

Injury Prevention for Active People
Webcast
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Adam Bennett, MD

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Andrew:

Hello and thanks for joining us once again for Patient Power on HealthNet on nmh.org. I'm Andrew Schorr. And every two weeks we interview another medical expert from Northwestern Memorial Hospital on a different area of interest, and this time it's one that just anybody can relate to.

Now, if you're like me, I'm 56 years old and I try to stay in good shape. There are things that I could do in my youth that I can't do now, and sometimes I forget that, and what happens? I get injured. But I try to stay in shape, but certainly I have had aches and pains, and I wonder when am I pushing the envelope too much. Or maybe it's you, where you're not in the greatest shape and now you decide you want to get in shape or a doctor or somebody else has said lose weight, start walking, get active whatever, and you hurt yourself.

Well, our guest today is Dr. Adam Bennett, and he's a board certified family practitioner at Northwestern Orthopedic Institute right by Northwestern Memorial Hospital, and he has a subspecialty in primary care sports medicine. That means he spent a few more years learning about that. And so he is so much of an expert about it that he is a team physician with the US Men's National Soccer Team, which has done quite well, and then also he's a team physician for the Chicago Bears. So he certainly has the credentials, not just to help those elite athletes but also to help us.

Dr. Bennett, thanks for being with us on Patient Power.

Dr. Bennett:

Thanks for having me.

Andrew:

Dr. Bennett, you see people day in day out, and sometimes they're athletes or sometimes they're weekend athletes and other time they're former active people who are trying to be active again, so I know there's not one size fits all advice. So first of all, is that where we begin is really having someone look at, when it comes to preventing injuries, their own specific situation?

Dr. Bennett:

Yeah, I would say that is the case. I teach a few of the medical students at Northwestern, and I often give a lecture called sports medicine and ask them what

is that? How do you define it? And typically they don't--they can't answer it well, but I end up explaining it's medical care for active people. And that's sort of how we define an athlete is anyone who's active, at least in my opinion that's how I define them. And as such, active people are prone to injury. And depending on who you are, how old you are, what other medical conditions you've had, what experiences you've had in terms of exercise in the past, injuries in the past, surgeries in the past will determine how you prevent injuries.

So I do think it's very individualized, but it's typically people who are active. And right now in the medical community we're recommending that everyone's active. That's how you stay healthy. So active people typically and unfortunately do suffer from injuries, and you kind of have to know what you're bringing to the table in terms of being predisposed to injury if you're going to talk about how do you prevent those injuries.

Andrew:

So let's look at some situations people may be in. So let's say the doctor says, George, you got to get active. Well, George is overweight. He wants to get his cholesterol down and maybe he's developed type II diabetes. So he really needs to go through a checkup, I would think, taking a look at his heart, maybe, what, having a treadmill test, getting his diabetes under control. In George's situation where would you want to start before you sort of clear him for take-off?

Dr. Bennett:

And George's situation unfortunately is very common, where either they've gone through some medical event--I've had a lot of patients who have had a minor heart attack or someone in their family, maybe their brother, had a heart attack, or they just--all of a sudden it's January 1st and their New Year's resolution is they're going to lose 40 pounds. And they get out and typically will start--typically, walking is what I see a lot of people do. And you're talking about George, a guy with diabetes, usually their primary care doctor or their endocrinologist will say you need to exercise because exercise is what brings down your sugars, and it does so without you needing to give yourself an insulin injection. So exercise in that diabetic patient is very, very important.

And typically the most convenient mode of exercise is walking. And people like to see results. So what I typically see in someone like George is they get out walking, and they maybe start walking too much or they start doing five miles, they don't have supportive shoes, they just kind of go out there and start trying to get results. And a lot of my female patients do a lot of the gym classes and things like Curves. I don't know if they have those out in Seattle, but in Chicago it's a program--

Andrew:

Oh, yeah we've got them everywhere.

Dr. Bennett:

You've got them everywhere. I see a lot of--they start right in, and it's good because it's some muscle mass building. It's doing some strength training, but it's also mixed with things like running in place or jumping jacks. And if you're a diabetic and you're in your late 40s you've probably been on the heavier side for a number of years, and those people have a greater likelihood of having things like arthritis. So I see these people, they're doing everything right, they're listening to their doctor and they're starting to exercise, but then they don't realize that they've developed arthritis over the previous 20 years and because they're sedentary they don't really know that they have arthritis because it doesn't bother them.

