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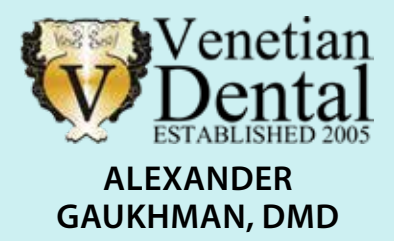
Long-Distance Dentistry

New upper, lower dentures produce a smile that's worth the drive



made for her fits perfectly and does not wobble or move.

"Lower dentures are often difficult to stabilize because the lower jaw is not designed for dentures," the dentist observes. "There's no palate due to the location of the tongue, and because of that less suction is produced. As a result, lower dentures tend to slip and slide.



"It's rare when people can wear lower dentures that don't bother them or stay tight without help. That's why securing a lower denture with dental implants is the most effective way to stabilize it and why I recommended two implants to secure Doris' lower denture."

Dental implants are screw-like posts that are surgically placed into the jawbone to serve as the foundation for replacement teeth, such as crowns and dentures. When secured by implants, dentures don't slip or move; they stay in place when people speak and eat. There are other advantages of implant dentures over traditional dentures, Dr. Gaukhman notes.

"Implant dentures provide added strength for biting and chewing," he elaborates. "And because the dentures are stable, the patient experiences better speech, better aesthetics and greater self-confidence. They do not have to worry that the denture will come out during dinner, conversation or activity."

For patients who still have their natural teeth, Dr. Gaukhman can place the implants on the day he extracts the teeth. In most cases, temporary dentures are also created at that time in Venetian Dental's on-site laboratory.

"Typically, once the patient's problem is diagnosed and the treatment is determined, impressions are taken of the teeth," Dr. Gaukhman explains.

As a high schooler, Doris Atkins prepared herself for the workforce by taking a variety of general business courses. At every turn during her career, however, employers steered her in one direction.

"When I got out of high school and went to work, I became a bookkeeper," Doris, 83, remembers. "As I went into each job, they pushed me into bookkeeping and I just went along with it and stayed with it over the years.

"Up north, I worked for St. Christopher Hospital in Philadelphia and in private industry. We didn't have computers then. We worked with ledgers and everything was entered manually. Still, it was a good job."

Doris' husband had a long career in law enforcement. He served on the highway patrol with the Philadelphia police for many years. Following his retirement in 1982, the couple relocated to Florida and bought a home in Venice.

"After we moved to Florida, I got a job with a home builder," Doris recounts. "I worked for them full time for a while and eventually retired myself. About seven years ago, I sold my home because it was just too big for me. It had a pool and a lot of property, so I moved to Bradenton to live with my daughter and son-in-law. But I liked living in Venice. It was a great town."

Doris still likes Venice, so much so that she recently returned to the seaside city to find a dentist to solve an ongoing issue with her teeth. Her problem involved existing dental work, which was failing and required replacement.

"I had a partial on the bottom for years, but it wore down the teeth it hooked onto," Doris describes. "I was very self-conscious about that partial. I wouldn't go anywhere without it. I had a full plate on the top as well, but it was old and cracked. Still, I wouldn't go anywhere without my teeth.

"Finally, I visited two dentists. I went to one dentist further down in Venice and got an estimate. Then, I went to Dr. Gaukhman, and he took very good care of me."

Alexander Gaukhman, DMD, is a general, cosmetic and emergency dentist at Venetian Dental, which has offices in Sarasota, Venice and Osprey. Dr. Gaukhman evaluated Doris' dental situation and determined that she needed all new upper and lower dentures.

"The teeth that Doris had left on her bottom jaw were decayed and affected by periodontal disease and could not be saved," Dr. Gaukhman recalls. "Another partial was not an option because there would be no teeth left on which to attach it.

"So we agreed that we should extract all of her remaining lower teeth and create a lower denture for her. At the same time, we created a new upper denture for her as well because her existing upper denture was old and worn and needed to be replaced."

Screw-Like Security

In general, upper dentures fit securely in the mouth because the palate creates sufficient suction to hold the appliance in place. That was the case with Doris. The new upper denture Dr. Gaukhman



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Long-Distance Dentistry



(continued from page 1)

“When the dentures are ready, which is usually the same day or the next day, the teeth are extracted and the dentures are placed right away. When done this way, the dentures serve as a bandage to minimize swelling and bleeding.

“For the next three to six months following that procedure, the patient wears temporary dentures until the implants fuse with the jawbone and the gums heal. Then the temporary dentures are replaced with the permanent appliances.”



Implant Dentures

Aim for Excellence

It's been almost 13 years since Doris received her new traditional upper denture and lower implant denture from Dr. Gaukhman. She is still pleased with their look and feel.

“Dr. Gaukhman did a great job because my dentures look really good,” Doris raves. “Nobody knows that they're not real teeth. I have no complaints at all. My denture on the top stays put, and my lower denture doesn't move because of the implants. Dr. Gaukhman used two implants, and when I put in my denture it snaps right in place. It doesn't go anywhere.”

Doris had been very uncomfortable about her smile, even with dentists, but she found a provider she trusted completely in Dr. Gaukhman.

“I used to be very self-conscious when I sat in a dental chair,” Doris reminisces. “I would put my hand over my mouth

— and those were dentists looking at me! But I'm very comfortable with Dr. Gaukhman. I'm so comfortable that I gladly drive from Bradenton all the way to Venice, which takes an hour and 15 minutes, just to see him. I do that because he's so personable, kind and caring.

“He knows what he's doing and makes me feel at ease. He works with me and does a very good job. I praise him for that. And his staff is excellent. They're very nice and good at what they do. They're also very accommodating and want to please you.”

“If you call the office, you don't have to wait to get an appointment. They get you in right away. But they don't rush you; they want you to be comfortable. That's their aim. I have no idea why anybody would want to go anywhere other than Venetian Dental.”

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Venetian Dental Services

Venetian Dental specializes in all aspects of dentistry, including but not limited to:

- Dental implants
- Extraction of teeth
- Crowns
- Bleaching
- Deep cleaning
- ZOOM!® whitening
- Root canals
- Invisalign®
- Laser surgery
- Dentures
- Partials
- Bridges

Alexander Gaukhman, DMD, earned his dental degree at Nova Southeastern University College of Dentistry in Fort Lauderdale. He completed his undergraduate studies at Florida Atlantic University in Boca Raton. Dr. Gaukhman is a diplomate of the International Congress of Oral Implantologists and a member of the American Academy of Implant Dentistry, Academy of General Dentistry, Florida Dental Association, Sarasota Dental Association and American Dental Association.



