

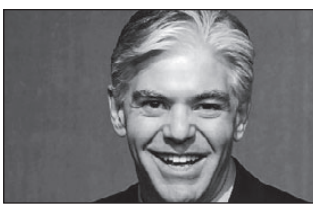
# HEALTH & WELLNESS

## SPINE & SPORTS

# CrossFit: beauty or beast?

Fitness trends have come and gone. In the 1970s, everyone jogged. Then came aerobics, promoted by Jane Fonda, then machine-resistance exercises like Nautilus, then programs like Pilates and Zumba and finally, recent entries such as Bootcamp, P90X and Body Combat. But nothing compares to CrossFit, which truly excels in physically and mentally transforming the average person. Benefits include fat reduction, increased muscle mass and, especially, a psyched-up enthusiasm for the workouts.

Coach Greg Glassman established the CrossFit strength and conditioning program in 2000, and it has exploded in the last few years. CrossFit usually consists of a warm up, a skill development session and a workout of the day (WOD) and also blends in a diet philosophy and a positive-attitude culture. Exercises weightlifting moves like deadlifts, cleans and squats; calisthenics and gymnastics such as pull-ups, rowing or rings; or a mix of odd



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exercises such as the "Turkish Get Up," which is where you move from a lying-down position to a standing position with one arm holding weight over the head at all times. All exercises are scaled to meet the individual's fitness level, and most are performed in high-intensity intervals, a training technique that is exactly what the American College of Sports Medicine's recent poll predicted would be the biggest trend in the exercise world for 2014. People of all ages participate, and they seem to get hooked on the WODs, the peer-group motivation and the social culture. I am not a CrossFitter myself, but I write this as an experienced sports medicine doctor who provides care to CrossFit athletes of every level. My observation is that higher-level

CrossFitters are every bit as conditioned as Olympic athletes.

But, what about the much-touted risk of injury? Any high-intensity training program will likely lead to some strain or injury. In a recent small survey study in the Journal of Strength and Conditioning Research, the authors found CrossFit injury incidence to be similar to that of Olympic weight-lifting, powerlifting and gymnastics, and lower than competitive contact sports such as rugby. In another study of U.S. Army soldiers in a high-intensity training program that included CrossFit training, soldiers participating in the program showed injury rates comparable to those of non-participating soldiers. I've provided care at CrossFit competitions and, so far, have not seen any serious injuries. Compare this with risky sports like men's football, women's basketball, gymnastics or snowboarding where there are bound to be concussions, sprains and fractures. Sit-ups are unsafe, done at CrossFit or anywhere else. Also,

while a quality personal trainer at a gym is the best medicine for some people, it, too, can lead to injury. When performing any sport - CrossFit included - you risk injury. The best advice is to seek out a CrossFit facility with coaches who meticulously monitor good form, don't push you past your limit and allow you to modify or avoid exercises that cause you problems.

CrossFit is a unique newcomer to the exercise scene. Evidence suggests that the CrossFit program is a viable fast track to improved body composition and cardiovascular fitness, with tremendous benefits. The risks surely outweigh those of a sedentary lifestyle.

Beauty or beast? Just ask a CrossFitter.

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# Are lung screenings necessary?

**Q:** My doctor recommended I get screened for lung cancer. What kind of screening is there and why should I get screened?

**A:** Lung cancer is the most common cancer cause of death in the U.S., with over 200,000 people diagnosed and over 150,000 lives lost to it every year. Smoking is the cause of 80 to 90 percent of all cases of lung cancer, although radon gas, asbestos or other chemical exposures can cause it as well.

Smoking is also a major risk factor for cardiovascular diseases and COPD, and contributes to more than 400,000 deaths in the U.S. and over 6 million deaths worldwide every year; half of all heavy smokers will die from a smoking-related cause. Despite a decline in smoking over the last several decades, more than 20 percent of adults in the U.S. still smoke. The best way to prevent lung cancer, as well as death from other smoking-related causes, is to never start smoking (or if you already smoke, to stop).

Lung cancer is thought to develop due to cancerous mutations of the cell's DNA. The higher the level of exposure (for example from heavier and/or longer duration smoking), the more likely the cell's DNA repair system will be overwhelmed and cancer develop.

Like other cancers, lung cancer is "staged" to describe the extent of disease in each patient. A simplified way to look at this staging is whether the cancer is "local" (in one location in the lung), "regional" (it has spread beyond just one location to other parts of the same lung) or it has spread outside the initial lung ("distant spread"). Although there are many things to consider to get a best estimate of prognosis, in general terms the five-year survival is about 50 percent if the lung cancer is diagnosed in the local stage, 15 percent when diagnosed in the regional stage and less than 5 percent when diagnosed in the distant spread stage.

