-awareness practice during a quiet part of the day. (For many people, early morning is best). But, if that seems like too much of a commitment, it’s simple enough just to close your eyes and take 60-second conscious breathing breaks at random moments in your daily routine.
- You might find that these breaks are almost as energizing as a coffee break – and they have a lot fewer side effects. In fact, you may discover that conscious breathing not only soothes your emotions and boosts your energy, it can also make your life richer and more fun.

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Calculating Your Body Mass Index

Estimate your maximum heart rate.

Take 220 - age = ______ (this is your maximum)

(standard deviation for this equation is 10-12 beats per minute)

Determine “lower-limit” exercise heart rate by multiplying
your maximum heart rate by 0.6.

Determine “upper-limit” exercise heart rate by multiplying
your maximum heart rate by 0.9.

Your exercise heart rate range is between your upper and lower limits.

For most people, exercising at the lower end of the exercise heart rate range for a longer time is better than exercising at the higher end of the range for a shorter time. Exercising at the lower intensity will improve your overall fitness. Medications for high blood pressure may affect your heart rate during exercise. Consult your physician to determine your own ideal heart rate.

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Calculating Your Body Mass Index

Calculating your body mass index (BMI) can help you determine whether your weight may pose a risk to your health. Rather than looking just at your weight, BMI factors in the proportion of fat to muscle in your body.

People with a higher proportion of fat tend to have a higher BMI.

It's excess fat, not muscle, that puts you at greater risk for health problems such as heart disease, certain types of cancer, high blood pressure and diabetes.

BMI is a simple math calculation that determines your weight-to-height ratio:

- Multiply your weight in pounds by 705.
- Divide the result by your height in inches.
- Divide that result by your height in inches.

For example, a person who weighs 140 pounds and is 65 inches tall has a BMI of 23.4.

See where you fall in the BMI scale on the reverse side.

Keep in mind that BMI is just part of your overall health profile and doesn’t tell the whole story. You shouldn’t rely on your BMI number to assess your fitness level or risk for cancer. It’s just one indicator of your overall good health.
Colon Health

Definition of Colon Cancer

Cancer that forms in the tissues of the colon (the longest part of the large intestine). Most colon cancers are adenocarcinomas (cancers that begin in cells that make and release mucus and other fluids).

Definition of Rectal Cancer

Cancer that forms in the tissues of the rectum (the last several inches of the large intestine before the anus).

Together, They’re Often Referred to as Colorectal Cancers.

About 112,000 people are diagnosed with colon cancer annually, and about 41,000 new cases of rectal cancer are diagnosed each year, according to the American Cancer Society. Annual deaths: 49,960 (colon and rectal combined).

Most cases of colon cancer begin as small, non-cancerous (benign) clumps of cells called adenomatous polyps. Over time some of these polyps become colon cancers. Polyps may be small and produce few, if any, symptoms. Regular screening tests can help prevent colon cancer by identifying polyps before they become cancerous.

Signs and Symptoms

Many people with colon cancer experience no symptoms in the early stages of the disease. When symptoms appear, they’ll likely vary, depending on the cancer’s size and location in your large intestine. Signs and symptoms of colon cancer include:

- A change in your bowel habits, including diarrhea or constipation or a change in the consistency of your stool for more than a couple of weeks.
- Rectal bleeding or blood in your stool.
- Persistent abdominal discomfort, such as cramps, gas or pain.
- Abdominal pain with a bowel movement.
- A feeling that your bowel doesn’t empty completely.
- Weakness or fatigue.
- Unexplained weight loss.

Blood in your stool may be a sign of cancer, but it can also indicate other conditions. Bright red blood you notice on bathroom tissue more commonly comes from hemorrhoids or minor tears (fissures) in your anus, for example.
In addition, certain foods, such as beets or red licorice, can turn your stools red. Iron supplements and some antidiarrheal medications may make stools black. Still, it's best to have any sign of blood or change in your stools checked promptly by your doctor because it can be a sign of something more serious.

**What are Screening Tests for Colorectal Cancer?**

Screening tests are used to find cancers before they are large enough to cause any warning signs. Because finding cancer early means that you’re more likely to be cured, it is important for you to have appropriate screening tests. Your doctor will choose the tests that are right for you. The following are some screening tests for colorectal cancer:

**Digital Rectal Exam**

In this exam, your doctor puts his or her gloved finger into your rectum to find any growths. This exam is simple to do and is not painful. However, because this exam can find less than 10 percent of colorectal cancers, it must be used along with another screening test.

**Fecal Occult Blood Test**

In this test, your stool is checked for blood that you can't see. Your doctor gives you a test kit and instructions to use at home. Then you return a stool sample to your doctor for testing. If blood is found, another test is done to look for a polyp, a cancer or another cause of bleeding.

**Flexible Sigmoidoscopy**

In this test, your doctor puts a thin, flexible, hollow tube with a light on the end into your rectum. The tube is connected to a tiny video camera so the doctor can look at the rectum and the lower part of your colon. This test can be a bit uncomfortable, but it lets your doctor see polyps when they are very small (before they can be found with a fecal occult blood test). Because flexible sigmoidoscopy may miss cancerous polyps that are in the upper part of the colon, some doctors prefer a screening test called colonoscopy. Your doctor will discuss these options with you.

**Double-Contrast Barium Enema**

For this test, you are given an enema (injection of fluid into the rectum) with a liquid that makes your colon show up on an x-ray. Your doctor looks at the x-ray to find abnormal spots in your entire colon. If you have an abnormal spot, you are then examined by colonoscopy.

**Colonoscopy**

Before you have this test, you are given a medicine to make you relaxed and sleepy. A thin, flexible tube connected to a video camera is put into your rectum, and the doctor looks at your whole colon. The tube can also be used to remove polyps and cancers during the exam. Colonoscopy may be uncomfortable, but it is usually not painful.
When Should I be Screened for Colorectal Cancer?

Colorectal cancer is more common in older people, so doctors usually screen people 50 years of age and older. Some people have risk factors that make them more likely to get colorectal cancer at a young age. Talk to your family doctor to decide which screening tests you should have and how often you should be screened. If you don’t have any risk factors for colorectal cancer, you will probably have your first screening test around 50 years of age.

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Colorectal Cancer
Risk Factors

**Age** – Colorectal cancer is more common in people over the age of 50 and the chance of developing colorectal cancer increases as age increases. This doesn’t mean that colorectal cancer does not occur at younger age. More than 90% of people who develop colorectal cancer are older than 50 years.