But the minute they get out walking or doing their Curves, weight bearing, jumping jacks, their knees start hurting, their hips start hurting. And then all of a sudden they're in my office and they haven't been able to exercise for three or four weeks and they're hurting. And it's real frustrating for them, and then they're putting on more weight as they aren't able to exercise.

Andrew:

And they feel like a failure.

Dr. Bennett:

Exactly.

Andrew:

So what do you do?

Dr. Bennett:

So for someone in this scenario, for one, well, boy, now they're stuck with sort of a second whammy in the sense that we tell them they have arthritis. But, you know, I certainly encourage them. There are many, many great ways to exercise that don't involve really big impact on your joints. And we're talking about your knees, your hips and your ankles. People, for one, I get them into physical therapy to get their leg muscles strong so they protect their joints. We calm their arthritis down with some medications they usually just take a couple weeks. Sometimes we do a little cortisone shot to calm their arthritis down.

But we get them into doing biking and swimming, the ellipticals. The gyms now have so many great machines, and they have typically a TV for every machine that an individual can use, so you can stay entertained and stimulated while you burn calories in a low impact environment. So someone like George, in this case, I'm like, Hey, you have arthritis but you can still exercise. You just have to be smart about how you exercise and where you exercise. It shouldn't be pounding the pavement in 15-year-old shoes, in your old Converse. It should be going walking maybe once a week, getting into the pool if you can, getting on the recumbent bike and doing things that are lower impact on your joints.

Andrew:

Now, I want to come up with a different scenario now, Dr. Bennett. And that is someone who's exercised all along, and I can think of--I've been a runner over the years. I don't do marathons any more, but when I was we were running, maybe not smart, but we were running every day. And there were people who knew they had stress fractures and had pins put in, but they were addicted, if you will. So if you tell that person, Well, you can't run or you have to do some other sports as well or you have to cut back your mileage, that's like cutting off their air. So I know you have patients like that. How do you get people to understand the importance, particularly as we get older of, if you will, of cross training?

Dr. Bennett:

And that's when you get into the category of overtraining or overuse problems. And I see a lot of these, as well, in my clinic. I like to sort of break up these overuse injuries into safe and unsafe overuse injuries. So I see a lot of what I call exercisoholics, meaning to deal with stress they really like the endorphin rush that you get when you get a good sweat and you're running upwards to 45 minutes to 60 minutes and doing it six days a week sometimes.

For those people, when they come in, for one, they usually know a lot about their body. They know the IT band problems. They know the knee cap problems. They've heard of shin splints. They usually have new shoes. They use orthotics. They know the all the running tricks there are to keep you being able to continue to run. So, for one, this is where I think you do need a doctor who deals with musculoskeletal problems, because hip pain can be a number of things. It can be a bad stress fracture that if it's not treated correctly could require emergency surgery. And that could be something very bad called a femoral neck stress fracture.

And other times you could have shin pain. It could be just some tendonitis. Unfortunately, other times it could be a tibial stress fracture, which can also be a big deal. Foot pain in runners can be a variety of things as well, including, unfortunately, stress fractures. And my theme here in runners are stress fractures. And it's just that making sure that you do not have one is very important, because if you continue running on a stress fracture you can cause permanent damage.

So what I do with those people when they come in I say, Look we're going to get an MRI or a bone scan and figure out if you have one or not. And the big problem is when you do have one how do you get them to let it heal and, how do you let them continue to exercise. And for some people it's very, very difficult. But if you explain to them, Look, the stress fracture is a problem, or whatever your injury is if it's going to cause permanent damage we really don't advise you to continue exercising. That's when I have to memorize the spin class schedules at the local

gyms and provide them with other exercise options that will still allow them to maintain their cardiovascular fitness without causing further injury to their current problem.

There's an old school bike called the Aerodyne. It's got a big fan in the front and it's got arms. And for some reason gyms don't use that much anymore, but in the scenarios where people have access to those, if they have one leg that's injured they can rest that leg on a little bar and they can use their arms and their other leg that's okay and get a very good workout. They can work out six days a week for 45 minutes and really burn 500 to a thousand calories in that 45 minutes. So they can get a good workout.

