



Cold vs. Allergies—Which is it?

As we approach fall, the staff at Nurse Force expect a number of things to occur—temperatures becoming cooler; leaves turning color; and for many the start of runny noses, puffy and watery eyes and sudden sneezes. Thus begins the age old debate of is it a cold or a seasonal allergy?

While seasonal allergies and colds share some common symptoms, there are some distinct differences between them. The biggest clues are found in the answers to these two questions— when do the symptoms occur and how long do they last?

Common colds are caused by viruses and typically last three to 10 days. On the other hand, seasonal allergies are caused by an overactive immune system. For some reason, your body mistakes harmless things such as dust or pollen for germs and attacks them. Allergies can last from days to months—as long as you're in contact with the allergy trigger.

Check out the following table to see if you are actually suffering from a cold or allergies.

	COLDS	ALLERGIES
Occurrence of symptoms	Symptoms often appear one at a time; first sneezing, then congestion	Symptoms occur all at once
Duration of symptoms	Generally last from three to 10 days. See a physician if they last longer than two weeks.	Continue as long as person is exposed to the allergy-causing agent (allergen)
Contagious?	Yes. The actual virus causing colds is contagious so be sure to wash your hand frequently!	No.
Mucus	Often a yellowish nasal discharge, due to an infection	Generally a clear, thin, watery discharge
Sneezing	Less common than with allergies	More common, occurs two or three times in a row
Time of year	More common during winter	More common in spring and fall
Fever	May be accompanied by a fever	Not usually associated with a fever
General aches and pains	Sometimes associated with a cold	Never a symptom of allergies

Treatment for colds may include rest, pain relievers and over-the-counter remedies such as decongestants. Seasonal allergies can normally be treated with over-the-counter or prescription antihistamines, nasal steroid sprays and decongestants, and avoidance of exposure to allergens when possible.

Sources for this article include: mayoclinic.org and webmd.com

Nurse Force Therapists Help Clients “Live Life Again!”

Nurse Force loves having celebrations—ask anyone who works here! This month we take great pride in recognizing and honoring our wonderful physical, occupational and speech therapists! They are a key component in making Nurse Force the full-service agency it is today.

One of the main goals at Nurse Force is to enable our clients to remain in their home as long as possible. Our therapists all work together to help our clients achieve this goal by overcoming obstacles and accomplishing normal tasks of daily living.

Our Physical Therapy department consists of Charles and Katie. They are experts in examining and treating musculoskeletal and neuromuscular problems that may effect our client’s balance, strength, and ambulation both in their home and in the community. Many clients are effected by reduced strength and mobility to their upper and/or lower extremities as a result of low back pain; neck pain; knee, ankle or foot problems; problems with balance; undergoing therapy following surgery. Charles and Katie put together a personalized, comprehensive exercise routine for each person designed to help them regain their strength, mobility and ultimately a return to their previous activity level.



Left to Right: Charles, Katie and Peggy

Peggy, our Occupational Therapist, focuses primarily on the upper extremities and uses goal-directed activity to evaluate and treat individuals whose ability to function in the home is impaired by normal aging, illness, injury or developmental disabilities. Through the use of exercises to develop upper body strength and various adaptive equipment, Peggy works with our clients on activities of daily living such as bathing, dressing, and meal preparation. This enables them to remain in their home while ensuring their environment is safer and more user friendly for them.

From time to time Nurse Force may have a client who needs the assistance of a Speech Language Pathologist, otherwise known as a Speech Therapist. Their job is to evaluate and treat neurological and physical disorders and conditions caused by an injury or illness. Individuals who have difficulties with swallowing; formulating words and sentences correctly, have slurred speech, are very hoarse or strain to talk; or those who have lip, mouth or tongue weakness, lack of coordinator or decreased range of motion may benefit from speech therapy. Clients requiring speech therapy services also receive individualized plans of care and treatment to help them regain or improve their current level of functioning.

So whether you are recovering from a broken hip, have suffered a stroke, or are experiencing weakness from a prolonged illness, our therapists are here to help. As one previous client stated, “Put it all together and it makes for a wonderful situation. If I ever have to have help again, it would be from Nurse Force. Let’s just say I’m living life again!”

*Ability is what you’re capable of doing.
Motivation determines what you do.
Attitude determines how well you do it.*

- Lou Holtz

Breast Cancer Screening

Then & Now

Did you know that October is National Breast Cancer Awareness Month? A diagnosis of cancer creates a cloud of fear and anxiety and can have devastating consequences for the patient and their family. By the end of 2015, approximately 3.1 million breast cancer patients in the United States were survivors or were still receiving treatment. The good news is that advances in screening have led to an accurate diagnosis one to three years earlier than in the absence of screening, thus saving countless lives! Overall, breast cancer deaths have decreased 36% from 1989 to 2012. This decline in breast cancer mortality is attributed to both improvement in early detection and improved breast cancer treatment.