**Diet** – The development of colorectal cancer appears to be associated with diets that contain high amount of fat and calories and subsequently is low in fiber. High intake of meat may be associated with colorectal cancer.

**Large Intestinal Polyps** – Polyps are non-cancerous growths, which may develop on the inner wall of the colon and rectum. This may occur in many people especially after age 50. Polyps may be of different types, and some of these may be associated with increased risk of development of colorectal cancer. In a rare, inherited condition called familial adenomatosis polyposis (FAP), hundreds or even thousands of polyps may develop in the large intestine, causing almost 100 percent risk of developing colorectal cancer in these individuals if left untreated.

**Family History of Colon Cancer** – Close relatives (parents, siblings, children) of colorectal cancer patients are at higher risk of developing this disease. This increased risk is higher if the relative had the cancer at a young age. If several family members have had colorectal cancer, the chances increase even more.

**Medical Conditions** – Ulcerative colitis is a medical condition in which the inner lining of the colon becomes ulcerated in multiple places. If someone develops ulcerative colitis the chance of developing colorectal cancer is increased. Having this condition increases a person’s chance of developing colorectal cancer. Colon cancer risk may also be slightly increase in another disease called Crohn’s disease. This disease has some similarity to ulcerative colitis but is more often associated with scarring and obstruction of the intestine than ulceration.

**Personal Cancer History** – Women with a past history of developing breast cancer, ovarian cancer and uterine cancer may have increased risk of developing colorectal cancer.

**Lack of Exercise** – People who leads sedentary life, with not much of physical activity may have a higher risk of developing colorectal cancer.

**Race and Ethnic Background** – Risk of developing colorectal cancer is higher in Jews of Eastern European descent (Ashkenazi Jews). Recent findings suggest a genetic abnormality in this group of people that is casing an increased risk of developing colorectal cancer.

**Obesity** – Overweight by itself may be risk factor for colorectal cancer, the chance of dying from colorectal cancer is higher in obese individuals.

**Diabetes** – Diabetes may increase the chance of developing colorectal cancer by as much as 40%.
Smoking – Smoking may increase the risk of developing colorectal cancer by as much as 40%. Smokers may swallow some of the cancer-causing chemicals and this may be an explanation for the increased risk of colorectal cancer in smokers. Some of these substances are also absorbed.

Genetic or Family Predisposition – As mentioned above people whose close relatives have had colorectal cancer have a higher risk of developing colorectal cancer. There are many inherited disorders, which may increase a persons risk of developing colorectal cancer. There are mainly two genetic disorders associated with increased risk of colorectal cancer:

1. Familial Adenomatosis Polyposis (FAP)
2. Hereditary Non-Polyposis Colorectal Cancer (HNPCC)

Familial Adenomatous Polyposis – This is a rare type of inherited disorder that may affect one in 8,000 people. In this genetic disorder, hundreds or even thousands of polyps may develop in the large intestine, causing almost 100 percent risk of developing colorectal cancer in these individuals if left untreated. The polyps are not present at birth but develop over time.

Gardner’s Syndrome – This is a subtype of FAP, in which a type of benign tumor called adenoma may affect the entire large and small bowel. These patients may have other associated abnormalities as well which include, desmoid tumors, lipomas and sebaceous cysts.

Hereditary Non-polypsis Colon Cancer (HNPCC) Syndromes – This is another form of genetic disorder with increase risk of developing colorectal cancer. In this genetic condition there are no increased incidence of polyp development. Patients are included in this diagnosis if there is a history of developing colorectal cancer at an early age in the family. The diagnosis can only be confirmed by genetic testing. The following are the clinical criteria for diagnosing HNPCC. These are called the Amsterdam criteria:

- At least one family member who has developed colorectal cancer by age 50.
- Colorectal cancer involving at least two successive generations.
- Proven colorectal cancer in three or more relatives, one of whom is a first degree relative of the other two.
Diabetes – Dangerous But Treatable

Nearly 16 million Americans have a dangerous disease, and they might not even know it. Diabetes is one of the leading causes of death in the United States, killing almost 190,000 people a year. It can affect the young or the old of both sexes and all races. But the good news is that when caught early enough and treated right, the prognosis is most often for normal healthy lives.

Type 1 Diabetes

The condition has two main types. Type 1 diabetes affects as many as one million Americans and results from the body’s inability to produce insulin, the hormone that unlocks the cells of the body, thereby allowing glucose to enter cells and fuel them. In the healthy pancreas, special cells called beta cells make insulin and release it with each meal to help the body use or store the glucose it gets from food. But with type 1 diabetes, the pancreas can’t make enough insulin because beta cells have been destroyed. Type 1 diabetes first occurs most often during puberty. Symptoms of type 1 diabetes can mimic the flu in children.

Type 2 Diabetes

As many as 95% of Americans with the condition have type 2 diabetes. Type 2 differs from type 1 and results from insulin resistance (when the body can’t make enough insulin, or can’t properly use it) and insulin deficiency. Unlike the usual childhood onset of type 1 diabetes, people with type 2 typically develop the disease after 45. Usually, people aren’t aware they have diabetes until severe symptoms surface or one of its serious complications requires treatment. Some possible diabetes complications include blindness, kidney disease, heart disease, stroke and nerve injury and amputations. Because of these complications, diabetes is the seventh-leading cause of death in the United States.

Controlling Diabetes

To prevent diabetes complications, proper treatment is imperative. Often, type 2 diabetes can be controlled through weight loss, proper diet and exercise alone. But some type 2 patients need diabetes pills or insulin shots to help their bodies use glucose for energy. Patients with type 1 diabetes need to have daily insulin shots to allow cells to take in glucose.

Kinds of Insulin

**Four forms of insulin are available:**

- Rapid-acting insulin (“Lispro”) starts to work within 15 minutes after injection. It peaks 30 to 90 minutes later and may last as long as five hours.
• Short-acting (regular) insulin usually starts to work within 30 minutes after injection. It peaks two to four hours later and stays in the blood for as long as eight hours.
• Intermediate-acting ("NPH" and "lente") insulin starts to work two to six hours after injection and peaks four to 14 hours later. These insulin varieties stay in the blood for as long as 20 hours.
• With almost no peak 10 to 16 hours after injection, long-acting (ultralente) insulin takes six to 14 hours to start working. This form stays in the blood between for as long as 24 hours.

