

DISCOVER RUSH

INSIDE:

Use 'em or lose 'em:
The key to healthy joints is to keep moving

Tummy troubles:
A common symptom of diverse problems

Moving with ease:
Back on the go with joint replacements

Do your shoes give you the walking blues?

YOUR SHOES ARE MORE than just the last things you put on in the morning; they could be the reason your body feels sore in the evening.

“Tired leg and back muscles and aching knees may be connected to the shoes you wear,” says George Holmes Jr., MD, head of the Section of Foot and Ankle Surgery at RUSH University Medical Center. “But comfortable, well-fitting, activity-appropriate shoes — and sometimes special shoe inserts — can help you avoid painful problems.”

Put your best shoe forward

Consider the following shoe options on your next shopping trip:

- **Clog styles** — such as Danskos — have a stiff sole that rocks instead

of bends, which can help reduce foot pain by reducing repetitive bending stress on foot joints.

- **Sneakers** and other athletic or lace-up shoes that offer arch support can ease foot strain. If you have flat feet or arthritis and are on your feet a lot, they can also ease knee and hip strain.
- **Running shoes** offer cushioning that absorbs shock and lessens the impact on your body's joints.

Stylish but painful

Who doesn't have some of these common foot offenders in their closet?

- **High-heeled shoes** are linked to hammertoes (the toe is bent like a claw), bunions and knee pain, and they can cause an unnatural walk

that compounds the pressure on your foot and potentially on your hips and spine.

- **Flip-flops** or other thin-soled shoes that lack cushioning and shock absorption can contribute to hip, knee and lower back pain.
- **Slip-on shoes** often lack heel stability; if you have flat feet or your feet roll inward, knee strain and pain may result. These shoes also lack arch support, which can contribute to shin splints (pain along the shin bone and calves).

To check shoes for arch support, just look inside them, Holmes



George Holmes Jr., MD

suggests. But if you need more support than your shoes provide, custom or over-the-counter shoe inserts (orthotics) can compensate for

foot abnormalities. Insoles can also provide extra cushioning.

To see an orthopedic specialist about what your shoes may be doing to you, call (888) 352-RUSH (7874). ■

For more information about shoes and foot pain, visit www.rush.edu/discover.

Get the most from your joints



USE 'EM OR LOSE 'EM.

That's the short answer to this important question: How can we keep our joints healthy and strong?

Of course, there's more to it than that. Joint health depends on many factors, including the interplay of body weight, flexibility, strength, genetics, injury and overuse.

Bodies in motion

It all starts with movement. The more joints move, the stronger the protective muscles around them become.

"Simple forms of exercise that strengthen muscles and maintain muscle mass, such as walking, water exercises, leg lifts and leg presses, are key in maintaining joints," says Margaret Michalska, MD, a rheumatologist at RUSH University Medical Center.



Brian J. Cole, MD



Margaret Michalska, MD

Just don't overdo it, warns Brian J. Cole, MD, who heads the Cartilage Restoration Center at RUSH. "If you have problems tolerating some activities, take the intensity level down a notch. It's important to respect the way you feel and adjust what you do so you can remain active."

Joints, young and old

Joints may cause different problems at different points in our lives. Younger people, for example, may experience joint pain linked to athletics, possibly because of tendonitis or another inflammation.

Older people, however, are more prone to osteoarthritis, the thinning and breakdown of cartilage between bones, which can cause joint pain. Osteoarthritis can have many causes, including genetic defects, injury or obesity.

Avoid joint problems

Here are some ways you can keep your joints operating at their peak performance levels.

- **Maintain your ideal body weight.** "The number one issue in protecting our joints is to reduce the weight they must support," Cole says.

"For lower extremities — hips, knees, feet and ankles — obesity adds to the load."

Even losing a little weight can reduce joint stress and decrease pain significantly, Michalska says.