Local stage lung cancer typically has minimal symptoms. More advanced lung cancer may cause symptoms such as shortness of breath, cough productive of bloody sputum and even pain, weakness or other systemic symptoms. Because of the minimal symptoms with local stage disease, most lung cancers are diagnosed while in the regional or distant spread stages.

The combination of a much poorer prognosis for advanced disease and limited symptoms to raise suspicion while in the local stage suggests that patients at high risk of developing lung cancer (those with long/heavy smoking histories) may benefit from screening. This concept has been evaluated with screening using low dose computed tomography scans (LDCT) and has been shown to reduce death from lung cancer in patients with a

## What's up Doc?



JEFF HERSH

30 pack-year history of smoking (one pack a day for 30 years, two packs a day for 15 years, etc.) who are between 55 and 80 years old and either still smoke or quit within the last 15 years.

LDCT can identify lung cancer at early stages, but it may also identify non-cancerous lesions or even slowly growing cancers that may not cause harm; this is often called "over-diagnosis" or "false-positive" findings. In fact over 90 percent of nodules identified by LDCT exams actually turn out not to be lung cancer. Thankfully, most of these findings are small lesions that are simply followed-up by repeat LDCT to see if they have grown. However, some of these may be large or suspicious enough that a biopsy may be performed to determine if they are benign or cancerous.

After evaluating the potential benefits and harms (false-positives as well as any concern of increasing cancer risk due to radiation exposure from the screening scan) of LDCT screening, the National Comprehensive Cancer Network, the American College of Chest Physicians, the American Society of Clinical Oncology, the American Cancer Society, the American Lung Association, the American Association for Thoracic Surgery, the U.S. Preventive Services Task Force (USPSTF) and others all recommend it for high risk patients who are otherwise in good enough health to have potentially curative surgery to treat early stage lung cancer if it is diagnosed.

Even though lung cancer screening with LDCT is recommended for high risk patients and can help save many lives, in the future we may be able to do even better by minimizing the "false positives" - ways to identify patients who will benefit the most from screening, perhaps with some to-be-developed blood tests or by using positron emission tomography (PET scans) or some other technology, may be developed. For now, the Affordable Care Act ensures that lung cancer screening for high-risk patients is covered by insurance at no cost to the patient. Hopefully Medicare will soon decide to support these lifesaving tests as well.

*Jeff Hersh, Ph.D., M.D., can be reached at DrHersh@juno.com.*

## SENIOR Q & A

# Senior home safety checklist

**Q:** I am going to visit my dad, and I would like to know what kinds of home safety things I should look for?

**A:** Look at the outlets and the electrical cords and replace anything that looks cracked or frayed. Are there extension cords at the outlets and can they be reduced or consolidated? Consider tacking them down for safety. Consider replacing light bulbs to a brighter one if your father has any eyesight problems. Check out the carpets; are they in good shape or are there areas where it is thin down to the padding? Look at all scatter rugs and check that they do not come easily. They may need to be secured to the floor, but it is best to remove all scatter rugs. Look at the telephone, microwave and other appliances. Are they within easy reach? If your father is bending down or reaching too high he could lose his balance and fall. If there are stairs,



DEBBIE GITNER AND LINDA SULLIVAN

are the handrails sturdy and in good shape? Many seniors hold tightly onto the handrails, and they need to be very secure and on both sides of the stairs. Is there a fire extinguisher in the house? Check the date of expiration. Is there a built-in grab bar in the shower? Some grab bars are held by suction, which we do not recommend; the device can loosen at any time, which could cause a fall. Check the water heater temperature setting and make sure that the water is not scalding hot which could cause burns. Look at the furniture layout for room to move around. If your father should need a walker, is there adequate

walking space to get around the home? Are there adequate nightlights in the bathroom, is the telephone close to the bed, and are there emergency contact telephone numbers with a list of medications and allergies on the refrigerator? EMTs are trained to go directly to the refrigerator to look for important information.

**Q:** My mother has decided the house she currently lives in is too big. She would like to downsize to either an apartment or condominium. She is unable to sort, throw away, clean, pack this house and organize all the tasks needed to move. Is there anyone I can call to assist my mother?

**A:** Yes there are move managers who can take on the tasks of organization. First, they would meet with your mother and with you, take a tour of the house and prepare a plan. The move manager should put in writing their

responsibilities and the cost. The move managers are experts at details, can coordinate with the utility companies, can assist with purchasing any new items and oversee the entire move from start to finish. To find a move manager in your local area, contact the National Association of Senior Move Managers at [www.nasmm.org](http://www.nasmm.org) or call 877-606-2766. You should be able to find a move manager in your local area.