**Other Diabetes Drugs**

In addition to insulin, many patients with type 2 diabetes take oral medications (such as Glucotrol, Amaryl and Prandin) that cause beta cells to release more insulin. Glucophage, Avandia and Actos are other diabetes drugs that sensitize the body to its own insulin. Still others, such as Precose and Glyset, slow or block the breakdown of starches and certain sugars.

**You Can Help Your Diabetes**

Proper diet, exercise and weight loss are staples of diabetes treatment. The best diet is low in fat, includes only moderate amounts of protein and is high in complex carbohydrates, such as those in beans, vegetables and grains. Most importantly, you need a consistent diet. Be sure to eat about the same number of calories each day, plan your meals and snacks for the same times each day and never skip meals.

To help your cells take in blood sugar, you must exercise. Talk with your OT about setting up an exercise plan. About 30 minutes a day is often recommended. This may sound like a lot, but it might be able to be broken into several shorter sessions throughout the day. Weight loss also is important to help your body use insulin better. The best way to lose weight is to exercise and follow a healthy meal plan.

*Adapted from information from the American Diabetes Association, to learn more please visit www.diabetes.org.*
Diagnosing Osteoporosis

Bone Mineral Density Testing

There are two ways to find out you have osteoporosis: breaking a bone and getting a bone density test. Breaking a bone is painful, expensive and debilitating. Getting a bone density test is not. It is never too late to help your bones be healthier!

Just as it is important to know your blood pressure or height, it is important to know your T-Score, which is your bone density test result. For most women, the time to watch your T-Score is shortly after menopause when declining estrogen levels no longer protect your bone density. Knowing your T-Score and risk factors help you and your physician decide how aggressively you should address osteoporosis prevention and treatment.

What’s the Difference Between Central and Peripheral Bone Density Tests? (pDXA vs. DXA)

All forms of bone density testing are accurate and useful. But, different tests will answer different questions for you and your doctor.

Some test methods are used for scans of the central skeleton (your hip and spine):

- DXA (dual energy x-ray absorptiometry)
- CT (computerized tomography)

Other methods are used to scan “peripheral” parts of your skeleton – the parts that are further away from your spine:

- DXA of your wrist, heel, finger or hand
- SXA (single energy x-ray absorptiometry) of heel
- Ultrasound of your heel
- CT scan of your wrist

Which test your doctor will suggest depends on what she/he is looking for and why. If you are approaching menopause and considering hormone replacement therapy (HRT), for example, your doctor may want to know the bone density of your hip and spine to help you decide about HRT. (HRT can help reduce bone loss related to the loss of estrogen at menopause.)

If you are already taking HRT, Fosamax, or some combination of drugs, your doctor may want to monitor your progress. That’s done best by testing your spine because it may take a long time for changes (good or bad) to show in your heel, wrist or fingers. They type of bone in your spine responds more quickly to treatment medications.
On the other hand, if you have no known risks of osteoporosis such as a family history, past fractures or use of steroids for a long time, you might consider a scan of your wrist, heel or other peripheral body part. There is an 85% “correlation” rate between test results of your hip, spine and other sites. In other words, the bone density in one part of your skeleton will look very much like the density in your other bones if you are like most people.

The older you are, the more this relationship holds true. The lower your bone density, the more likely you are to have a bone break because of osteoporosis. We know that hip fractures can be fatal, and spine fractures can be painful and disfiguring. Knowing your bone density can help you prevent those problems now.
Ergonomics in the Workplace - Checklist

___  Is your chair adjusted so elbows rest along your sides, hands about level with elbows and wrists straight?
___  Are your feet resting firmly on the floor or on a footrest?
___  Is the top of your monitor at or slightly below eye level?
___  Have you positioned your screen to avoid reflections or glare?
___  Is your screen in line with your keyboard?
___  Is your screen at the distance most visually comfortable for you? (20-29 inches)
___  Are things you frequently use within 20 inches of reach without interfering with your computer’s operation?
___  Have you propped up your working documents and placed them close to the screen?
___  Do you change your position and work routine throughout the day?

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Exercising With Diabetes

Five Important Tips for Care of the Feet

Experts agree that regular aerobic and weight-bearing exercise is not only safe for most people with diabetes, it’s actually recommended to improve health and outlook on life. But, because injuries and swings in glucose levels can have dangerous consequences, it pays to structure an exercise program with care.

Prominent among these is clearance by your physician, who should check your blood pressure, blood fat levels, A-1-C levels, heart and circulatory function, kidney health, eyes and feet to ensure that it’s safe for you to exercise. Careful monitoring of insulin levels during and after activity is critical as well.

One area often overlooked is the feet. Because diabetic foot complications are the top reason for non-traumatic foot amputations in the United States, foot care should be foremost in the minds of active people with diabetes. Below are five important tips to keep in mind.

1. **Choose the Proper Exercise**

   If you have lost feeling in your feet, or have not been diligent with foot checks, choose lower-impact activities over running or jumping. Swimming is a good choice. Walking and bicycling are other low-impact options. Upper-body resistance training is also recommended, and places no additional strain on the feet. As the American Diabetes Association endorses, “Almost everyone with diabetes can work out with light weights.” The association recommends higher repetitions with light, handheld weights.

2. **Pay Attention to Temperature**

   Extreme heat and cold can be damaging to skin, especially when protective sensation is compromised. In hot weather, don’t neglect the tops of your feet when applying sunscreen; better yet, make sure they’re covered from the sun. In cold weather, protect your feet from cold by surrounding them in layers – the inner layer should wick moisture away from your feet to prevent chafing (polypropylene, silk, or thin, fine wool); the outer layer should be made of material that can breathe and let sweat escape. The best advice is to avoid outside activity altogether in extreme temperatures.

3. **Proper Footwear is Critical**

   Wear sport-appropriate footwear, such as basketball shoes for basketball, walking shoes for walking, and aerobics shoes for aerobics. Look for a shoe with good ankle support. Replace shoes when they begin to wear out, and always remember to put on clean, smooth-fitting socks before all activity. Never exercise barefoot. Canvas or leather shoes let your feet breathe best. Break in new shoes gradually, never more than an hour per day in the first week.
4. **Post-exercise Foot Checks**

People with reduced sensation in the extremities are reminded of the importance of regular foot checks, and active exercise should always be followed with meticulous checks of the feet. Use a mirror to inspect the soles of your feet, or have a family member or caregiver help you. If you notice blisters, cuts, sores, warm areas, redness, swelling or any insult to skin integrity, halt all activity and call your care provider.