Better Bite, Better Smile

Dr. Gaukhman is accepting new patients and welcomes the opportunity to help you improve your smile and bite function. He invites the readers of Florida Health Care News to visit or call Venetian Dental.

- Venice**
463 US Hwy. 41
Bypass S.
- Osprey**
416 S. Tamiami
Trail, Suite F1
- Sarasota**
5223 Avenida
Navarra

(941) 328-3208

Please visit Dr. Gaukhman's website at www.VenetianDentalCare.com

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MINIMALLY INVASIVE GENERAL SURGERY



Minimally invasive technique resolves acid reflux disease

The misery often starts with a burning sensation behind the breastbone that radiates to the neck and throat. In addition to this pain, known as *heartburn*, there may be nausea, regurgitation, bad breath and, eventually, tooth decay. These are some of the telltale signs of a common condition known as *gastroesophageal reflux disease*, or GERD.

The term *gastroesophageal* refers to the *stomach* (gastro) and the *esophagus*, or food pipe. The esophagus empties into the stomach through a circular band of muscle called the *lower esophageal sphincter* (LES). If the LES doesn't open and close properly, digestive acids from the stomach can flow back into the esophagus and cause symptoms.

“When this backflow of stomach acids happens persistently, the condition is diagnosed as GERD,” explains David A. Napolliello, MD, who is board-certified by the American Board of Surgery and is a fellow of the American College of Surgeons. “Over time, GERD can damage the esophagus and lead to serious complications.”

Among these complications are esophagitis, or inflammation of the esophagus; and stricture, a narrowing of the esophagus due to scar tissue from acid erosion. Other complications include the formation of ulcers in the esophagus and the development of precancerous changes in the tissue, a condition called *Barrett's esophagus*.

Being obese or pregnant, smoking, overeating, eating late at night, eating certain foods, such as fried or fatty foods, drinking alcohol or coffee, and taking certain medications, including aspirin, can contribute to the weakening of the LES and the development of GERD. Another factor associated with GERD is hiatal hernia.

“There is a natural space in the diaphragm, the thin muscle wall that separates the chest cavity from the abdomen, that allows the esophagus to pass through to the stomach. It's called the *hiatus*,” Dr. Napolliello educates. “The hiatus can become abnormally large from actions

such as years of coughing or straining. The stomach can inappropriately slip upward into the chest cavity though that enlarged hiatus. That is a *hiatal hernia*.”

“The normal position of the stomach is a major force in reflux management. When the stomach and its connection to the esophagus are in the wrong anatomical position, the proper food depositing mechanism is broken. This contributes significantly to the heartburn and regurgitation associated with GERD.”

With GERD and hiatal hernia, people can experience all of the usual symptoms of GERD and also suffer additional symptoms attributed to hiatal hernia. These can include difficulty swallowing and respiratory issues such as chronic coughing and asthma-like symptoms.



DAVID A. NAPOLIELLO, MD, FACS

“During the combined GERD/hiatal hernia surgery, we begin by repairing the hiatal hernia,” Dr. Napolliello states. “That involves first putting the stomach back into its appropriate position. Then we sew the defect in the diaphragm closed with or without the use of a biologic mesh patch. After that, we pursue the anti-reflux procedure.”

“There has been classically one type of anti-reflux surgery, called *Nissen fundoplication*, during which the surgeon wraps the upper portion of the stomach around

lower part of the esophagus breaks that bond and allows food to pass from the esophagus into the stomach. After that, the magnetic bond quickly reforms, which resists gastric pressures and prevents acids from flowing backward.”

Surgery to install a LINX Reflux Management System can be done as an outpatient procedure or with an overnight stay in the hospital. A standalone LINX procedure takes about one hour to perform. When done as a GERD/hiatal hernia repair, surgery time is slightly longer, about an hour and a half. The LINX device can be removed or replaced if necessary.

“The LINX device was developed by pioneers in reflux surgery and studied for more than 10 years,” Dr. Napolliello reports. “The LINX Reflux Management System is a safer choice for people whose GERD has not responded to medications, and surgery is the next step in treatment.”

The LINX technique is also a good option for those who are concerned about the risks and side effects of long-term medication use to manage their GERD symptoms, adds the doctor.

“There have been reports recently questioning the standard medical management of GERD, especially the use of proton pump inhibitors,” Dr. Napolliello observes. Proton pump inhibitors are a group of medications that stop production of a protein in the stomach that is necessary for acid secretion.

“These medications have been linked to decreased calcium and magnesium, stomach tumors, blood clots and even the development of dementia. Patients who have concerns about these risks now have an answer for treatment of their GERD. It is the less invasive surgery using the LINX device.”

“The LINX Reflux Management System is a simpler, more readily reversible option that can provide significant GERD relief. The LINX procedure is excellent for GERD, especially for GERD in combination with hiatal hernia.”

“The LINX device is a small, flexible, circular band of interlinked magnetic beads made of titanium,” Dr. Napolliello describes. “The device is placed around the base of the esophagus, and it essentially acts as a new, artificial lower esophageal sphincter.”

“The beads in the device form a strong magnetic bond, which holds this artificial LES tightly closed. When patients swallow, the movement of food passing through the

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is a specially trained reflux surgeon who completed a fellowship in minimally invasive and advanced laparoscopic surgery at the world-famous Mayo Clinic.

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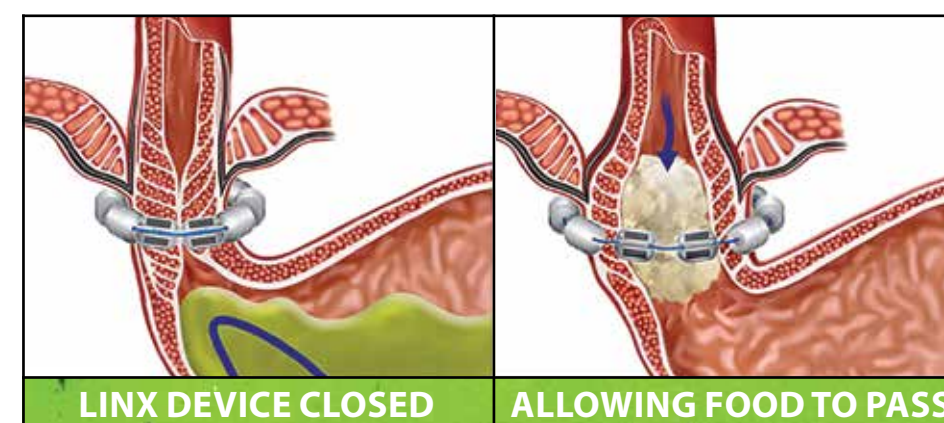
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LINX DEVICE CLOSED

ALLOWING FOOD TO PASS

Anti-Reflux Avenues

People can have GERD without having a hiatal hernia and a hiatal hernia without having GERD, but in most instances, people with hiatal hernia also have GERD. They generally coexist. In some cases of simple hiatal hernia, there may be no symptoms, but symptomatic patients are treated with medication or surgery, Dr. Napolliello notes.