The other thing I sometimes do is have them look at why they're so addicted to exercise and maybe investigate that further. But most people really want to continue exercising, and I do encourage that. Another thing I recommend is when they're all healed from this a lot of times people say, Well, why did I get that injury or why did I get that stress fracture. And it's from over training. And I really talk to people, especially as they get older, to work on recovery. And recovery means giving your body some down time to repair muscle, repair tendons, repair the microtrauma that you get from any long run or any, really, physical exertion.

Andrew:

This is all great information.

By the way, for our listeners, Dr. Bennett is an example of the experts that they have associated with Northwestern Memorial Hospital. So if you'd like more information about Northwestern Memorial Hospital's physicians or services or link to information about Dr. Adam Bennett who's our guest today, just visit nmh.org.

Well, let's go on Dr. Bennett. So here we have--we've got the people who are kind of addicted, and I can tell you, by the way, you say how do people--you want to take a look at why somebody's addicted, one of those running friends of mine was a guy named Remy who was about 60 and ran like crazy. And the reason he did it was because he'd eat a quart of Haagen-Dazs ice cream every time after he finished. Probably the greatest thing for his heart, but that was his incentive. But I think somebody would have to say, Well, let's take a look at what a healthy diet is too.

Anyway, moving on though, so we have people in different situations. We talked about the man with diabetes. What about older people who have had--maybe they've even had a joint replaced, you know, so beyond arthritis. They've had a knee replacement or they've had a hip replaced and now they want to get going again. How do they do that safely?

Dr. Bennett:

That's a tough scenario for anyone who has had major surgery. For one, one good thing is a lot of the techniques and the hardware, if you will, for these joint replacements is very durable, and patients can resume a pretty high level of activity. I see plenty of people who have had hip replacements get right back into their activities, whether it's downhill skiing--we're talking greens and blues--double tennis, even jogging. But ironically, at least in my experience, a lot of people have had the joint replacements many of them have had arthritis, and that's from pounding the pavement or being very active, and so that's what necessitated a replacement in the first place. But they often are pretty fit and can get back into activity. I think what you're referring to are some patients who maybe they've been obese or certainly heavy for most of their life--

Andrew:

My mother-in-law who--she just wanted to be active as far as you know like going to Europe and climbing the steps in Italy or, you know, maybe a brisk walk or climbing kind of.

Dr. Bennett:

Yeah. And that's for where I rely heavily on a good physical therapist. Typically after an acute phase setting of a joint replacement you go into a period of rehabilitation. And certainly you have to let all your soft tissues heal, the muscles, the tendons, the skin. But three months out how do you get these people to walk comfortably and have confidence. For one, finishing a round of physical therapy with a therapist works on their balance, on their strength. Getting low impact, at least starting out with low impact activities. And you're going to hear a theme here of the recumbent bike. Most people find that boring, but I'll tell you it can get your muscles strong.

Andrew:

I love it. I love the recumbent bike.

Dr. Bennett:

I think you have to be creative on it. I have a lot of people who I have do intervals where they turn the resistance up pretty high and go as hard as they can for 45, 60 seconds and then spend three or four minutes recovering. And it's a nice way to mix it up and sort of test your muscles a little bit. And I have a lot of people start off on the bike, start off on the elliptical and build up some confidence, get the blood flow going. And then two or three weeks later do a little bit of walking on the treadmill and really build up slowly.

And then eventually they will get the strength, the balance, the coordination back so that they are really to walk, go on tours of different countries, go over to Europe, go on cruises and really have the confidence to be active. And for most people I encourage them once they do a cruise or they've become more active--and

a lot of times they want to be active on vacation. Well, I have them bring that active mind set back home with them because it's really about staying active most of the their time, not just an vacation.

Andrew:

I agree with you. We've had a discussion with Aunt Maddie, who's in her 60s, who's very active, because she uses her exercise bike as a place where she hangs her clothes in the bedroom. And we say take the clothes off there and sit on it.

Dr. Bennett:

I know, and I actually sometimes write prescriptions for some of my older patients with arthritis saying, All right, 20 minutes every morning, you know, have your coffee and then sit on your bike and just go at a medium intensity pace, read the paper. And then same thing in the evening. You can watch your evening news, you can talk to grandchildren or do whatever, but just make sure you're on that bike. And that just helps maintain muscle tone.