5. **Smooth Corns and Calluses**

Active and sports-minded individuals who have diabetes may be more susceptible to calluses of the feet. It’s important to deal with these properly. After a bath or shower, when the skin is soft, use a pumice stone and gently rub in one direction, smoothing off corns and calluses.

Avoid tearing the skin, and never cut a corn or callus. Follow this with an application of alcohol-free moisturizer to the tops and bottoms of the feet; avoid the area between the toes.

Also, never use liquid corn removers, since they can create a chemical burn. If the calluses become thick, they can indicate a high-pressure area; see your health care provider for removal and possible need for special shoes or inserts.

*Adapted from guidelines published by the American Diabetes Association, to learn more please visit www.diabetes.org.*
Food Label

Sample Label for Macaroni & Cheese

1 Start here

2 Check calories

3 Limit these nutrients

4 Get enough of these nutrients

5 Quick guide to percent daily values
   - 5% or less is low
   - 20% or higher is high

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Good Posture

1. Stand up straight. Shoulders back (not rounded forward). Neck is straight so that the ears are directly over the shoulders. Weight is equally supported on both feet so hips are level. Keep knees slightly bent, not locked. Feet should be under the shoulders with toes pointing forward. Maintain the natural curves of the spine or your "neutral" position.
2. Find the "neutral" position of the spine: Tilt your pelvis to create an arch in your lower back or swayback position.
3. Then, flatten your lower back by tightening your stomach muscles pulling your stomach in like you are pressing your belly button towards your back.
4. Move back and forth between position 1 and position 2 until you find the place between these two extremes in which your back feels balanced and most comfortable. This is your "neutral" position.

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Heeding Stroke Warning Signs

Stroke is the third leading cause of death in the United States, affecting nearly 700,000 Americans annually. But you can prevent its devastating effects through prevention and by reacting quickly to your body’s warning signs. In fact, calling 911 and receiving medical treatment within the first three hours of symptoms can reduce damage to both the body and brain. Below are guidelines to help you prevent a stroke and recognize the warning signs.

Are You At Risk?

Stroke can affect anyone. But if you’re 55 years or older, black or have a family history of stroke, you’re at greater risk. While these factors might be unmanageable, many other factors are under your control. They include:

- **High Blood Pressure (Hypertension)**
  High blood pressure is the leading cause of stroke. If the top number on your blood pressure reading is regularly more than 135 or if the bottom number is regularly more than 85, consult your healthcare provider. Your blood pressure probably needs to be controlled through medication or another treatment plan.

- **Atrial Fibrillation (AF, or Irregular Heartbeat)**
  AF causes more blood to collect in your heart’s chambers, which can lead to blood clots and stroke. By checking your pulse, health care providers can determine whether you have an irregular heartbeat and offer appropriate treatment.

- **Smoking**
  If you smoke, you’re doubling your stroke risk. Quitting right away will considerably reduce this risk.

- **Excessive Alcohol**
  More than two drinks a day can increase your risk for stroke by about 50 percent. High cholesterol. Have your cholesterol checked with a blood test to see if your “bad cholesterol” (low-density lipoprotein, or LDL cholesterol) level is high. If it is more than 200, consult with your healthcare provider about reducing it. In most cases, maintaining a healthy diet can help significantly.

- **Diabetes**
  If you have diabetes, follow your diet and your health care provider’s fitness instructions to reduce your stroke risk.

- **Inactivity**
  Engaging in activities such as walking, biking or swimming for as little as 30 minutes a day may be enough to reduce your stroke risk. If you have a history of stroke or another disability, however, instability with gait and balance might make it difficult to exercise. In these cases, choose equipment, such as recumbent bikes, that provide stability and easy transfers to and from wheelchairs.
• **Excessive Salt and Fat**
  Cutting down on salt and fat can help lower blood pressure and the risk for stroke. Circulation problems. Sickle cell anemia, severe anemia, atherosclerosis and other circulation diseases can interrupt the flow of blood to the brain, which could lead to stroke. Your health care provider can test to see if you have a circulation problem and offer ways to treat it.

• **Obesity**
  If you are obese or overweight, you’re increasing strain on your circulatory system. This puts you at higher risk for high cholesterol, high blood pressure and diabetes – factors that can cause stroke.

• **Stroke history**
  If you’ve previously had a stroke, you’re more at risk for another one. Follow your post-stroke treatment plan to help reduce these risks.

• **Sleep Disorders**
  Sleep apnea, a breathing disorder that occurs during sleep, increases blood pressure rates, which is a risk for stroke. An early diagnosis of this disorder, however, can help reduce this risk greatly.

• **Symptoms of Stroke**
  While prevention is key, it’s also vital to recognize stroke’s symptoms. Below are the five most common ones.
  ○ Numbness or weakness in your face, arm or leg—especially on one side of the body;
  ○ Confusion, trouble speaking or understanding people speaking to you;
  ○ Problems seeing in one or both eyes;
  ○ Trouble walking, dizziness, loss of balance or coordination;
  ○ Severe headache with no known cause.

  Other stroke symptoms you should look out for include sudden nausea, fever and vomiting, and a brief loss of consciousness, such as fainting, confusion, convulsions or coma. If you experience any of the above symptoms, don’t waste any time. Call 911 immediately.

*Information adapted from the American Stroke Association, to learn more please visit www.strokeassociation.org.*

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Home Safety

Safety is an important issue in every home. The following safety tips were compiled to help you recognize common pitfalls and avoid accidents in the home.