- **Stretch.** It's important for everyone, not just athletes, to take regular stretching breaks throughout the day so that muscles and ligaments stay strong and flexible. For examples of simple stretches, visit www.rush.edu/discover.
- **Wear the right gear.** Use appropriate safety equipment when riding your bike or your skateboard or doing similar activities. Knee, elbow and wrist pads or braces can help prevent injury and simultaneously support joints. It's also important to use the right footwear for your activity. Wearing running shoes to run, tennis shoes for tennis and so forth will help you enjoy your sport and reduce your chances of injury. See the story on page 1 to learn more about footwear.
- **Practice good posture.** By standing up straight, you can better protect the joints in your neck, back, hips and knees.
- **Pay attention to pain.** If a joint hurts after an activity, you may have overstressed it. Long-term, repetitive

joint stress can accelerate joint wear and tear.

"It's not true that you need to exercise through the pain," Michalska says. "Be aware of what hurts and rest when it does."

Helping the hurt

If your joints bother you, simple remedies, such as an over-the-counter pain reliever or an ice pack on the tender area, may help for occasional relief.

In addition, Cole often recommends the nutritional supplements glucosamine and chondroitin sulfate, along with nonsteroidal anti-inflammatory pain relievers, especially for patients with advanced arthritis. He says they are effective, have few side effects and are relatively inexpensive.

But if you're having persistent pain, it's time to see your doctor. That's especially true if you have significant joint swelling or stiffness, pain at night or pain during routine activities.

A medical evaluation is the first step to protecting your joints, staying active and feeling better.

To make an appointment with a physician at RUSH, call (888) 352-RUSH (7874). For more tips on preventing joint problems, visit www.rush.edu/discover. ■

DISCOVER RUSH is published as a service for the RUSH community.

RUSH UNIVERSITY MEDICAL CENTER
1700 W. Van Buren St., Suite 250
Chicago, IL 60612-3244
www.rush.edu

PLEASE NOTE: All physicians featured in this publication are on the medical faculty of RUSH University Medical Center. Some of the physicians featured are in private practice and, as independent practitioners, are not agents or employees of RUSH University Medical Center.

President and Chief Executive Officer
Larry J. Goodman, MD

For more information, contact Erin Thorne at erin_thorne@rush.edu or (312) 942-3215.

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For general information about RUSH, call (888) 352-RUSH (7874).

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Join us Saturday, June 16, for "Shoulder Pain: Nonsurgical and Minimally Invasive Solutions" to learn more about treatments for shoulder pain from orthopedic experts at RUSH. See page 6 for details.



Tummy troubles

IF YOUR STOMACH is upset, chances are you are too.

After all, abdominal pain, bloating, constipation and diarrhea can make you miserable, especially when



Josune Iglesias, MD

they persist.

Still, as disruptive as they may be, stomach problems in particular can be tricky to diagnose.

That's because a whole host of

medical problems — including ulcers, lactose intolerance, irritable bowel syndrome, intestinal infections and even certain cancers — can produce similar symptoms, says Josune Iglesias, MD, a primary care physician at RUSH University Medical Center.

Stress can also bring on abdominal problems. “Even undiagnosed depression can cause symptoms such as chronic stomach pain,” Iglesias says.

All this means that finding the source of your symptoms requires a committed doctor — one who will take your symptoms seriously; conduct a thorough physical examination; order appropriate medical tests, such as a stool culture or abdominal ultrasound, to rule out serious medical problems; or refer you to specialists,

such as a gastroenterologist, for further, more specific testing.

Your role is key

There's much you can do to help your doctor accurately diagnose and treat your condition. Consider this advice from Iglesias:

- Closely monitor your symptoms. It might help to keep a written diary of your symptoms, noting what they are, when they occur and what makes them better or worse.
- Follow through with all appointments or suggested tests.
- Always let your doctor know if a treatment doesn't help.

Join us July 11 for “Women's Health Talks” to learn more about pelvic pain, stomachaches and bleeding disorders. See page 6 for details.