Andrew:

I agree. Let me back up now. So you deal with elite athletes as well. And certainly as you're sharing about the people you see in your practice there many people who are kind of like me or older and are not in that category. But let's say if I had a--my kid is a runner actually, and he's not quite at the elite level but he's working on it, but if you have a star baseball player, a kid who's going to play football and they're very promising, it's natural for us to kind of live through them and want them to perform every day. And when they complain of aches and pains we might want them to play through it and maybe put pressure on the coach or we're the parent or the grandparent. How do we know whether something is just a pain in our kid or grandkid or an injury so that they don't--there's not harm?

Dr. Bennett:

This is a big deal in terms of the pediatric population and educating coaches and parents about what sort of injuries are a problem, are going to put your child at risk, and which injuries are safe to have or are just sort of a bump or a bruise. And that can be a difficult--that can be a relatively gray area. So for one recognizing that a kid's hurting, an athletes hurting, and the question I think you need to raise in that situation is it safe for this individual to participate. And again it's very hard to give a cookie-cutter approach.

But in the example of a runner a common injury in runners are stress fractures. And those are common injuries that you don't want to miss, because those are potentially very dangerous, potentially require surgery. So a lot of what has happened though, fortunately, is you have governing bodies, whether it's high school cross-country associations or NCAAs that educate coaches and talk about recovery days, talk about what are the warning signs for tress fractures. A lot of the female athletes, unfortunately, who have had eating disorders are at very high

risk for stress fractures. So a lot of it is--and specifically in this example to runners is we've sort of seen what types of injuries occur in younger populations, and we've tried to institute rules to prevent that.

Another example would be in baseball. There's little league rules about how many pitches a kid can safely throw in a day, and that helps something that used to be a big problem called little leaguer's elbow, which is basically a growth plate injury in the elbow. So I guess I'm not really answering your question other than I'm explaining that it takes a little bit of knowledge and experience to understand in children and in kids and adolescents and even near college age athletes what injuries are potentially dangerous to have and could cause long-term problems.

Andrew:

Well, that brings us full circle, then, Dr. Bennett, and that is for ourselves as adults, maybe middle aged or older, like me, or for our children, then when do we need to go seek out someone like you? A family doc who specializes in sports injuries at the primary care level to help us sort out is this not a big deal, does this need to be worked up further? Are we in danger of hurting ourselves permanently?

Dr. Bennett:

I think one thing, a general rule of thumb is that I would not encourage anyone, really, or certainly not an adolescent who--I've seen a lot of kids who just want to make the team or want to impress the coaches so they will play with pain. But as a parent or a coach I would certainly never recommend that an athlete or really anyone play with pain unless they have a set diagnosis. And meaning they've seen a provider who's--a medical provider who's knowledgeable in musculoskeletal medicine.

There are dozens and dozens of injuries that a child or any athlete may have that require medical attention, from concussions to shoulder dislocations, to bumps and bruises that can be a sign of either just a minor thing or a larger thing. But until you have a set diagnosis I would really discourage any parent from saying, Oh, come on, you've got to scout here who's looking at you and maybe you'll get a scholarship to college or this is a big game, it's regionals and your high school team needs you. I would really encourage the parents of the athlete to take their kid out of the game and get them to someone.

And to answer your question about how do they get to see someone like me, well, there are a lot of athletic trainers, for example, at the high school level who will have relationships with sport medicine physicians who can facilitate getting into that doctor's office and seeing the right doctor. But it can be difficult to find a doctor who is well trained in what I call musculoskeletal medicine, meaning they understand anatomy very well. They understand the natural courses of injuries, what it takes for recovery. And unfortunately it is pretty complex. There are numerous fractures that can be treated with walking on them, or others that if you

walk on them you're going to end up with a large screw in your foot because you broke it and you shouldn't have.

Andrew:

Right. And of course this applies to folks like me too. We were talking about the example with our kids, but for me, kind of the every-other-day athlete, if you will, moderate, or somebody who decides to get in shape again. For instance, if somebody's playing through or playing or exercising through chest pain that's crazy, right?

Dr. Bennett:

Yeah, absolutely.