- Keep cords for lamps, phones, extensions, etc. safely out of the flow of traffic & out from beneath furniture and carpeting.
- Electrical cords should be in good condition, with no fraying or cracking.
- Keep cover plates on all switches and insure that no wiring is exposed.
- Use the appropriate size and type of light bulb for each fixture (specifications should be printed on each fixture).
- Towels, curtains and other flammable items should be kept away from the range.
- Wear clothes with short or close-fitting sleeves when cooking.
- Make sure kitchen ventilation systems or range exhausts are functioning properly, and use them while cooking.
- Unplug small appliances such as curling irons, shavers and hair dryers, etc. when not in use.
- Ash trays, smoking materials and other fire sources (heaters, hot plates, teapots, etc.) should be kept away from beds and bedding.
- Keep chimneys clear from accumulations of leaves and other debris that can clog them.
- Install smoke detectors on each level of the home, including kitchen and sleeping areas.
- Change smoke detector batteries annually and check detectors regularly to make sure they are in proper working order.
- Install carbon monoxide detectors.
- Have an emergency exit plan and identify alternative exits.
- Decide on a place for your family to meet after you’re outside of the house.
- Post emergency numbers on or near the telephone.
- Keep good, clean lighting over the stove, sink and countertop work areas, especially where food is sliced and cut.
- Make sure step stools are stable and in good repair.
● Keep hallways, passages and heavy traffic areas well lit.
● Use skid free rugs.
● Keep exit and entrance ways, hallways and stair cases clear.
● Keep the water temperature 120 degrees or lower.
● Store medicines in original containers.
● Keep a telephone close to the bed and have lamps and light switches within reach.
● Always supervise children near water.
● Keep the National Poison Control Center hotline number by each phone: 1-800-222-1222.
● Keep all knives and sharp utensils out of children’s reach.
● Keep all cleaning products, medicines and vitamins out of children’s reach.
● Keep guns unloaded and locked up.
● Clear entry ways of snow, ice and trip hazards.

For fact sheets, home safety checklists and more information, please visit:

● www.homesafetycouncil.org
● www.cpsc.gov
● www.homefoodsafety.org
● www.nsc.org
# Home Safety Checklist

## Living Room – Family Room

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Doesn’t apply / doesn’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can you turn on a light without having to walk into a dark room?</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Are lamps, extension or phone cords out of the flow of foot traffic in room?</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Are passageways free from objects and clutter (papers, furniture)?</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Are curtains and furniture at least 12 inches from baseboard or portable heaters?</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Do your carpets lie flat?</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Do your small rugs and runners stay put (don’t slide or roll up) when you push them with your foot?</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
</tbody>
</table>

## Kitchen

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Doesn’t apply / doesn’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are your stove controls easy to see and use?</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Can you reach regularly used items without climbing to reach them?</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Do you keep loose fitting clothing, towels and curtains that may catch fire away from the burners and oven?</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Do you have a step stool that is sturdy and in good repair?</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Do you have a fire extinguisher?</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
</tbody>
</table>

## Bedrooms

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Doesn’t apply / doesn’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can you turn on a light without having to walk into a dark room?</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Do you have a lamp or light switch within easy reach of your bed?</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Do you have a working smoke detector and carbon monoxide detector on the ceiling outside your bedroom door?</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Is a phone within easy reach of your bed?</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Is a light left on at night between your bed and the toilet?</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Are the curtains and furniture at least 12 inches from your baseboard or portable heater?</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
</tbody>
</table>
### Bathroom

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Doesn't apply / doesn't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the tub/shower have a sturdy grab-bar (not a towel rack)?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Is your hot water temperature 120° or lower?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Does your shower or tub have a non-skid surface: mat, decals or abrasive strips?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Are you able to get off and on the toilet easily?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Does your floor have a non-slip surface or does the rug have a non-skid backing?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

### Stairways

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Doesn't apply / doesn't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there a light switch at both the top and bottom of inside stairs?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Do all stairways have sturdy handrails on both sides?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>With the light on, can you clearly see the outline of each step as you go down the stairs?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Are all steps in good repair (not loose, broken, missing or worn)?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Do handrails run the length of the stairs, slightly beyond steps?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Are stair coverings (rugs, treads) in good repair, without holes and not loose, torn or worn?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

### Hallways and Passageways

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Doesn't apply / doesn't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do your carpets lie flat?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Are all lamps, extension and phone cords out of flow of foot traffic?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Do all small rugs or runners stay put (don’t slide or roll up) when you push them with your foot?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

### Throughout Your House

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Doesn't apply / doesn't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have an emergency exit plan in case of fire?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Do you have emergency phone numbers (including poison control) listed by your phone?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Are there other hazards or unsafe areas in your home not mentioned in this checklist that you are concerned about? If so, what?
Outside Your Home

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Doesn’t apply / doesn’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are walkways and stairs entering home well lit and free of debris?</td>
<td>✗</td>
<td></td>
<td>✗</td>
</tr>
<tr>
<td>Are there sturdy railings on both sides of the stairs?</td>
<td>✗</td>
<td></td>
<td>✗</td>
</tr>
<tr>
<td>Are the stairs and walkways kept clear of snow and ice?</td>
<td>✗</td>
<td></td>
<td>✗</td>
</tr>
</tbody>
</table>

Making Your Home Safer

*What home safety changes do you want to make?*

1. 

2. 

3. 

Total managed care. Total confidence.
Is Flexibility Important?

Flexibility is an important component of fitness that is often neglected. Flexibility is not something just for dancers, gymnasts and martial arts athletes to work on. Flexibility is an important part of fitness for everyone regardless of age, gender, goals or experience.

Poor flexibility of the low back and hamstrings (back of upper leg) has been shown to contribute to low back pain. Since poor flexibility is a contributor to possible future low back pain, it is important to recognize and correct flexibility problems as soon as possible.

It is never too late to start improving overall flexibility. Good flexibility will help alleviate stiffness, prevent injuries and maintain good range of motion in the joints. It is important to focus on the following flexibility tips when working on this crucial fitness component:

- Never stretch a cold muscle. This means minimally five to ten minutes of light movement of the large muscles groups by jogging, biking, dancing, etc.
- Always perform stretches correctly. Good form is of the utmost importance.
- **DO NOT BOUNCE!** Find the point at which you feel the stretch and then hold it. Twenty to thirty seconds is a good general length to hold stretches.
- Make sure you are stretching all of your major muscle groups. Do not just do the flexibility stretches that you enjoy or that are easy for you. Overall flexibility is important for overall fitness.
- If you have specialty areas of flexibility that require additional work (for sport-specific goals or specialized rehabilitation needs) do not neglect other areas to focus on the specialty area. Spend additional time to improve that area.
- Remember that flexibility is very individual. Do not try to mirror another person’s stretch point. That point could be too difficult or too easy for you. Everyone is different.
- Your stretch point is the point at which you feel the stretch is working but not to the point of feeling pain. Feel the stretch, not the pain. The old saying, “No pain, no gain,” does not apply to stretching.
Managing High Blood Pressure

People of all ages must be careful to maintain their blood pressure at below 140/90 mmHg. If you have high blood pressure, you should be concerned about this threat to your health. High blood pressure, also called hypertension, is dangerous. It can make your heart work too hard and contributes to hardening of the arteries.