“There is a type of hiatal hernia called a *paraesophageal hiatal hernia* that is dangerous because with it the stomach can get constricted and its blood supply can get cut off,” he informs. “With that type of hiatal hernia, surgery is indicated upon diagnosis.”

When surgery for GERD with hiatal hernia is warranted, Dr. Napolliello can typically treat both conditions during one surgical session. He performs most of these combined procedures as laparoscopic surgeries with the patients under general anesthesia. Laparoscopic surgery is a minimally invasive technique that uses thin instruments and a camera inserted into the abdomen through tiny incisions. The surgeons view the esophagus, hiatal hernia and surrounding tissue on a video screen.

Dr. Napolliello has expertise in surgically treating GERD with hiatal hernia. He

Magnetic Mastery

The LINX system is a drug-free treatment for patients who continue to experience significant GERD symptoms despite conservative treatments such as lifestyle changes and acid-suppressing medications. The LINX procedure is considerably less invasive than fundoplication because it doesn't require any surgical changes to the anatomy.

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LEARN MORE

Dr. Napolliello and his staff look forward to answering your questions. For more information or to schedule an appointment, call the number below or visit them at one of their two office locations:

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(941) 388-9525



For more information, please visit www.DavidNapollielloMD.com

Your Best Shot *For Joint Pain*

Injection protocol promotes self-healing and faster recovery without surgery

Going to school as a kid in Venice, Steve Ellis was one of only four or five students who were born in the seaside city along Florida's white-sanded Gulf Coast.

"Everybody else was from New York, Michigan, Ohio, Pennsylvania – from all over," recalls Steve, 52. "But while I was one of the only natives in the class, I was the same as anybody else. I just didn't have an accent like some of the other kids from New York or Boston."



JEFFREY P. JOHNSON, DC

As an adult, Steve took over the family business after his uncle passed away 10 years ago. He's now the owner and property manager for a local mobile home community.

"My family developed the business and I inherited it," Steve confirms. "It's a lot rental community. I own the land and the tenants own the mobile homes, and they rent the property from me. I maintain the grounds and keep the sewer and water plants running. It's like a little city almost."

The work has taken quite a toll on Steve, who has health issues that date back at least a dozen years to a time when he developed arthritis in his hips.

"The cartilage in my hips was totally gone, and they were essentially bone-on-bone, so I wound up having my hips replaced 12 years ago," Steve elaborates. "I've also had back pain my entire life. It was difficult to bend over, and the pain was pretty bad, a six or seven on a scale of one to 10."

Then Steve's shoulders started giving him problems, so he went to a doctor for help.

"He said what was once mild arthritis progressed to severe arthritis in a very short time, about 3½, four years," Steve says. "I've got a pretty high threshold for pain, and I was able to do pretty much everything I needed to do even with the shoulder pain. It was just uncomfortable. I did cut back on my skeet shooting and nearly gave it up because it hurt to lift the gun to my shoulder and pull the trigger."

"But even when I was just sitting down playing with my phone or watching TV, the muscle underneath my shoulder would ache. And I couldn't

raise my arms above my head. The pain level in my shoulders was pretty severe, typically a six or seven."

Years ago, when Steve first began having trouble with his hips, he joined a gym to

replace them," Dr. Johnson reports. "He now has advanced degeneration in both shoulders as well as facet degeneration in his lumbar spine. He was a good candidate for our regenerative medicine technique."



Regenerative medicine injections have given Steve more mobility in his arthritic shoulders.

lose weight with a goal of staying off surgery. A trainer at the gym recommended he visit Jeffrey P. Johnson, DC, of Johnson Medical Center in Venice.

Dr. Johnson specializes in a protocol for back and neck pain called *Sedative Stretching*, which is an expanded form of *Manipulation Under Anesthesia*, and is always adding treatments to his arsenal against pain. One of his newest is *regenerative medicine*, which harnesses natural healing factors to treat disease and injury, and relieve pain.

"Steve has a long history of advanced arthritic degeneration throughout his body and has already undergone bilateral hip

Long-Term Restoration

The purpose of regenerative medicine is to place renewing substances into a degenerated joint to stimulate the body's ability to heal itself, Dr. Johnson informs.

"First, we take the patient's blood, spin it down and use the platelets to create *platelet rich plasma*, or *PRP*," the doctor explains. "PRP contains healing and growth factors that help the body's stem cells rebuild tissue in the damaged joint."

"After the PRP, we inject another material called *Wharton jelly*, which contains more of the vibrant substances that promote the body's healing ability."

Wharton jelly is the protective tissue that surrounds the arteries and veins that are part of the umbilical cord, a vital component of fetus development. It contains a high concentration of healing and growth factors. Wharton

jelly is obtained from women who donate their baby's umbilical cord following a healthy birth.

The regenerative medicine protocol used at Johnson Medical Center begins with three consecutive weekly PRP injections.

"The PRP gets the joint ready for the Wharton jelly injection, which is the last of four injections that are part of our protocol," Dr. Johnson details. "Wharton jelly is the most effective tissue we use to promote healing."

Injections are less invasive than surgery and patients recover much faster, Dr. Johnson says. In addition, there is a very low risk for complications, such as infection, which can occur with joint replacement surgery.

"Regenerative medicine provides an option for patients with conditions that a year ago I would just refer for surgery," Dr. Johnson states. "It's been a terrific add to our practice, where we also use physical therapy, chiropractic and other modalities to assist with the process of rehabilitating the joint. The goal is for the treatment to be a long-term restorative event, not just a short-term fix."

At Johnson Medical Center, regenerative medicine injections are administered by a specially trained medical provider under *ultrasound guidance*, which ensures the injections are appropriately placed at the site of the degeneration and/or injury.

"Dr. Johnson said that at places where they don't use ultrasound guidance, there's less than a 50-50 chance they'll hit the right spot, even though the doctor is very knowledgeable," Steve relates. "But with the ultrasound, it's dead on, and the injection didn't hurt at all."