Never shrug off symptoms

The good news is that your symptoms are most likely caused by a fairly minor or manageable health problem. But occasionally, abdominal symptoms are a warning sign of a life-threatening disease, such as ovarian cancer.

Traditionally, ovarian cancer has been considered a silent killer that doesn't produce symptoms

until it has spread and is difficult to treat successfully.

“But growing evidence suggests that often ovarian cancer does produce symptoms in its early, curable stages,” Iglesias says.

These persistent symptoms include the following:

- Digestive problems, such as gas, bloating or indigestion
- A sense of fullness in the pelvic area
- Abdominal pain, such as cramping, or swelling

These symptoms are especially worrisome if they come on suddenly and are accompanied by a frequent need to urinate.

“Ovarian cancer is rare, so don't panic if you have these symptoms. But do see a doctor if they persist for more than a few weeks,” Iglesias emphasizes.

Abdominal symptoms, whenever they linger, warrant a doctor's close attention.

To learn more, join us on July 11 for the free class, “Women's Health Talks.” See page 6 for details. ■

Take control

DON'T LET ABDOMINAL OR PELVIC SYMPTOMS DISRUPT YOUR LIFE

Painful sex, loss of bladder control, chronic constipation, persistent pelvic discomfort — problems like these disrupt women's lives.

Yet many women suffer silently, sometimes for years.

“Often women are too embarrassed to bring these problems to a doctor's attention, or they are unaware that remedies exist,” says physiatrist Sheila Dugan, MD, codirector of the Program for Abdominal and Pelvic Health at RUSH University Medical Center.

These symptoms can severely diminish the quality of a woman's life — for instance, by making intimacy with a partner more stressful than comforting.

If you're not living your life fully — either because of a diagnosed condition or an unidentified one — let your doctor know. This is often the crucial first step toward relief.

One resource to turn to is the Program for Abdominal and Pelvic Health, where a multidisciplinary team can test for serious underlying health problems and successfully treat disruptive abdominal and pelvic conditions, such as fibroids, endometriosis and urinary infections.

Available treatments include the following:

- Physical therapy and minimally invasive surgery to treat weakened or inflamed pelvic muscles that can cause incontinence and sexual problems
- Drug therapy to control disabling pain
- Psychological support to ease the emotional stress your symptoms may trigger

To make an appointment with the Program for Abdominal and Pelvic Health at RUSH, call **(312) 942-7274**. ■



JOINT REPLACEMENTS CAN HELP YOU BE ACTIVE

Moving with ease

SOMETIMES YOU HEAR about a medical treatment that gives people a new lease on life.

That's a dramatic claim to be sure. But if any treatment can do it, it's joint replacement.

In many cases, replacing a damaged, painful joint with a new artificial one can help you move freely and painlessly again. Daily tasks, such as preparing meals and dressing, become easier, and many people can return to activities they once enjoyed, such as playing golf, hiking or bicycling.

"I've seen joint replacement surgery completely turn people's lives around just by freeing them from the daily pain they'd been experiencing," says Craig Della Valle, MD, a joint replacement surgeon at RUSH University Medical Center.

The chief reason for most joint replacements is damage from arthritis. Both osteoarthritis and rheumatoid arthritis can damage cartilage — the smooth substance that allows bones in

a joint to glide against one another — as well as bones and other tissues that make up the joint.

When arthritis causes cartilage to break down, the rough edges of bones rub against each other, causing pain. Damage to the bones and other tissues can also cause pain and swelling and limit movement.

Joints can also be damaged by the following:

- Sports injuries
- Car accidents and other trauma
- Wear from activities that require repetitive motion, such as typing or operating heavy equipment

At first, joint pain is usually treated with anti-inflammatory medications, steroid injections and other non-surgical options.

Over time, however, these treatments may lose their effectiveness, and pain can make it difficult to do the activities you used to enjoy or even to climb stairs, get dressed or take a bath.