Andrew:

Okay. So folks if you start doing something you haven't been doing before or at a level you need to get it worked up. I know just--this is not exactly sports injury but it came up with my son. He had mild asthma but usually only when he would get a cold. Well, we had allergy season and sure enough he was running his fastest time ever in the two mile and he collapsed. Well, was it something going on in his brain, you know? Was it a potential aneurism? All this stuff was worked up for. But where we ended up is it was his asthma not under control and it was--he needed medicines to help, especially in pollen season, keep that under control so he could get the oxygen in. So it's kind of like a little bit of detective work, and I'm glad we went to a specialist to help decipher that, and I'd certainly do that for myself.

One other story I was going to share, Dr. Bennett, is so I got active again. And maybe you'd call this sports. I started doing roller skating with my ten-year-old one day, and I hadn't done it for 40 years, and I fell during a little, you know kind of musical chairs kind of thing they were doing. And it knocked the breath out of me. So the next day to just try to relieve my back pain I went to a massage therapist. Maybe bad idea because it ended up being, I found out days later when I saw the M.D., that it was cracked ribs. So how do we listen to our body to do what's right?

Dr. Bennett:

Yeah, that's a tough--that's not always crystal clear as you realize I think from experience. And for example what we tell our professional athletes when we're on the NFL sidelines or when I'm in the training room, our trainers--we have five or so trainers for the Bears who tell the athletes, Hey, if you're hurting just come in. And those athletes obviously have a tremendous advantage, because they can walk off the practice field into the training room and get immediate evaluation. But what I think I would take away from that dynamic is those athletes are screened for every little thing and in doing so you can quickly identify what the culprit is.

Now, in the regular world it is I think a little bit more difficult. Certainly if you are having aches and pains, I would encourage you to figure out what the cause is. Now, in your case you fell, and I think you listened to your body. Probably after the massage it hurt more if you have cracked ribs. Rather than just ignoring it and saying, ah, I'm sure it was nothing, you said, Boy, that hurts more, maybe I broke something, which I think listening to your body is the way. We're taught that the patient is always right and if you're hurting, most people aren't making that up. They're hurting for a reason, and trying to figure out what that is can sometimes be a little bit difficult and you may have to go down a few pathways to get the right diagnosis.

And I think that's something you have to think about with all the different healthcare providers that are out there. Sometimes you can go get a screening at a physical therapist's office and they can decide is it a sprain or a fracture. Other times you can go to chiropractic office and they can give you different advice. But I think listening to your body and if you don't agree with whatever a healthcare provider is telling you I think getting a second opinion is always a good idea.

And certainly seeing healthcare providers who see a lot of people who are active, in this particular situation, where they've seen a lot of injuries, they're very comfortable with how a contusion or just a bruise of soft tissue, how that's different than a fracture of the ribs. And then the other good thing with seeing someone who sees a lot of injuries is they can counsel you about when you're likely to recover, how quickly you can get back into roller skating or jogging.

Andrew:

I'm not going to roller skate again, I'm telling you. I'm leaving that behind.

So let's sum up some things. We've touched on a number of the things during our talk today. So first of all if somebody is trying to get active and obviously does not want to be injured, it sounds like you got to have a discussion given your specific situation on what form of exercise would be right for you. So it might be swimming or biking versus running every day. It might be light exercise in the gym versus pumping iron real hard. So I've got that one, I think, is what's right for you.

Dr. Bennett:

And I would add a couple of caveats to that. I wouldn't discourage anyone who wants to become active from going out and trying to exercise. I think that if you feel the drive to exercise, whether it's because your doctor told you that or because you just feel like you need to lose some weight I think you can start, and just keep--I would say listen to your body as you start to exercise. Many people, they get out and start walking a mile a day. The next week they're up to two miles, and a month later they're doing up to three miles a day without trouble. But it's those people that when they start exercising they start having twinges of pain and they continue to push through that, I think that's when it's a bad idea. I think those are

the people who need to sort of say, Well, if walking is hurting maybe I'll try the bike. Well, if biking is hurting maybe I'll get in the pool. Or, boy, if all this is hurting I need to go see somebody.

Andrew:

Right. Those are all good points. And also I think it's so true that, you know, do a mile this week, just walk a mile or swim or walk in the pool, whatever, and then next week do a little further, and it's amazing how your body responds typically. It thanks you for it. But you can't do it all at once. I know that from personal experience.