"I Feel Great"

Steve initially received regenerative medicine injections in his shoulder joints and achieved excellent results. Following that, Steve asked Dr. Johnson to inject the PRP and Wharton jelly into his lower back, and his body's response was nothing short of miraculous.

"I began to feel a difference in my shoulder pain about two weeks after the injections," Steve reports. "That was about four months ago, and now I feel great. The pain is almost gone, down to a one, maybe 1½."

"Dr. Johnson's physician assistant also injected Wharton jelly in my lower back, and the results were almost instantaneous. The pain was gone the next day, but sometimes, if I do a lot of work, my back will ache a little. After I get home, shower and relax, the ache goes away and I have no more issues."

"Dr. Johnson is a hell of a nice guy," Steve adds. "He's very knowledgeable and puts everything into what he's doing. And I'm not just a number to him. Everybody at Johnson Medical Center is nice and pleasant. I recommend Dr. Johnson and Johnson Medical Center, and I also recommend their regenerative medicine treatment."

Flex and Balance

Stretching protocol alleviates pain from coexisting spinal conditions

Ever since she was a young girl, New York native Mary Macedonio, PsyD, aspired to become a psychologist. And while she initially followed a different career path, she ultimately fulfilled her childhood dream and became a psychologist in response to a national tragedy.

"By the time I was 10 years old, I knew I wanted to be a psychologist," Dr. Macedonio shares. "My primary motivation was to understand what made people tick. But life took a different turn, and I became an IT professional."

"Then 9/11 happened, and I decided at that point that it was time for me to return to my first love so I could provide support. So, I completed my education, received my doctorate and went on to become a psychologist."

For years, Dr. Macedonio daydreamed of not only becoming a psychologist, but also living in Florida. In 2020, she made that fantasy a reality when she relocated her psychology practice from New York City to Venice.

All through her years as an IT professional and a psychologist, Dr. Macedonio managed to stay laser-focused on her job despite suffering from numerous, coexisting spinal conditions.

The issues include *cervical kyphosis*, an abnormal curve in her neck; *scoliosis*, an abnormal curve in her back; *stenosis*, a narrowing of the spinal canal; and 10 disc herniations with multiple bulging discs.

"According to what I've been told, an injury at birth caused significant permanent, lifelong issues," Dr. Macedonio relates. "I experienced excruciating pain in my hands and feet that felt like burning, stabbing electrocution."

"My back pain was so significant that I often found myself on the floor, sometimes for days, unable to move, with my legs up and my back braced against something to stabilize my spine. Any movement caused agonizing pain. I would get blinding migraines, and I couldn't turn my head from side-to-side. And my shoulder pain was constant. A scale of one to 10 didn't do it justice. One to 10 was too little. My pain was typically one to 1,000!"

Benefits of Sedative Stretching

Effective Sedative Stretching treatments provide powerful results:

- Breaks up scar tissue and adhesions surrounding the joints and spine commonly caused by injury or previous surgery
- Corrects the cause of many pain syndromes
- Relaxes patient for more effective treatment of even sensitive, injured areas
- Stretches and corrects persistent shortened muscles, tendons and ligaments
- Relieves pain from damaged intervertebral discs
- Decreases the progression of osteoarthritic types of degeneration

Provided by Johnson Medical Center

"Basically, my entire body hurt, and the pain very often interfered with my life. Back in the day, I used to dance, lift weights, ride a bicycle and even inline skate. But over the years, my movement became very limited."

While living in New York, Dr. Macedonio received routine treatments from a chiropractor that provided some relief. After relocating to Florida, she began a search for a provider who could pick up where the other left off. Her search brought her to Johnson Medical Center.

"I just can't say enough about the care I receive at Johnson Medical Center!"

— Dr. Macedonio

"Dr. Macedonio came to our office complaining of migraines, neck pain and pain in both shoulders that radiated into her arms, the right arm more so than the left," Dr. Johnson recalls. "She also reported lower back pain that radiated into both hips and legs and caused stabbing pain in both feet. Because her symptoms came from multiple sources on the spine, Dr. Macedonio was a good candidate for Sedative Stretching."

Constrictive Condition

Sedative Stretching can benefit many people with muscle and joint pain. Ideal candidates are those with conditions such as unresolved neck and back pain, herniated discs, spinal stenosis, *sciatica*, *frozen shoulder*, acute and chronic muscle spasm, headaches and *failed back surgery syndrome*. The procedure, Dr. Johnson says, can also benefit people who want to regain lost flexibility or those "sick and tired of being stiff and sore."

"It's best for people with these problems to address the cause of their condition as early as they can," the chiropractor asserts. "The chronic stiffness, tightness and pain cause excessive wear and tear on the joints of the spine and extremities, resulting in permanent degeneration and *arthritis*."

"People start losing flexibility after minor injuries incurred during their typical daily activities result in chronic, low-grade inflammation. Many times, this occurs in early childhood and is a long-forgotten event. But over time, these injuries develop into severe and sometimes debilitating conditions."

Inflammation is part of the body's natural healing process during which a mesh of connective tissue, commonly known as *scar tissue*, is laid down. Over time, layer upon layer of scar tissue can form in the muscles, tendons and ligaments around the joints, restricting the joints' ability to move properly. These layers of scar tissue are called *adhesions*.

The warning signs and symptoms generally associated with adhesions include the slow and insidious loss of flexibility as well as an increasing achiness and soreness. Most people will attribute this to normal aging. But while it's very common for people to become stiff and sore with age, it's not normal.

"Although they don't always realize it, people will compensate how they move their bodies when this occurs," Dr. Johnson points out. "This is evident everywhere while watching the way people walk, bend, twist and turn."

"Regrettably, many people wait until significant damage from excessive wear and tear has occurred before seeking appropriate care. Often, people will utilize over-the-counter and prescriptive medications, which help alleviate symptoms. Unfortunately, this gives the patient a false sense of being cured while the underlying scar tissue continues to cause excessive damage."

Adhesion Independence

During Sedative Stretching, the patient is put under light sedation, often called *twilight* sedation. With the patient relaxed, the affected joints are brought through their normal full range of motion, freeing adhesions between joints that trigger pain.

"We use light, comprehensive stretching techniques while the patient is sedated," Dr. Johnson explains. "Since we don't have to contend with tense, guarded muscles, we are able to free up the scar tissue and mobilize the joints without causing the patient any discomfort. Without the use of sedation, this would be impossible to do."

A highly trained team of medical professionals coordinates the Sedative Stretching procedure. Generally, there are multiple health care providers present, including an anesthesiologist and several nurses. Patients usually require one procedure; it is rare that a second procedure is needed to fully address their condition.