"Most patients who decide they're

Orthopedics program at RUSH: Pioneering joint replacement surgery

Ranked No. 6 in the nation by *U.S. News & World Report*, the orthopedics program at RUSH University Medical Center is responsible for significant advances in the field.

- RUSH is home to a joint registry with decades of data about the effectiveness of different types of joint replacements. The registry follows more than 20,000 patients for research purposes. The information helps researchers determine how long joint replacements last, what sort of problems they develop over time and how to improve their design.
- Physicians at RUSH were among the first to develop and perform minimally invasive knee and hip replacements. Using modified instruments, and in some cases x-rays taken during surgery, surgeons are able to perform the procedures using smaller incisions than those used in traditional open surgeries. For example, minimally invasive knee replacement surgery is performed through a three- to four-inch incision instead of the eight- to 12-inch

incision required for open surgery. The benefits include less pain and a quicker recovery.

- Surgeons at RUSH pioneered innovative, cementless joint implants instead of using bone cement to attach the joint to surrounding bone, as most surgeons do. Bone grows naturally into an area of fine-mesh holes on the surface of cementless implants, providing greater stability.
- Aaron G. Rosenberg, MD, and Richard A. Berger, MD, joint replacement surgeons at RUSH, were among 10 physicians who collaborated to develop the first artificial knee designed especially for women. The device has a narrower shape that better suits a woman's anatomy, fitting and functioning more naturally than traditional knee implants.
- RUSH was among the first centers to offer a new high-flex knee implant that provides patients with up to 155 degrees of flexibility, compared to the 133 degrees provided by existing implants. ■

going to have replacement surgery have pain that affects their daily activities,” Della Valle says.

Is joint replacement right for you?

We all experience and cope with pain differently, so ultimately, you are the only person who can decide whether joint replacement surgery is right for you.

Talking with your doctor and considering these questions can help you make a decision. You might benefit from replacement surgery if you answer yes to any of the following:

- Does joint pain keep you from sleeping well?
- Are pain medications no longer effectively treating your pain?
- Do sore joints prevent you from regular outings, such as shopping, visiting friends or going on vacation?

Other factors to consider are your age and which joint would be replaced.

In the past, joint replacements weren't considered optimal for people in their 30s and 40s or younger because the artificial joint may wear out over time, requiring repeat surgeries to replace or repair it.

However, more people in their 30s and 40s are having hip and knee joint replacements because of improved, longer-lasting artificial joints for those areas.

For smaller implants, such as those used in the fingers, elbows and shoulders, age remains an important factor, because the joints can sustain more wear and tear and may wear out over time. For example, even with improved designs, the life span of elbow and wrist replacements is estimated at 10 to 20 years.

If you are younger than 50, instead of having these joints replaced, you may want to consider other options, such as joint resurfacing, maintaining drug treatment or cartilage restoration.

Big joints or small, look to the experts

If you've decided a joint replacement is right for you, consider RUSH when choosing your health care team. In addition to a long history of performing knee and hip replacements, surgeons at RUSH are also leaders in less common procedures, such as shoulder, elbow and finger joint replacements. In fact, RUSH is one of the only hospitals in the state that offers joint replacement surgery for the elbow, wrist and hand.

“As with a knee or hip replacement, replacing a finger, elbow or shoulder joint can make a remarkable difference in your life,” says Mark Cohen, MD, a hand, wrist and elbow surgeon at RUSH.

“Think about instances when you bend your elbow — to open a door, use a computer, eat a meal — then imagine all of those experiences being painful, and you can see why replacing an elbow can make such a difference in someone's life,” Cohen says.

Joint resurfacing: A joint tune-up

Surgeons at RUSH also specialize in joint resurfacing, an alternative to joint replacement.

In this procedure, damaged areas of a joint are removed and replaced with a smooth surface made of metal or biological materials, such as grafts, to reduce pain and restore movement. According



Mark Cohen, MD



Craig Della Valle, MD



Anthony Romeo, MD

to Anthony Romeo, MD, a shoulder surgeon at RUSH, resurfacing is used most often to relieve joint pain in the hips and shoulders.