Hypertension increases your risk for heart disease and stroke, and it can lead to other conditions, such as heart failure, kidney disease and blindness. Fortunately, high blood pressure can be controlled. Here are some guidelines to help you manage your high blood pressure on a day-to-day basis.

**Maintain a Healthy Body Weight**

Being overweight can increase your blood pressure. It also can encourage heart and lung diseases. Losing even 10 pounds can lower your blood pressure. If you have to lose weight, it’s important to do it slowly. Don’t try to lose more than one to two pounds a week. Begin with a goal of losing 10 percent of your current weight. This is the healthiest way to lose weight and offers you the best chance of keeping weight off.

When you are trying to lose weight, choose an eating plan that is lower in fat and calories than your current diet. Keeping a daily record of what you eat can identify times when you are prone to eat but aren’t really hungry, or when you could substitute healthy foods.

**Be Physically Active**

The average adult needs half an hour of moderate exercise most days of the week to achieve and maintain health. The best way to initiate an exercise plan is to start slowly and work your way up to longer and harder activities. Choose something you enjoy. Some moderately paced activities are walking briskly, dancing, swimming, cycling or mowing the lawn.

**Reduce Your Salt Intake**

Lower the salt content in your diet. Many Americans eat too much salt, which drives up blood pressure. Most people should not eat more than about one teaspoon of table salt a day. Talk to your doctor about how much you should have.

**Reduce Consumption of Alcoholic Beverages**

Too much alcohol can drive up blood pressure. If you drink alcoholic beverages, have only a moderate amount — one drink a day for women; two drinks a day for men.
What counts as a drink?

- 12 ounces of beer (regular or light, 150 calories);
- 5 ounces of wine (100 calories); or,
- 1-2 ounces of 80-proof whiskey (100 calories).

Take Your Blood Pressure Medication As Directed

If you have high blood pressure, lifestyle changes may not lower your blood pressure adequately. If they don’t, you will need to take medication in addition to the lifestyle changes. Doing both will help your medication work better and may minimize the amount of medication you need.

Many drugs are available to lower high blood pressure, and they work in various ways. Often, two or more drugs work better than one. Ask your health care provider to discuss the different options. It’s important that you take your medication as prescribed, including in the right amount.

Realize that your blood pressure may not be under control even if you are taking your medication as directed. If your blood pressure is still too high, talk with your health care provider about adjusting your medication or making further lifestyle changes to bring your blood pressure down to a healthy level.

Based on information from the National Institutes of Health. For more details, please visit them online at www.nhlbi.nih.gov/hbp/hbp/intro.htm.

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Preventing Slips, Trips and Falls

Do you know how many people die each year as a result of falling?

a. 4,000 or less  
b. between 4,000 and 8,000  
c. more than 12,000

The answer is c. More than 12,000 people die each year from falling, either on or off the job. Even something as minor as a small coffee spill or a frayed carpet can cause a bad fall. Being aware of situations that could cause a fall is the best way to keep people on their feet.

For example, if you see an oily spot, don’t just wipe it up, find out where the oil came from and think about how to prevent another spill. Is something broken or leaking? Will drain-through mats help?

Preventing slips, trips and falls can be as simple as good housekeeping, common sense and thinking ahead.

Good Housekeeping

- Close drawers and cabinets after every use.
- Discard trash.
- Keep clutter out of work areas.
- Keep equipment in its proper place.
- Keep walkways and aisles clear.
- Wipe up spills immediately.

Common Sense

- Always use a stepladder for overhead reaching.
- Avoid bending, twisting and leaning backward while seated.
- Avoid lifting or carrying more than you can handle.
- Avoid running in the workplace.
- Avoid walking on wet floors.
- Make sure your pathway is clear.
- Never carry anything that keeps you from seeing where you’re going.
- Report dangerous conditions so they can be fixed.
- Use handrails on stairs.
- Wear non slip rubber-soled shoes.
Falls are Especially Dangerous for Seniors

- The CDC says more than one-third of adults 65 and older fall each year.
- Seniors suffer an estimated 360,000-480,000 fall-related fractures each year.
- In 2002, almost 13,000 people 65 and older died from fall-related injuries.

Thinking Ahead

- Are there electrical cords in hazardous places?
- Is carpeting torn or loose?
- Is there an uneven surface?
- Is there enough light?

Look Out Below

If you find yourself heading for a fall, remember to roll, not reach. By letting your body crumple and roll, you’re less likely to get injured. Reaching out to break your fall may cause you to break an arm or a leg.

In the Home

Dangers around the home cause as many as 20,000 deaths, seven million disabling injuries, and 20 million medical visits in the U.S. each year, according to the Home Safety Council. And, falls are the most common fatal injury in the home -- especially among older people.

There are numerous safety measures you can take to prevent slips and falls in your home.

- Stairways should have handrails on both sides.
- Attach safety treads to steps.
- Remove tripping hazards such as throw rugs, furniture, and clutter from walkways.
- Use self-adhesive non-skid mats or safety treads in bathtubs, showers, and pools.
- Use non-skid rugs on bathroom floors.
- Use non-skid pads under rugs on bare floors.
- Install grab bars on both sides of toilets and bathtubs, especially on those used by seniors.
- Improve lighting.
- Wear shoes inside.
- Avoid walking barefoot or in slippers.
Proper Lifting Technique

1. Keep objects close to your body to reduce the force through the spine. Get close to the object before lifting and keep object close while moving it.
2. Take a slightly wider than shoulder width stance for a stable base of support. Maintain the normal curves of the back. Bend from the hips and not the waist to avoid extra stress on back muscles.
3. Do not let the knee come over the toe to avoid stress on the knee joint. Keep head up.
4. Do not bend at the waist.
5. Additional Technique: The shoulder lift. Assume a half kneel position. Bring the object to the knee, then stand holding the object close to the body. Once standing, lift the object to the shoulder.

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Proper Work Area Set Up

Adjusting Your Chair

1. Stand in front of the chair. Adjust the height so the highest point of the seat is just below the kneecap.

2. Sit so a clenched fist fits between the front edge of the seat and the lower part of the legs.

3. Adjust the backrest of the chair so it supports the hollow in your lower back.

4. Determine elbow height by holding arms straight at sides. Adjust work surface height to elbow height. If using a fixed height work surface, raise chair to get the proper arm and upper body position. Adjust chair height so elbows are about the same height as work surface.