"By following the recommended exercises, patients regain the flexibility they had decades before, and they generally return to activities they haven't done in years," Dr. Johnson observes. "This is truly correcting the original cause of their conditions."

"A Major Blessing"

For years, Dr. Macedonio felt there was a disconnection between what her brain was telling her body to do and what her body was doing. And pain was often the result. She says that uncomfortable feeling disappeared following her Sedative Stretching procedure.

"When it was over, I remember thinking, *My brain is finally communicating with the rest of my body*," she recounts. "My body was receiving the signals my brain was sending, and for the first time, I actually felt like I was in one piece, that everything was working the way it was meant to. And to me, that was a major blessing."

Dr. Macedonio calls her outcome a godsend.

"I feel great since my Sedative Stretching procedure," she reports. "I'm feeling so well I'm back at the gym. Before, my pain was excruciating. Now I'm either pain-free or, at most, my pain is a three or four on a scale of one to 10."



Dr. Macedonio feels much better after Sedative Stretching.

"That's extremely nominal compared to where I was, and I can definitely live with that. My mobility has improved significantly, and I no longer have headaches. Certainly, I've had headaches with opening a business in Florida, but not functional headaches."

Dr. Macedonio has kind words for Dr. Johnson and his staff. They make her association with Johnson Medical Center comfortable and positive.

"Dr. Johnson is incredibly personable, very kind and compassionate," she says. "He's extremely understanding and interested in my background and symptomology. He's proven to be a true blessing because I've never felt better."

"I just can't say enough about the care I receive at Johnson Medical Center. Every member of the team is a pleasure to deal with. I recommend Dr. Johnson and Sedative Stretching, and already have."

© FHCCN articles by Patti DiPina. Photos by Jordan Pysz, mkb

Stop the Pain

For a consultation appointment, please contact Johnson Medical Center, located in Venice at:
401 Johnson Ln., Suite 101
(941)
484-5333

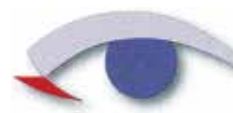
Jeffrey P. Johnson, DC, is a member of the National Academy of Manipulation Under Anesthesia Physicians and has performed more than 1,000 procedures. He is a graduate of Life Chiropractic University in Marietta, GA, with additional training through the National College of Chiropractic in Chicago. His training included: Manipulation Under Anesthesia, proprietary substances and chiropractic adjunctive physiotherapy. He earned his undergraduate degree from the University of South Florida. Dr. Johnson holds certification from the National Board of Chiropractic Examiners and is a member of the American Chiropractic Association, the Florida Chiropractic Association, the American Board of Disability Analysts, and other professional and civic organizations. He has been in private practice since 1986.

For more information, please visit www.DRJPI.com

EYE FLOATER LASER

We Are The Experts...
20,000 laser sessions and counting

Scott L. Geller, MD, is the board-certified ophthalmologist who brought an advanced laser technique for the treatment of eye floaters from Switzerland to the US and refined it to the precise level it's at now. He specializes in a field that few eye doctors can.



SOUTH FLORIDA EYE CLINIC
SCOTT L. GELLER, MD

"Patients often ask me, *Why can't my local doctor laser eye floaters?*" Dr. Geller states. "The answer is because this is a niche area of interest, and most ophthalmologists will not take the time to really study and perfect it."

"It's a bit like plastic surgery. Any intern can make an incision and stitch skin, but it takes years of experience to size up a patient, know exactly how to modify a technique and get the absolute best result possible."

Dr. Geller has that experience. In Switzerland, he studied the treatment of diabetic retinal membranes under Franz Fankhauser, a pioneer in the use of the YAG Laser in the eye. Since then, Dr. Geller has performed more than 20,000 eye floater laser procedures, possibly the world's largest clinical series of patients.

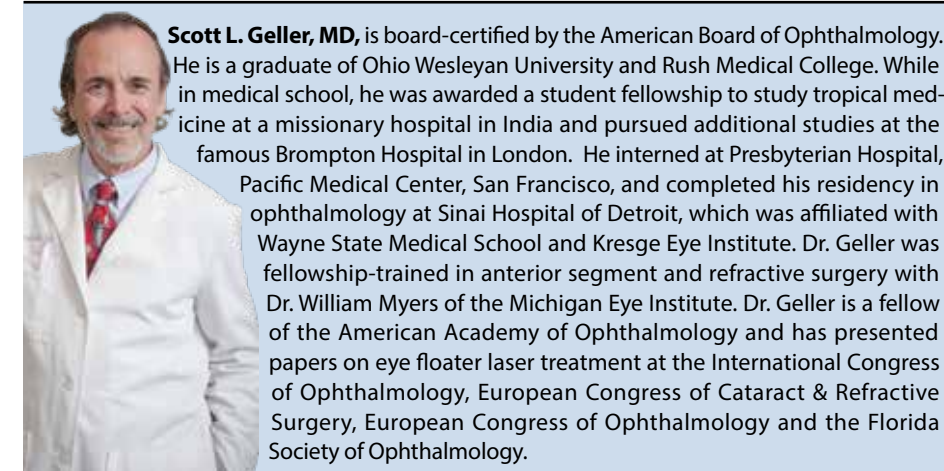
Even the great ophthalmic institutions at the University of South Florida in Tampa and the Bascom-Palmer Eye Institute in Miami cannot make that claim. As a result, Dr. Geller has also lectured and trained eye surgeons worldwide in this specialized skill and treated patients from as far away as Siberia.

"Bringing the laser to the US sparked a great breakthrough in ophthalmology," Dr. Geller states. "The laser revolutionized



SCAN THIS WITH YOUR SMART PHONE TO SEE SCIENTIFIC PRESENTATIONS OF DR. GELLER

www.vitreousfloaters.com



"Live with it"- is NOT acceptable

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See what patients say about the eye floater laser at www.vimeo.com/eyefloaters and on the Scott Geller MD YouTube channel

the treatment of various eye conditions, making them easier and safer. When using this laser, there is no risk of a blinding infection inside the eye.

"The patients who are referred to my practice are visually disabled by large floaters and membranes in the eye. They are not the common specks or strings the average person might see against a clear sky. These floaters are often directly in the patient's center of vision.

"Because of that, the obstruction to vision that these large floaters cause can be extreme. They can be especially hazardous to someone who is driving, someone performing other dangerous tasks that require precise vision or to someone who has only one functioning eye, has suffered an eye injury or suffers from *macular degeneration* or *lazy eye (amblyopia)*."