Resurfacing can help younger patients — such as those in their 30s and 40s — avoid a full replacement until they are older and potentially avoid repeat surgeries for worn replacements.

Another advantage of beginning with resurfacing, particularly for the shoulder, is that it preserves the bone, making it possible to have a full joint replacement in the future if additional surgery is needed.

If a shoulder implant has to be removed and replaced, bone is lost.

Anatomically, there is less bone in the shoulder to begin with, and a second replacement is not always possible in this joint.

Your doctor will consider both your age and the severity of the damage to your joint when deciding whether to recommend joint resurfacing.

To learn about another good option for younger people with joint problems, see the story below.

A physician can help you determine what will work best for you.

If you have joint pain and are interested in treatments that can help, call (888) 352-RUSH (7874) for more information or for a physician referral. ■

CARTILAGE RESTORATION CENTER AT RUSH

Another option for damaged joints

Humans don't come equipped with shock absorbers, but cartilage is a close equivalent. Found in our joints, cartilage is elastic tissue that absorbs shock and helps our limbs move smoothly.

When cartilage is damaged because of an injury or arthritis, the result is pain and impeded motion. If the problems are severe enough, joint replacement surgery may be your best option.

However, the Cartilage Restoration Center at RUSH University Medical Center specializes in innovative treatments that can restore or replace damaged cartilage before more serious joint damage occurs. Only a handful of medical centers in the country offer such services.

For example, surgeons at RUSH are among the most experienced in the world at meniscus transplantation, where donated meniscus cartilage is used to replace knee cartilage. The procedure may help stave off the development or progression of arthritis and possibly eliminate the need for future surgeries.

Cartilage restoration and rehabilitation can be an especially good option for active people in their 30s and 40s who have damaged cartilage caused by sports injuries or accidents and would like to avoid joint replacement surgery at this point in their lives.

For more information about the Cartilage Restoration Center at RUSH, call (888) 352-RUSH (7874). ■

Join us Aug. 15 to learn about the latest in hip and knee replacement surgeries and rehabilitation therapies. See page 6 for details.

RUSH UPCOMING EVENTS



Shoulder Pain: Nonsurgical and Minimally Invasive Solutions

Saturday, June 16
9 to 11 a.m.

Armour Academic Center
Room 994, 600 S. Paulina St.

Shoulder pain has many common causes, and people who experience it may have pain while sleeping or struggle to carry objects or raise their arms. How shoulder pain is treated depends on its causes, such as arthritis, tendonitis or rotator cuff problems. Join orthopedic experts at RUSH to better understand the cause of your symptoms and to learn about both nonsurgical and minimally invasive surgical solutions to treat shoulder pain.

Women's Health Talks: Part Two

**Pelvic Pain, Stomachaches
and Bleeding Disorders**

Wednesday, July 11
6 to 8:30 p.m.

Armour Academic Center
Room 540, 600 S. Paulina St.

Women's health experts at RUSH will cover several sensitive topics that affect many women — but often go undiagnosed for years — including pelvic pain, stomach problems, colon health and bleeding disorders. Learn what steps you can take to reduce your risk for diseases related to these health issues, as well as surgical and nonsurgical treatments available to improve your health and quality of life.

RUSH Generations presents: Older adult and caregiver programs

All RUSH Generations programs are held at RUSH University Medical Center, Searle Conference Center, 5th floor (Elevator II, Professional Building), 1725 W. Harrison St., Chicago.

Spiritual Aging

Wednesday, May 16
Noon to 1:30 p.m.

Join us for a discussion about methods for enhancing our lives spiritually as we age, such as connecting better with family and community, promoting forgiveness and intergenerational wisdom, and focusing on the healing sources in our lives.