Breast cancer screening is a relative modern diagnostic tool. In 1913, German surgeon Albert Solomon became the first physician to describe the usefulness of x-ray studies in breast cancer. He studied thousands of mastectomy specimens and compared x-ray images with microscopic tissue samples. He was the first physician to observe microcalcifications and calcium deposits (benign cysts) along with malignancy.

In 1949, Paul Leborgne, an Uruguayan physician, emphasized the need to have breast tissue compressed between plates. The compression reduces the thickness of the breast tissue thus reducing the dosage of x-rays needed to produce a clear image.

By 1960, Dr. Robert Egan and his colleagues at Houston's MD Anderson Cancer Center were credited for the development of clear reproducible mammograms with appropriate voltages and films. He took 1000 films of women who appeared not to have breast cancer and identified by mammogram 238 cancerous masses! Dr. Egan's research led to the first large scale controlled study conducted between 1963-1966 by Dr. Phillip Strax. He confirmed that mammograms indeed reduced breast cancer deaths by a third!

The FDA in 2000 approved the first digital mammography system. This technology led to full-field digital mammography that utilizes electronic instead of traditional film cassettes. The digital information can be enhanced, magnified and stored.

Fortunately, new advanced technologies called Hologic's 3D mammography has proven to be superior to digital mammography. Approved by the FDA in 2011, the 3D technology takes multiple images of each breast allowing physicians to examine each breast layer by layer. This allows better visibility of the fine details of the image that can be hidden by the tissue above or below. The Journal of the American Medical Association published findings in 2014 that the Hologic 3D mammography detects significantly more invasive cancers than traditional mammograms and reduces the number of women recalled for a false positive.

Although there have been significant improvements in breast cancer detection and treatment, approximately 231,000 new cases of female breast cancer were diagnosed in 2015. Forty thousand of those did not survive. In addition, approximately 2300 men were diagnosed with breast cancer in the same time frame. Of those, 440 did not survive. Since modern day mammography can still miss some cancers, biopsy, ultrasounds, MRI, PET scans and computer aided diagnosis can be used as an adjunct to mammography allowing for improved outcomes.

*The best protection
is early detection*



Sources for article include: The Medical Book by Clifford & Pickford; History of the Mammogram; Huffington Post; and cancer.org



If you are like many of the Nurse Force employees, you have recently driven in fog during your early morning or evening commute.

According to the Nation Highway Transportation Safety Administration, in 2013 there were 38,000 crashes, 600 deaths and 15,600 injuries sustained due to fog-related accidents.

With these statistics in mind, it is important to review the basic tips to driving safely in fog:

- Always reduce your speed and don't tailgate.
- Avoid using high beam headlights.
- Leave sufficient room between you and other cars on the road.

In addition to the above tips, we offer some that are often overlooked or forgotten.

- Don't drift. There is a natural tendency to drift toward the middle of the road when visibility gets bad.
- Use the right edge of the road as a guide to help you avoid running into oncoming traffic or being blinded by oncoming headlights.
- Turn on 4-way flashers to give vehicles approaching from behind a better chance to see and notice your vehicle.
- Signal early if changing lanes.
- Turn your radio off and listen for traffic you can't see.
- Watch for animals, especially deer! They feel bolder under cover of fog and are harder to see.

Remember to practice safety. Don't learn it by accident!

Sources for article include: Drive-safely.net, Asafedrivers.com, and National Highway Transportation Safety Administration

Charleston Cheese Dip ***Trisha Yearwood's Recipe***

1/2 c. mayonnaise
One 8 oz. package cream cheese, softened
1 c. grated sharp Cheddar cheese
1/2 c. grated Monterey Jack cheese
2 green onions, finely chopped
1 dash cayenne pepper
8 butter crackers, such as Ritz, crushed
8 slices bacon, cooked and crumbled

Preheat oven to 350 degrees F. In medium bowl, mix all ingredients except crackers and bacon. Transfer mixture to a shallow baking dish, such as a 9-inch pie pan. Top mixture with cracker crumbs and bake until heated through, about 15 minutes. Remove from oven and top with bacon. Serve immediately with corn chips, crackers or bagel chips.

Total Time: 25 minutes
Prep: 10 minutes
Cook: 15 minutes
Yield: 10 servings



I loved autumn, the one season of the year that God seemed to have put there just for the beauty of it.