"We excel in clearing these obstructions, even in the most difficult of cases. In fact, we have a documented case of a patient with macular degeneration and dense eye floaters whose vision was improved. Even his retina specialist found it unbelievable."

Understanding the Patient

Some eye specialists and institutions offer to treat patients with eye floaters by performing a *vitrectomy*, a surgical procedure to remove a gel called the vitreous humor that fills the cavity of the eye. This improves access to the retina, allowing the physician to perform a number of repairs. But it can cause complications, especially in patients who are on blood thinners or have other issues.

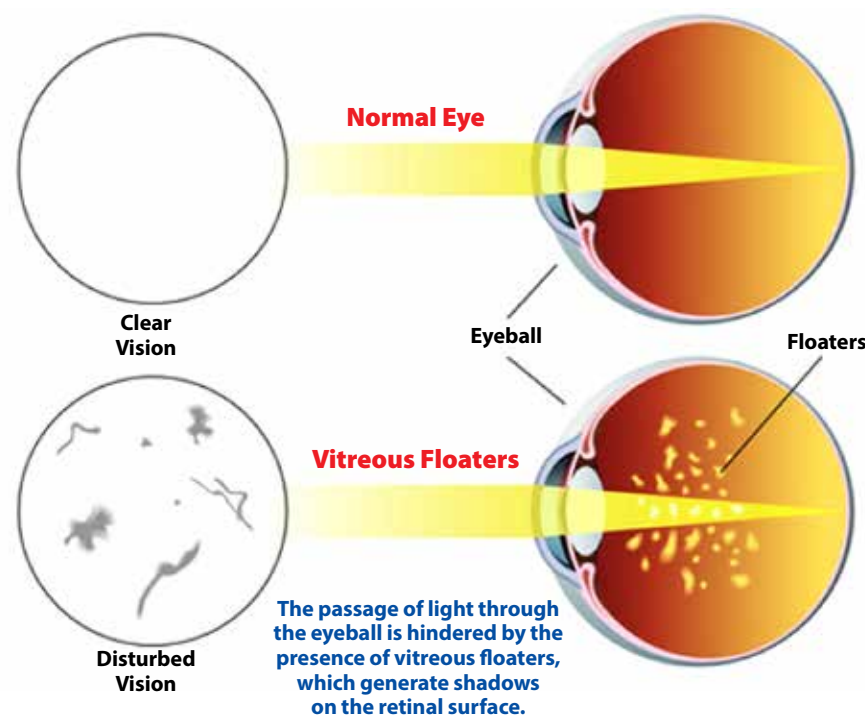
Others simply follow their routine of measuring the patient's vision and checking for retinal tears or detachments. In those cases, barring anything unusual, the doctor says the retina looks fine and the floater will either fade or the patient will get used to it.

"That's why ophthalmologists need to listen to the patient's problem and thoroughly examine the vitreous gel, where eye floaters are formed," Dr. Geller states. "If the ophthalmologist measures only the patient's best vision on an eye chart, they may not correctly diagnose the problem and dismiss the patient out of hand, telling them that nothing needs to be done, which may leave the patient bewildered and frustrated."

"At South Florida Eye Clinic, we always take that step of examining the vitreous gel. We also measure the patient's worst vision on the eye chart to see exactly how bad the vision gets with the floater obstructing it. That's why my patients with macular degeneration or lazy eye report improvement of their overall vision."

Dr. Geller also specializes in fixing cases that did not have a satisfactory outcome.

"Many ophthalmologists have no extensive, formal training, and they think



they can just jump into this specialty," Dr. Geller explains. "They are often too busy with other procedures like *cataract* surgery and *glaucoma* treatment to devote the time necessary to become an expert at this. As a result, the outcome of their treatment of eye floaters is often less than optimal. But I specialize in the treatment of eye floaters, and I invite any ophthalmologist or optometrist to visit and observe the procedure."

So what is the procedure like? "It's quite easy compared to a traditional cutting operation," Dr. Geller reports. "I start by placing a special lens on the eye, where the laser pulverizes the opacity or creates a 'window' in the line of vision. Pain or even mild discomfort is unusual during this procedure, and we pride ourselves on a high level of concern for patient comfort."

A Doctor and a Teacher

Dr. Geller has lectured all over the world – in Italy, France, Germany, the Czech Republic, Turkey, China and Mexico – on the technique he developed to treat eye floaters and has treated patients referred to him from all of those countries. One of Dr. Geller's lectures covered the onset of disabling eye floaters in patients who recently had cataract surgery.

"I gave my first presentation on this at the World Congress of Ophthalmology in Berlin, 2010," Dr. Geller reveals. "I also presented a paper at the prestigious American Society of Cataract and Refractive Surgery that documented and described unnecessary post-cataract

surgery scarring due to a missed diagnosis of eye floaters."

Finding Dr. Geller

Patients seeking treatment from Dr. Geller are advised to call rather than email his office, but Dr. Geller confides that patients often find him in a roundabout way.

"Recently, a man in West Palm Beach went to the satellite clinic of a world-famous Miami eye institute," the doctor reports. "They told him they couldn't do anything for him except vitrectomy, but they also told him there's an ophthalmologist on the west coast of Florida who can treat your eye with a laser. It wasn't a direct referral, but the patient managed to find me and was ecstatic with his results. Subsequently, I uploaded a video of his procedure to YouTube.com and Vimeo.com, which can be found among dozens of videos I've posted."

A Life-Saving Itch?

Rash leads to skin screening that detects melanoma, a silent killer

For 30 years, Peter* combined his career in real estate with his favorite outdoor activities: bike riding – bicycle and Harley-Davidson – and taking photographs of Sarasota sunrises and sunsets. In time, though, all that sun exposure eventually caught up to the Wisconsin native. After a serious illness, Peter developed an uncomfortable skin condition.



"Two years ago, I was diagnosed with throat cancer," Peter shares. "After I got through the chemo and radiation and started to get healthy, I noticed what looked like a rash on my skin. There were spots that would come up on my skin and itch. It was annoying and would keep me up at night."

The spots and itching that came with them continued to get worse. Peter thought it might have been a side effect of the treatment for throat cancer. Seeking answers, Peter went to his family physician. His doctor recommended he visit Alla Gruman, MD, a board-certified dermatologist at Family Dermatology in Osprey.

"The rash is why I went to Dr. Gruman," Peter says. "While I was there, she checked my skin, paying particular attention to those parts of my body that got a lot of sun because I'm outdoors a lot. She did a full body exam and discovered melanoma on both shoulders, my neck, nose and forehead."