Good Grief! Developing Healthy Ways of Coping With Loss

Wednesday, June 6
1:30 to 3 p.m.

Because change is unavoidable, we can all expect to face loss. Unfortunately, it is not easy or comfortable, particularly as losses accumulate later in life. This program will address different kinds of loss (such as losses related to work, health, relationships and bereavement) and offer options for healthy coping.

Sex, Drugs and Seniors

Wednesday, June 20
1:30 to 3 p.m.

Although many commonly prescribed medications can affect your libido, intimacy involves much more than physical love and is increasingly important as we age. Join us for this presentation on maintaining sexual health and intimacy throughout your life.

Stroke: Know the Warning Signs

Wednesday, July 11
Noon to 2 p.m.

Stroke is the No. 1 cause of serious, long-term adult disability in the United States. Our experts will present vital information about how to reduce your risk of having a stroke and how to best respond to the warning signs.

Heart Smarts: Raise Your Heart IQ

Wednesday, July 25
1:30 to 3 p.m.

Elevate your heart IQ by learning all about heart disease: what it is, how to prevent it and how to treat it.

Staying in Motion: Hip and Knee Replacements

Wednesday, Aug. 15
1:30 to 3 p.m.

Experts will provide the latest information on hip and knee replacement surgeries and the rehabilitation therapies that help ensure their success.

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Do you want helpful information delivered directly to your e-mail inbox each month? Sign up for **Discover RUSH Online**, our monthly e-newsletter, at www.rush.edu/discover.

Because space is limited, please call to reserve your seat. For more details and to register, call (888) 352-RUSH (7874). Free parking in the RUSH garage is available with validation.



Women: Admit it, you're tired

HEY, WEARY-EYED WOMEN, it's official: Most of you don't get enough sleep, according to the National Sleep Foundation's 2007 *Sleep in America* poll.

Women's biology, propensity toward anxiety and depression, and busy lives could explain why, says James K. Wyatt, PhD, director of the Sleep Disorders Service and Research Center at RUSH University Medical Center and a national spokesperson for the poll.

"Sleep is the first thing women sacrifice," Wyatt says. "And work is the last."

Who is affected most? According to the poll, 72 percent of working moms report symptoms of insomnia, while 74 percent of stay-at-home moms struggle to get a good night's sleep. Working, single women spend

the least amount of time in bed overall, and women who share their beds with pets or children have the most disrupted sleep.

So what's a girl to do besides make the dog sleep on the floor? Most women rely on caffeine and sleep aids.

But a better approach, according to Wyatt and the Sleep Foundation, is to create a relaxing bedtime routine, avoid caffeine and alcohol before bedtime, and make your bedroom as cool and dark as possible.

If these steps don't provide relief, speak with your primary care doctor and then, if needed, seek help from a sleep disorders center, Wyatt says.

To have an interactive conversation about your sleep patterns, visit www.rush.edu/sleep. ■

The skinny on fat: Location matters

NOT ALL FAT IS CREATED EQUAL. Research indicates that visceral fat — located deep inside your stomach — can be more problematic than subcutaneous fat, the kind that lies under the skin.

Because visceral fat surrounds organs, like the liver and kidneys, it may increase blood sugar levels and cause chronic inflammation, which can lead to heart disease, diabetes and other conditions.

This kind of fat can be detected by an MRI (magnetic resonance imaging) or CT (computed tomography) scan. But there are also some obvious signs of visceral fat to be aware of. For men, it's the pot belly (red flag: waist circumference of 40 inches or more).

For women, it may appear as a thickening of the waist during menopause (red flag: waist circumference of 38 inches or more).

"What takes men a lifetime to accumulate, women do in just four short years of menopause, possibly because of the testosterone increases women experience as they age," says Lynda Powell, PhD, a principal investigator at RUSH University Medical Center for a large-scale health research project of women on Chicago's South Side.