5. Use a footrest if your feet don’t rest flat on the floor or if there is pressure on the back of the legs. The footrest should be adjustable and support the entire foot.

Work/Desk Area Set-Up

1. Sit up straight – working in the right position helps decrease fatigue and overuse.

2. After adjusting chair (see above) the work surface is next. When you are sitting in your chair the work surface should be level with your elbow.

3. The computer equipment is next. If the computer is being used most of the time and a computer desk is not available, place the computer under or next to the desk. Adjust the keyboard/mouse tray to ensure that your elbows are bent at an L shape, your wrists are straight, and your shoulders are relaxed. The monitor should be 18 to 24 inches directly in front (not at an angle) of the user with their eyes looking at the center of the monitor with head slightly bent forward.

4. The phone should be placed within a 12-14 inch reach so the user does not have to stretch to reach. If the user is on the phone 4-8 hours a day, a headset can be provided to reduce neck stress from having the head in a bent position.

5. There should be good lighting around the work area. All other frequently used items (pen, paper, etc.) should also be placed in close proximity.
Skin Cancer

Skin cancer is the most common – and preventable – cancer in the United States, affecting more than one million people each year. Exposure to the sun causes most skin cancer.

Prevention

- Avoid sun exposure between 10 a.m. and 4 p.m.
- Always wear sunscreen of SPF 15 or higher – even on cloudy days.
- Apply at least one ounce – about a shot glass full – of sunscreen at least 20 minutes before going out in the sun and reapply frequently.
- Wear sunglasses treated to absorb ultraviolet (UV) radiation, use a lip balm with an SPF of at least 15 and wear tight-weave clothing and a wide-brimmed hat.

Risks

- Blond, red or light brown hair color; blue, gray or green eyes.
- Fair complexion and/or freckles; skin that burns easily.
- A family history of skin cancer.
- Several moles on the body, especially one there since birth or unusual moles.
- One or more large pigmented spots.
- Excessive exposure to the sun and repeated blistering sunburns before the age of 15.

Early Detection

Examine your skin once a month. Look for:

- A brown or black colored spot with uneven margins.
- A slow-growing, raised, pearly bump that may crust, ulcerate or bleed.
- Itchiness, tenderness or pain from a mole.
- A small, smooth, shiny, pale or waxy lump.
- A flat red spot – scaly, crusty, smooth or shiny or a new mole.

When looking at moles, remember the ABCD Rule: **A**symmetry; **B**order irregularity; **C**olor that is not uniform; and, **D**iameter greater than six millimeters – about the size of a pencil eraser. If you discover a suspicious growth, see your health care professional. After age 50, get annual clinical examinations by a health care professional.
Treatment

If caught early, most skin cancer can be treated successfully. There are three types: melanoma (most serious form), basal cell and squamous cell skin cancer.

- Surgical removal, including a procedure called Mohs' surgery
- Electrodessication and curettage and: electrical current to remove tissue
- Cryosurgery –freezing to destroy tissue
- Laser therapy, radiation or topical chemotherapy

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Skin Cancer Body
Mole Map
Mental health is an essential part of each person’s overall health and wellness. At times, we all face challenges that test us and put our mental health at risk. When our mental health is poor, it can affect our entire body and play a role in the development of other health issues. For example, when stress doesn’t let up and isn’t managed, it can harm your health and well-being.

About Stress

Everyone feels stress. In small doses, stress may be good for you when it gives you a burst of energy. But too much stress or stress that lasts for a long time can take its toll on your body. Stress can make you feel run down, sad, nervous, angry or irritable. It can cause headaches, muscle tension, upset stomach, nausea, dizziness or feelings of despair, and may cause you to eat more or eat less than normal.

In the long-term, stress can raise your risk of high cholesterol, heart disease, diabetes and reproductive problems and weaken your body’s ability to fight disease. It can also raise your risk of depression, which may in turn contribute to heart disease and diabetes. In addition, stress can make it harder for you to recover from a heart attack or keep your diabetes in check. So managing your stress is very important. Take a look at the ideas below for healthy suggestions on reducing your stress.

Healthy Ideas to Manage Life’s Challenges

When we’re trying to manage life’s stressors, how we deal with these challenges can positively or negatively impact our mental health and our overall health and well-being. Finding healthy ways to manage life’s challenges can lower the risk of mental health and other health problems and help you feel better overall. Here are some ideas to think about.

- **Relax Your Mind**
  Each person has his or her own ways to relax. You can relax by listening to soothing music, reading a book or doing a quiet activity. Also think about deep breathing, yoga, meditation or massage therapy.

- **Exercise**
  Exercising relieves your tense muscles, improves your mood and sleep, and increases your energy and strength. In fact, researchers say that exercise eases symptoms of anxiety and depression. You may not even need to exercise intensely to get the benefits of activity. Try taking a brisk walk or use a stationary bike. See what it takes for you to feel better. Connect with others. You don’t have to cope with stress or other issues on your own. Talking to a trusted friend, family member, support group or counselor can make you feel better. Spending time with positive, loving people you care about and trust can ease stress and improve your mood.
• **Get Enough Rest**  
Getting enough sleep helps you recover from the stresses of the day. Try to get seven to nine hours of sleep every night. Visit the Sleep Foundation at www.sleepfoundation.org for tips on getting a better night’s sleep.

• **Help others**  
Helping others builds social networks, improves self-esteem and can give you a sense of purpose and achievement.

• **Know Your Limits**  
Let others know them, too. If you’re overwhelmed at home or work, or with friends, learn how to say “no.” It may feel uncomfortable at first, so practice saying “no” with the people you trust most.

• **Keep a Journal**  
Writing down your thoughts can be a great way to work through issues. Some researchers have reported that writing about painful events can reduce stress and improve health. You can also track your sleep to help you identify any triggers that make you feel more anxious. Watch your negative self-talk. Try not to put yourself down. For example, if you don’t make it to the gym this week, don’t call yourself lazy. Instead think about the specific factor that may have kept you from going to the gym. “I wasn’t able to work out because I had to work late hours this week, but next week, I’ll make it a priority to go.” The problem is temporary and can be overcome.