According to Dr. Gruman, the four melanomas were asymptomatic and did not bother Peter, but they were in areas of the body he couldn't see or reach.

Silent Killers

Melanoma is a cancer characterized by uncontrolled growth of the pigment-producing cells in the skin, called melanocytes. Untreated, melanoma can be fatal. However, more than 90 percent can be cured if caught in the early stages.

"The skin cancer screening, especially in Florida, is absolutely mandatory for prevention and early detection," Dr. Gruman stresses. "I recommend patients get screened once a year – more frequently if they have a significant history of sun exposure or skin cancers."

"Screenings are important because skin cancers like melanoma are silent killers. They don't cause specific symptoms. Many people have other issues going on with their skin, so they're not aware that one small mole could present a significant danger to their health."

Although it is more prevalent in areas of increased sun exposure, melanoma can start in any part of the body. During a skin screening, the doctor examines all of the skin, including between the toes and near the eyes, mouth and nails.

Even though melanoma is not the most common skin cancer, it causes the most skin cancer deaths in the US, an estimated 7,000 alone in 2020, according to the American Cancer Society.

"In a way, Peter's little itchy rash saved his life," Dr. Gruman notes.

Neighborly Advice

Peter admires Dr. Gruman's expertise in discovering the skin cancer and treating it swiftly.

"As soon as Dr. Gruman saw the melanomas, she didn't wait," he states. "She treated them within days. She gave me pills and an ointment to put on them. She got all the spots. She tested two other areas that were questionable and said she'd give me a call. Otherwise, I don't have to see her for a month."

After his skin cancer experience, Peter has some advice for his Sarasota neighbors. "Be aware of your body, and if there are any changes in your skin, don't



hesitate to get them checked out," he says. "If you don't, there could be very serious consequences."

He learned that important lesson as part of the excellent care provided by Dr. Gruman.

"I would absolutely recommend Family Dermatology and Dr. Gruman," he asserts. "She's a very busy person, but she takes her time and is a good listener."

*FHCN article by Patti DiPaonfilo. mkb
*Patient's name changed at his request.

Psoriasis: "A Condition of Extremes"

In addition to skin screenings, Dr. Gruman and her staff treat a variety of dermatologic conditions, including *psoriasis*, a complicated and persistent skin disease that gets its name from the Greek word for "itch."

"With psoriasis, the skin can become inflamed with thickened red areas with shiny scales," Dr. Gruman describes. "The scalp, elbows, knees, face, lower back, groin and genitals, arms, legs, palms and soles, body folds and nails are the areas most commonly affected. Often, it will appear in the same place on both sides of the body."

"Psoriasis can be a condition of extremes. In some cases, it is so mild that people don't know they have it. Other cases are so severe that it can cover large areas of the body. The good news is that there are treatments and medications that help in the most severe cases."

It is estimated that in the US, two out of 100 people have psoriasis and approximately 150,000 new cases are diagnosed each year. Psoriasis often runs in families; there is a genetic component that makes certain people more likely to develop it. But it is not contagious.

Psoriasis can differ in severity, duration, location, and in shape and pattern. The most common form, *plaque psoriasis*, begins with little red bumps, which can grow larger, after which the scales form.

"While the top scales flake off easily and often, scales below the surface stick together," Dr. Gruman points out. "When these are removed, the tender, exposed skin bleeds. These small red areas then grow, sometimes becoming quite large."

"Psoriasis that affects the nails causes tiny pits to form on the nails, which may loosen, thicken or crumble. *Nail psoriasis* can be difficult to treat. Another type, *inverse psoriasis*, occurs in the armpits, under the breast and in the skin folds around the groin, buttocks and genitals."

The cause of psoriasis is unknown, but some studies point to an abnormality in the functioning of key white cells in the blood triggering inflammation in the skin. Because of the inflammation, the skin sheds cells too rapidly and produces the red, silvery scales.

Psoriasis can also be prompted by infections, stress, injury to the skin and reactions to certain medications, Dr. Gruman notes. Flare-ups tend to be worse in the winter months due to dry skin and the lack of sunlight.

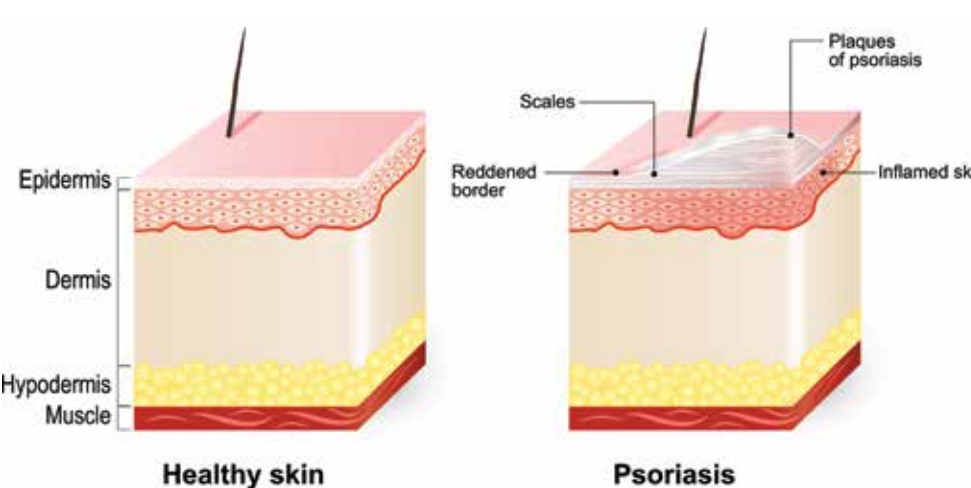
Dermatologists diagnose psoriasis by examining the skin, nails and scalp. If the diagnosis is in doubt, a skin biopsy can be helpful.

"The goal of treatment is to reduce inflammation and control shedding of the skin cells," Dr. Gruman observes. "Treatment is based on the patient's health, age, lifestyle and the severity of their condition."

"Treatment options include topical medications, specialized laser therapy, *narrowband light therapy* and oral biologic medications. Moisturizing creams and lotions loosen scales and help control itching. In addition, new therapies for psoriasis are under investigation."

The treatments at Family Dermatology, used alone or in combination, can clear or greatly improve psoriasis in most cases. No treatment permanently "cures" the condition.

Alla Gruman, MD
is board-certified in pediatrics and dermatology. Dr. Gruman completed her undergraduate studies in mathematics and biology at New York University. She earned her medical degree at Johns Hopkins University School of Medicine in Baltimore and completed two dermatology residencies, one at Harvard Children's Hospital in Boston and the other at Boston University.