The good news: Visceral fat is the first thing to go during physical activity. Exercising just 30 minutes a day and trimming two inches from around your waist can help. ■

Clinical Trials at RUSH

COMPLEX REGIONAL PAIN SYNDROME STUDY

The Department of Anesthesiology at RUSH University Medical Center is participating in a study of the genetic factors of complex regional pain syndrome (CRPS). CRPS is a chronic condition that sometimes occurs following injury or surgery. This study will evaluate the genetic differences between subjects who do and do not have CRPS and will determine whether other family members share those genetic differences.

Participants must meet the following criteria:

- Be diagnosed with CRPS
- Have at least one close relative diagnosed with CRPS

For more information, contact Maruti Kari, MD, at **(312) 942-2741** or Nithya Venkatesan, MD, at **(312) 942-3421**.



DEPRESSION STUDY

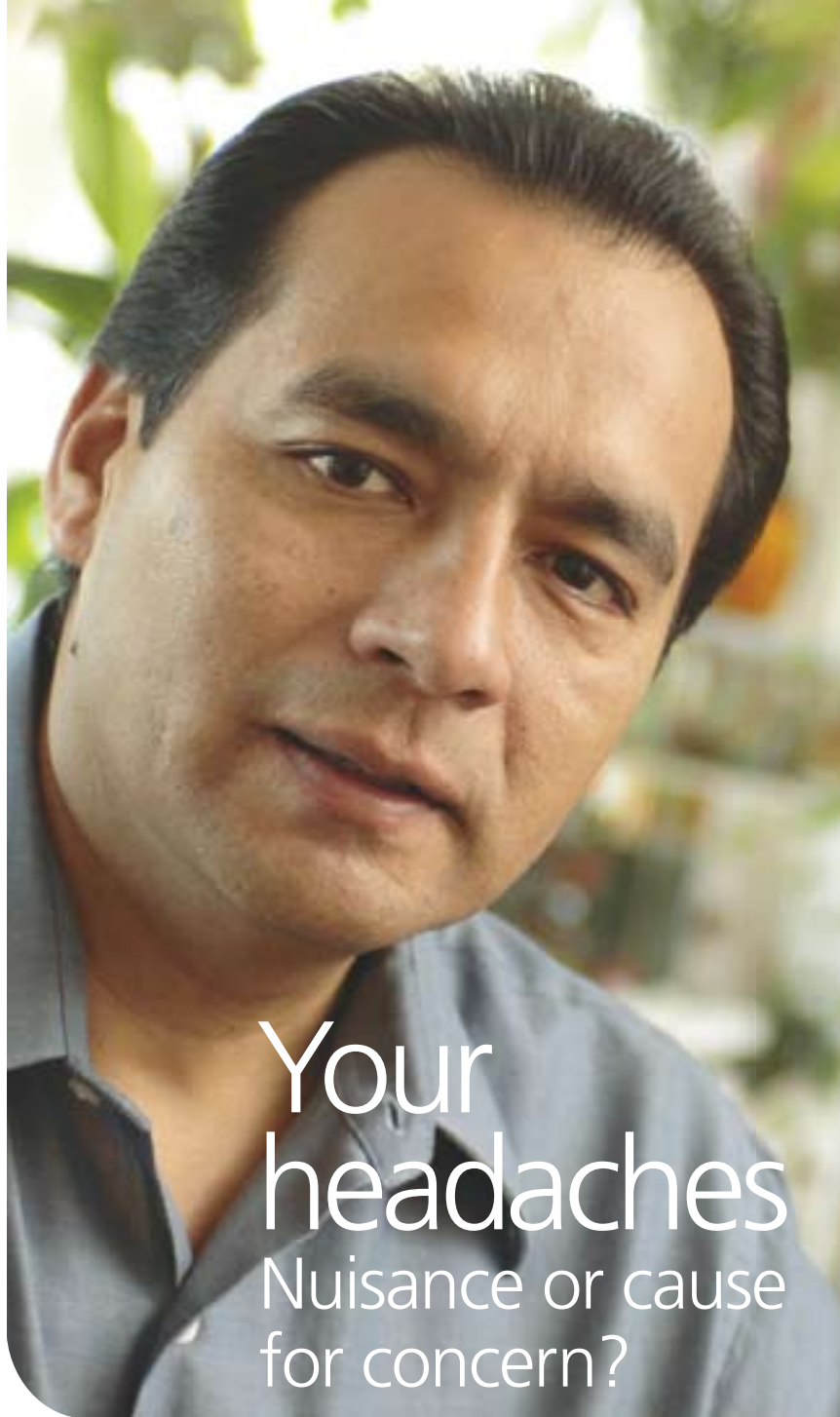
The Department of Psychiatry at RUSH is participating in a study comparing the safety and effectiveness of two FDA-approved medications for the treatment of depression. This study will compare two treatment alternatives for subjects who do not respond to initial treatment with a low dose of one of the study drugs.