• **Get Involved in Spiritual Activities**  
Studies have shown that religious involvement and spirituality are associated with better health outcomes, such as greater coping skills, less anxiety and a lower risk of depression. Spirituality may provide a sense of hope, meaning and purpose in life, a way to understand suffering and illness, and a connection with others. Religious and spiritual practices, such as prayer and meditation, can evoke positive emotions that can lead to better health. Write down three good things that happen to you each day for a week. Also write down why each good thing happened. Thinking about the good things in your life and expressing gratitude may actually help you feel happier.

• **De-Stress Through Deep Breathing**  
Deep breathing is a great way to de-stress. It actually changes your brain’s chemical balance to calm you down. Here’s how to do it:

1. Lie down or sit on the floor or in a chair.
2. Rest your hands on your stomach.
3. Slowly count to four and inhale through your nose. Feel your stomach rise. Hold it for a second.
4. Slowly count to four while you exhale through your mouth. To control how fast you exhale, purse your lips like you’re going to whistle. Your stomach will slowly fall.
5. Do this a few times.
Stress Management

Stress – It’s Everywhere

Stress can come from interactions with family, job demands, interactions with co-workers, misunderstandings with friends, taking on too much responsibility, daily commutes to and from work and family activities as well as unrealistic self-expectations. You name it and it can be a source of stress.

Deal With It / Reduce It / Avoid It

Deal With it in Our Interactions
- Good communication skills.
- Help build healthy relationships.
- Enhance and direct coping strategies.
- Promote healthy emotions.

Reduce it in Our Way of Life.
- Regular physical activity.
- Good nutrition.
- Get enough sleep.

Avoid it When Possible.
- Try to keep organized.
- Don’t procrastinate too much.
- Manage activities within a schedule.
- Set short and long term goals.

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Testicular Cancer Fact Sheet

Testicular Cancer

Testicular cancer begins in one or both of the testicles. The testicles are located in the scrotum, the skin “sack” that hangs beneath the penis. They manufacture male hormones and produce sperm. A normal adult testicle is about the size of a golf ball and is round, smooth and firm.

Who gets testicular cancer?

Testicular cancer mainly affects young men between the ages of 20 and 39. A man is more likely to get testicular cancer if any of the following are true about him:

- Is caucasian.
- Has a father or brother who has or has had testicular cancer.
- Has a testicle that did not come down into the scrotum (called an undescended testicle).
  This applies even if surgery was done to remove the testicle or bring it down.
- Has small testicles or testicles that aren’t shaped normally.
- Has Klinefelter’s syndrome (a genetic condition where male infants are born with an extra X chromosome).

What are some signs of testicular cancer?

- A hard, painless lump on the testicle (this is the most common sign).
- Pain or a dull ache in the scrotum.
- A scrotum that feels heavy or swollen.
- Bigger or more tender “breasts.”

Symptoms include pain, swelling or lumps in your testicles or groin area. Most cases can be treated, especially if it is found early. Treatment options include surgery, radiation and/or chemotherapy. Regular exams after treatment are important. Treatments may also cause infertility. If you may want children later on, you should consider sperm banking before treatment.

Testicular cancer is very treatable if it’s found early. Your doctor can check your testicles during an exam. A self-exam is another good way to check for testicular cancer. If you find anything unusual during a self-exam (like a lump or swelling), see your doctor right away.

- American Cancer Society | www.cancer.org 1-800-ACS-2345 (1-800-227-2345)
- National Cancer Institute | www.cancer.gov 1-800-4-CANCER
Testicular Cancer Self Exam

The best time to do the exam is during or right after a shower or a bath. The warm water relaxes the skin on your scrotum and makes the exam easier.

- Check your testicles one at a time. Use one or both hands.
- Cup your scrotum with one hand to see if there is any change from the way it feels normally (Picture #1).
- Place your index and middle fingers under one testicle with your thumb on top.
- Gently roll the testicle between your thumb and fingers.
- Feel for any lumps in or on the side of the testicle (Picture #2). Repeat with the other testicle.
- Feel along the epididymis (a soft, tubelike, comma-shaped structure behind the testicle that collects and carries sperm) for swelling (Picture #3).

It’s normal for one testicle to be a little bit bigger than the other. The testicles should be smooth and firm. If you feel any bumps or lumps, visit your doctor right away.
Upper Extremity Stretches

1. Stand with arms relaxed at your side.
2. Lift right arm out in front to shoulder level, palm of hand facing up. Spread fingers and bend wrist until fingers point to the floor.
3. Bring fingers and wrist up, forming a tight fist. Flex wrist toward you.
4. Bend elbow pulling fist toward the shoulder.
5. Rotate arm out towards side, arm still bent and fist held. Turn head toward fist.
6. Straighten elbows and fingers. Bend wrist, pointing fingers toward the floor. Slowly turn head toward opposite shoulder.

(Repeat 1-6 with left arm)

7. Bring both arms up to shoulder level and push back of wrists together, fingers pointing down toward the floor. Pull shoulders back.
8. Bring hands up into a prayer position and push palms and shoulders inward.
10. Bring hands back behind your head, pulling shoulders back.
11. Stretch both arms out to the side to shoulder level, bending wrists down and fingers in a fist.
12. Straighten fingers, bring arms down by your side and then back behind you. Wrist bent up. Stretch chin up.
13. Relax arms by your side and shake out your hands.

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Workplace Exercises

1. **Tall Stretch**
   Interlock fingers, palms up. Stretch arms above the head until they are straight. Do not arch the back.

2. **Toe-In, Toe-Out**
   Place feet shoulder-width apart, heels on the floor. Swing toes in, then out.

3. **Shoulder Roll**
   Roll the shoulders – raise them, pull them back, then drop them and relax. Repeat in the opposite direction.

4. **Side Stretch**
   Drop left shoulder, reaching left hand towards the floor. Return to starting position.
   Repeat on right side.

5. **Back Curl**
   Grasp shin, lift leg off the floor. Bend forward (curling the back) reaching nose toward the knee.

6. **Ankle Flex and Stretch**
   Hold one foot off the floor, leg straight. Alternately flex ankle (pointing toes up) and extend (pointing toes toward the floor). Repeat with the other leg.

7. **Leg Lift**
   Sit forward on the chair so that your back is not touching the chair’s back. Place feet flat on the floor. With a straight leg, lift one foot a few inches off the floor. Hold momentarily, return it to the floor and repeat with the other leg.

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