Committed to Patient-Centered, Individualized Care
Dr. Gruman looks forward to meeting and helping new patients at her practice by diagnosing and treating any skin condition. To schedule an appointment or learn more about how Family Dermatology can help you, call or visit their office in Osprey at:
929 S. Tamiami Trail, Suite 201
(941) 918-1900

Visit Family Dermatology on the web at www.familydermatologygroup.com

A 'Pinch-Me-Like' Experience

CCRC meshes luxury, independence with safety net of assisted care

At age 80, Bill Bouman hasn't lost his fastball. Which is to say that his deadpan sense of humor remains as sharp as a razor. Ask him, for example, how long he and his wife, Cindy, have been married, and he'll tell you with a straight face, "It's going on 184 years now."

Village On The Isle
An Island Gem. A Retirement Treasure.

"Oh, tell him the truth," Cindy reprimands.

"OK," Bill retorts. "It's actually going on 186 years."

The truth is that after meeting while both were in college in Michigan, Bill and Cindy have been married for 57 years. During that time, they pinballed between the Midwest and Northeast a few times before settling in Florida following retirement.

"We started out as snowbirds, first in Fort Myers and then in Placida," Bill relates. "We did that about five years, then moved to Venice, where we found a condo right on the water a block and a half from downtown. We started living there year-round in 2011.

"We really loved it there, but as we got older, we decided we needed to make plans for the later stages of life. We were and still are in pretty good health, so we wanted a place where we could live independently but also get the care we might need later on."

Active, Independent Living

Bill and Cindy didn't have to look far to find what they wanted. Less than three miles from their condo, they discovered Village On The Isle, a continuing care retirement community, or CCRC. Also known as a Life Plan Community, Village On The Isle provides residents with a vibrant, independent lifestyle with the ability to easily transition into assisted, skilled nursing or memory care should the need arise.

The ability to receive assistance while still living in an independent setting was at the forefront of Bill and Cindy's decision to move to Village On The Isle. Cindy, who notes that the couple moved from a 1,700-square-foot, two-bedroom, two-bath condo to a 1,460-square-foot, two-bedroom, two-bath apartment at Village On The Isle, says their intention was for this move to be their last.

"It used to be that when you went to a retirement community, you were going into a small dark apartment with Formica countertops and shag carpet," says Patrick Long, a retirement counselor at Village On The Isle. "Well, at Village On The Isle, you're getting a spacious apartment with lots of natural light, luxury vinyl or tile floors, quartz or granite countertops, and washers and dryers.



Bill and Cindy have a great appreciation for all that Village On The Isle offers.

"We also offer a variety of floor plans, including two-bedroom, two-bathroom models with a den that provide more than 1,600 square feet of living space. So, you can get all the amenities you may have had or always wanted to have in your own home. You also get the assurance that if more help is needed down the road, it's available for you right here. No one will need to pack up and move."

Their timing could not have been better. The couple moved into Village On The Isle in December 2019, just as the community was completing a \$100 million renovation of its campus that included the development of a new health care center as well as remodeling and upgrading of all apartments.

"It's really perfect for us. It's a wonderful place to be." - Cindy

"We moved into Emerald Sands, and let me tell you, the new construction and finishes on these units is truly high end," Bill raves. "You get the opportunity to choose some additional features, which we did. We added built-in closets, plantation shutters and things like that."

Cindy recognizes that a lot of thought was put into small details that even typical high-end condo builders don't consider.

"For example," she details, "we have pocket doors in some areas, and they're built so that when the door goes into the pocket, it stops at the handle. That way, so you never have to fumble around for the handle.

"Another thing they've done is made all the doorways very wide so that if someone winds up having to use a walker or wheelchair at some point, easy access to each room is already there. It's those little things they were very conscious of, which is one of the

reasons we really love it here. It's perfect for us. It's a wonderful place to be."

Village On The Isle also provides daily meal services, housekeeping, maintenance and transportation services, plus utilities such as high-definition television, phone, high-speed internet, water and electricity.

The community even has its own beauty salon/barbershop, several large community rooms, multiple dining venues, libraries, a heated outdoor swimming pool, a small marketplace, fitness studios and a full-time fitness instructor. The amenities prompted Bill to liken Village On the Isle to vacation living.

"Atmosphere Is Great"

"Living here is awesome," Bill enthuses. "It's like a cruise ship, where the cabins are extremely spacious, nicely appointed and high quality. We've been here for a year now. The whole time it's been like this wonderful, pinch-me-like experience, where the staff can't seem to do enough for you.

"That's kind of the universal attitude here. Everyone is so incredibly helpful and positive, whether it's the employees, the dining staff or maintenance. Everyone is very outgoing and positive, and they're always asking how you're doing or if there's anything you need. The atmosphere is great."

Bill and Cindy still have a car but don't often use it. The community offers an array of onsite and offsite activities and programs, with transportation to off-campus events.

"We bring in entertainment and offer several social opportunities, but it's important to point out that residents don't need to give up their activities in the community," Patrick emphasizes. "Many residents maintain memberships in golf leagues, book clubs or whatever they may have been doing socially or on a volunteer basis. The benefit of being here is that there is more happening on campus. It's the best of both worlds."

Bill concurs.

"It's a very active place, and because of that, it was amazing how quickly we developed a sense of community just within our own building," he reports. "We became a neighborhood, and one of the neighbors came up with a great idea. He suggested we all put together a short, two-page narrative about ourselves, explaining who we are, what we've done and what brought us here. We put those write-ups into a little book, and we each have a copy.

"It's a very nicely done piece of work, a bound book, and you can read in two pages a little bit about each of the residents and learn a lot about them. That's helped to bring us all a little closer."

Cindy concludes: "With that sense of community and all the amenities, we really feel blessed to be here. The staff is great. We've made a lot of new friends and feel very cared for. As I said before, Village On The Isle is a marvelous place to be."

© FHCN article by Roy Cummings. Photo by Jordan Pysz. mkb

Isle of Bliss

The sound of ocean breezes, rustling palms and the warm feel of coastal sunshine year-round.

That's just the start of the exceptional lifestyle waiting for you at Village On The Isle. Offering services and amenities that can make your life a breeze, Village On The Isle is a Life Plan Community in Venice.

To learn more about the community and see whether it's right for you, call:

(941)
485-5786

Visit them online at villageontheisle.com and [Facebook.com/villageontheisle](https://www.facebook.com/villageontheisle)