Participants must meet the following criteria:

- Be 18 to 65 years old
- Meet criteria for major depression for at least the last three months
- Have no current unstable medical condition
- Have no substance abuse or dependence within the past six months

This is a partial list of inclusion and exclusion criteria. For more information, contact Linda Skaggs at **(312) 942-5592**.

For more clinical trials at RUSH, visit www.rush.edu/clinicaltrials. ■



Your headaches Nuisance or cause for concern?

A sudden, severe headache plus slurred speech can signal a stroke. Learn more about stroke symptoms at a free program July 11. See page 6.

IF YOU'RE LIKE MOST PEOPLE, you get the occasional headache brought on by stress, eye strain — even caffeine withdrawal.

But some people have extremely painful or frequent headaches, such as migraines, that interfere with daily life. These headaches can be worrisome because sometimes headaches are a symptom of more serious medical problems, including stroke, brain tumors or an infectious disease, such as meningitis.

More than just a headache

“The location and quality of pain can be clues to the type of headache you are experiencing and can help to indicate whether you should seek medical attention,” says Madhu Soni, MD, a neurologist at RUSH University Medical Center.

According to Soni, see your doctor if you experience changes in your headaches, such as the location or type of pain, changes in accompanying symptoms, or any of the following:

- Headaches starting at or after the age of 50
- Severe headaches that rate a 6 or above on a pain scale of 0 (no pain) to 10 (the worst pain you've ever felt)
- Prolonged, persistent or worsening headaches
- Frequent headaches (daily or several times a week)
- Headaches accompanied by nausea or intolerance to light

- Recurring headaches following a head injury or physical trauma
- Headaches that interfere with your ability to function

Go to the emergency room immediately if you experience any of the following:

- The worst headache you've ever had
- A severe migraine lasting more than three days



Madhu Soni, MD

- A headache accompanied by fever, stiff neck, vomiting, loss of consciousness or any neurologic symptoms: dizziness, weakness, con-

fusion, numbness, slurred speech or vision changes

- Headaches that come on suddenly, without warning

Fortunately, less than one percent of all headaches indicate a life-threatening problem. But if you find yourself taking pain medication more than twice a week or cancelling plans because of headaches, don't ignore them. Your doctor can help you get relief and, just as important, give you peace of mind.

Learn about the different types of headaches and how to identify headache “triggers” at www.rush.edu/discover. To make an appointment with a physician at RUSH, call (888) 352-RUSH (7874). ■

DISCOVER RUSH

RUSH is a company that cares

RUSH University Medical Center earned recognition from the Center for Companies That Care for elevating the quality of life of its employees and the community.

“Our employees are passionate about their work, and their reach extends beyond the hospital to community initiatives and volunteer activities,” says Sheri Marker, vice president of Human Resources at RUSH.

The 2007 Companies That Care Honor Roll was selected by an independent panel of veteran professionals in a variety of industries.

www.rush.edu

1700 W. Van Buren St.
Suite 250
Chicago, IL 60612-3244