~Lee Maynard, American novelist

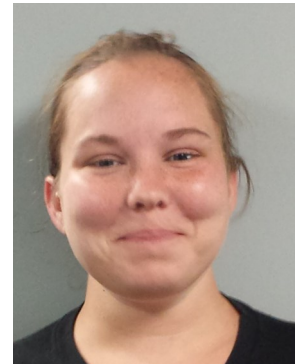
Employees of the Month for August/September

Nurse Force has some fabulous employees who are dedicated to providing the best care possible to our clients. We'd like to take this opportunity to introduce to you the latest recipients of our Employee of the Month Award.



Megan, CNA, is our recipient for the month of August and she has been with Nurse Force for almost four years. Megan enjoys travelling and spending time in the great outdoors. During the summer, you might find her camping, hiking, riding her bike or taking in a Chicago Cubs game. Her travels have also taken her to Rome, Florence and Venice Italy. Megan claims the Cyclones as her favorite local football team so this fall, you will find her cheering them on as she enjoys the other fall offerings of pumpkin pie, apple cider and all the wonderful fall foods! She loves making a positive impact in people's lives and counts it a privilege to help people live at home despite their health care needs.

Our first recipient for September is Jessica, CNA, who has been with Nurse Force since 2013. Jessica enjoys spending time with her kids and during the summer you can find them making frequent trips to the park, movies, swimming pool and taking trips to Memphis, TN to see family. Dancing and listening to music are some of her favorite pastimes. She enjoys the nice breezy fall weather and going to pumpkin patches with her kids; however, she doesn't claim to be a football fan so has no allegiance to either the Hawkeyes or Cyclones. When it comes to her job, she enjoys making people feel better by assisting them with a shower or helping them keep their home clean. Simply stated, she "just enjoys helping people".



Sue, RN, is our nursing recipient for the month of September. She has been with Nurse Force for the past three years. In addition to Sue's more conventional nursing, she practices Healing Touch and Reiki which uses energetic touch to help reduce stress and promote healing. Sue enjoys reading mystery and sci-fi novels, sewing clothes for her grandchildren, and crocheting doll clothes and ladies vests during her free time. While not a traveler, she enjoys being around locales featuring lots of trees and water. Sue will be cheering on her Cyclones this year and enjoying all the sights, sounds and smells of the fall season. When it comes to her job, Sue likes interacting with the clients and staff of Nurse Force and helping her clients to have a good day!

*"There are only four kinds of people in the world.
Those who have been caregivers.
Those who are currently caregivers.
Those who will be caregivers, and those who will need a caregiver."
— Rosalyn Carter*



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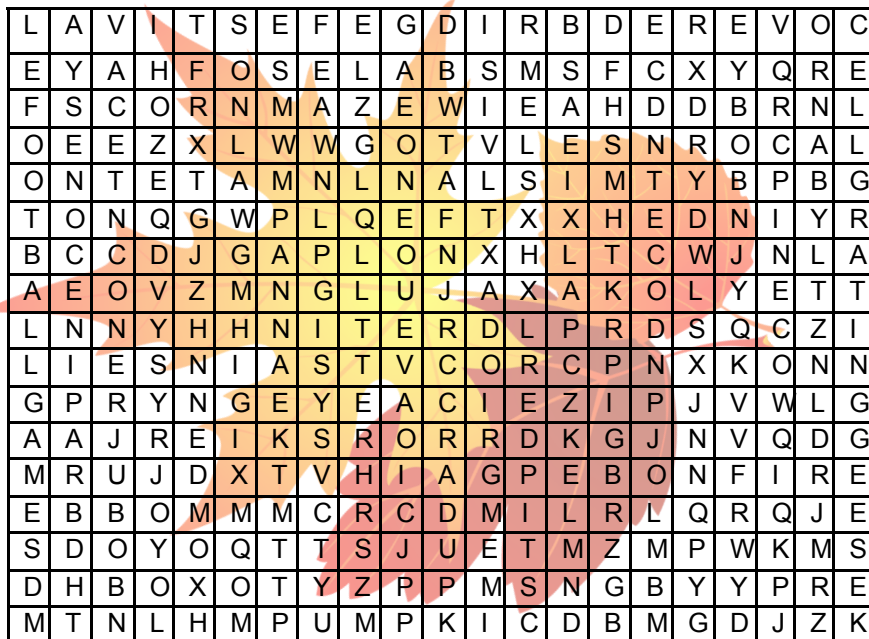
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WORD SEARCH



We have hidden 20 words associated with Autumn in this month's puzzle. The words can go any direction so see how many you can find. Good luck!

- Acorns
- Apple Cider
- Bales of Hay
- Bonfire
- Burning Leaves
- Chestnuts
- Chili
- Corn Maze
- Covered Bridge Festival
- Fall Foliage
- Football Games
- Harvest Moon
- Hayrides
- Hoodies
- Hot Chocolate
- Marshmallows
- Migrating Geese
- Pinecones
- Pumpkins
- Scarecrow

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