*Debbie Gitner, LCSW, C-SWCM is Vice President of the New England Chapter of Geriatric Care Managers. Linda Sullivan Nurse and Care Manager Certified, RN, CMC. Together they are owners of ElderCare Resource Services helping families navigate resources for seniors. Contact them at 508-879-7008; toll free at 866-280-2308; fax 508-405-0963; www.eldercareservices.com.*

## SUPPORT GROUPS

To update listings, contact Linda Hemstedt at 508-626-3924 or email [metrowest.events@wickedlocal.com](mailto:metrowest.events@wickedlocal.com).

### PARENT LOSS: A UNIQUE LOSS FOR ADULTS

at Natick Community Senior Center, 117 East Central St., Natick. The loss of a parent through death, whether the first or a surviving parent, is heightened during the hallmark months of May and June, when parents are honored on Mothers and Fathers days. Join the group Tuesday, May 28, 6:30-8 p.m., in conversation about how to manage this unique loss. For more information or to sign up, please call Christina at 508-647-6547. This program is in partnership with Beacon Hospice.

### PARENT SUPPORT GROUP

Wayside Youth & Family Support Network's parent support groups for parents of children with behavioral, emotional or mental health challenges. The groups are held on second and fourth Monday of each month, 7-9 p.m. at Wayside Youth & Family Support Network, 88 Lincoln St., Framingham. Contact Dodi Hardsog, parent support coordinator, at 508-620-0010, ext. 339, or [lois\\_derusha@waysideyouth.org](mailto:lois_derusha@waysideyouth.org).

[waysideyouth.org](http://waysideyouth.org).

### PARENTS WITHOUT PARTNERS

A non-profit organization that supports single parents and their children by providing educational and social activities. To contact the Auburn Chapter, call 508-721-0707.

### PFLAG/MetroWest (Parents, Families, and Friends of Lesbians, Gays, Bisexuals, and Transgender people)

invites all to an evening of conversation, sharing, support, and connection on the fourth Monday of each month, 7-8:30 p.m. at Rice House on the campus of the Unitarian Universalist Church of Wellesley Hills, 309 Washington St., Wellesley Hills. Information: [metrowest-pflag@verizon.net](mailto:metrowest-pflag@verizon.net); [www.gbpfag.org](http://www.gbpfag.org).

### PROSTATE CANCER SUPPORT GROUP

meets the last Thursday of each month from 7 to 8:30 p.m. at the MetroWest Medical Center, School of Nursing Building, 85 Lincoln St., Framingham. No meetings in July and August. A group also meets on the first Tuesday, 9-10:30 a.m. at Callahan Senior Center, 535 Union Ave., Framingham. Call Melissa Hayon

at 508-383-8529 or Linda Mario at 508-383-1378.

### RECOVERY INC.

Ongoing training in overcoming anxiety, panic, depression, anger and related disorders. Meets each Tuesday at 7 p.m. at Wesley Methodist Church, 80 Beacon St., Framingham. Call Beverly Ducat at 508-793-2191 or visit [www.recovery-inc.org](http://www.recovery-inc.org).

### SAFEPLACE GROUP

available for survivors of a completed suicide, an extension of the Samaritans Suburban West. Meets second and fourth Wednesday of each month from 7-9 p.m. at 235 Walnut St., Framingham. Call 508-875-4500 or 508-478-7877.

### SIB CLUB

meets second and fourth Wednesday from 6-8 p.m., at Employment Options, 82 Brigham St., Marlborough. For people who have a sibling suffering from a mental illness. To pre-register, call Dodi Hardsog at Wayside Youth & Family at 508-620-0010, ext. 339; [dorothy\\_hardsog@waysideyouth.org](mailto:dorothy_hardsog@waysideyouth.org).

### SIBLING CLASS

for siblings 2 years and older to familiarize the child with the maternity center and

discuss the child's new role. Meets first Wednesday of each month from 4-5 p.m. at Milford Regional Medical Center, Milford. Call the Childbirth Education Dept. at 508-422-2756.

### SINGLES SUPPORT GROUP

meets Thursday evenings from 6:30-9 p.m. year round; 6:30 p.m., orientation, 7 p.m. support groups and 8 p.m. program. A singles support group for separated, divorced, widowed and single adults dealing with loss. New Beginnings Wellesley Hills is a self-help group. It is important to understand that we are not a therapy group or a substitute for therapy. We are dedicated to helping members heal. We offer you a gift of friendship and a program to nurture your soul and your mind. Meetings combine group membership activities with small group discussions led by trained facilitators. It's an environment that can help you get comfortable sharing your story, letting go of the past and moving on with your life. Meets at the Wellesley Hills Congregational Church, 207 Washington St., Wellesley Hills. Information: [www.newbeginningswellesley.org](http://www.newbeginningswellesley.org) or call 617-731-0152.

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