Dr. Bennett:

My best, my favorite story I think about frequently is my uncle who at around 28 he had had his second kid and he was a chain smoker. And one day he just said, you know what, I'm tired of being unhealthy, I've got two young kids, I kind of want to make a change. And he said it and he jogged one quarter around his block. He didn't even make it all the way around the block, but he tried that and the next week he got halfway around the block. And the week after that he got all the way around the block. Six months later he was up to three miles every other day, and today he's a healthy guy in his 60s. His cholesterol is low. And if he hadn't made those changes he would probably wouldn't be here today. And the other thing is he started with a quarter way around the block and then built up. It took him a long, long time and a lot of dedicated work.

Unfortunately, with exercise and seeing results it's not a quick, quick--you know, you can't just exercise for a week and all of a sudden you're five pounds lighter and you feel great. It takes a lot of dedication, which I think sometimes can be discouraging.

Andrew:

Right. I think the point is this is really exercise and activity for life, and I mean that in two senses of the word. One is to have a longer, healthier, more enjoyable life, and certainly we know that a lot of diseases, diabetes etc., can be often kept at bay just by doing this. And also just so know that they're enjoying life and hopefully will have a longer live because of it. But it sounds like people shoot themselves in the foot literally when they try too much too fast or some activity that's not right for them.

Dr. Bennett:

Absolutely. That's very well put.

Andrew:

One last thing I want to ask you about is things we can do ourselves. So again, you don't want to play through the pain if you will. I'm often confused. If it's something that seems to be mild you use ice on the sidelines? Do we use ice? Do

we use heat? Do we take a hot bath, a hot shower? Bengay? What are just simple things we can do for the typical kind of ache and pain, but where we're being prudent, though.

Dr. Bennett:

Well, typically, if you've had an injury or something is inflamed icing is a nice what we call modality, or it's a treatment option that reduces swelling, reduces pain. And you typically want to ice for no longer than 20 minutes, and you want to give yourself 20 minutes of time between icing. And that's just to avoid frost bite, and that's an injury to the skin. But you can ice 20 minutes on, 20 minutes off as often as you like for ankle sprains, for bumps, for bruises, for sore knees and see how things go. You know, weekend warriors, for example, will have their chronic knee pain, their chronic ankle pain. They go out and they play their softball game or their basketball game and they come home and they're sore, and icing, I think, is real helpful in that situation.

If you go out and play and you're pain is worse and you play again and your pain's worse, that's something that you should listen to and maybe seek some help. But icing is good.

Actually, this is something a little bit unrelated, but another thing is we all age and we want to stay fit and we want to avoid injuries. Another underrated exercise option is actually resistance training and weight training. After the age of 25 people lose a half percent of their muscle mass per year. And so if you look at a lot of men's health books or fitness magazines the recommendations for weight training when you're age 25 or 35 are lifting once a week, by the time you get to 55 or 60 they recommend a lot of weight training up to three or four or even five times a week just to maintain your muscle mass, which does help prevent injury and helps you maintain high metabolism and actually helps you keep up with sort of your children or what you used to be able to do.

I see a lot of people go out there and they can't quite do what they could when they were 20. Well, if you do some weight training, some strength training, I think you are able to maintain a lot of that youthful sort of physical presence that a lot of people get frustrated as they age.

Andrew:

Gee, now I know why all the women are looking at me this summer. It's because of the weight training I'm doing.

Dr. Bennett:

Yeah.

Andrew:

There you go. Well, Dr. Adam Bennett, you've been gracious with your time and given us a lot of information and stuff to think about. But I think clearly activity makes sense for us. And, as you say, all the doctors are recommended we've got to do it, but we've got to do it intelligently so that we can make activity part of our life in whatever our specific situation is for many years to come. And now I know that if I have a problem I'm going to seek somebody with your background. So Dr. Adam Bennett at the Northwestern Orthopedic Institute and a specialist in sports medicine, thanks for being with us on Patient Power.

Dr. Bennett:

No problem. Thank you for having me.

Andrew:

I love it. So now we've got that expertise. Here's the man who's helping these elite athletes and now I've got some of that brain power that's helping me too.

And that's what we do on Patient Power every two weeks, so join us again as we do these programs on healthnet.nmh.org. Andrew Schorr saying, as always, knowledge can be the best medicine of all. Thanks for joining us, and we'll be back with you in two weeks.

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