

Speed Read- News you can use (cont'd.)

Research: Fever-reducing medications may make flu carriers more contagious.

[USA Today](#) (1/22, Watson) reports recent research indicates fever-reducing medications may make flu carriers more contagious. The “use of anti-fever drugs, technically known as anti-pyretics, raises the number of flu cases by roughly 5% a year, translating to more than 1,000 additional deaths in the USA annually for a garden-variety flu strain, the study estimates.” According to McMaster University mathematician David Earn, however, “The (message) of this paper is not, ‘Don’t take anti-pyretics.’ That’s not what we’re saying,” but rather, “if you’re taking those drugs, there’s an effect on the rest of the population that you should be aware of.” He does recommend that patients taking such medicines refrain from work or school and avoid contact with others. <http://www.usatoday.com/story/news/nation/2014/01/21/fever-medications-flu-spread/4660427/>

Thyroid Supplements with a Kick

By RONI CARYN RABIN

January 20, 2014

Feeling sluggish? Having a hard time getting out of bed in the morning? Gaining weight?

Many people with vague symptoms like these turn to [dietary supplements](#) that promise to jump-start metabolism by bolstering their thyroids with a mix of [vitamins](#) and minerals. [Bladderwrack seaweed](#), iodine and an herb called [ashwagondha](#) are among the common ingredients.

But these over-the-counter products may also contain something that’s not so natural: thyroid hormones that should only be dispensed by prescription.

Researchers who tested 10 popular thyroid-boosting products sold online [found that nine contained the hormones thyroxine \(T4\) or triiodothyronine \(T3\)](#), sometimes both. The amounts varied, but in some cases the recommended daily dose contained amounts of thyroid hormone as high as or higher than delivered by prescription medications, according to the report, published in November in *Thyroid*, a scientific journal.

TONY CENICOLA / THE NEW YORK TIMES

“You can’t trust any of these things. You don’t know what’s in them.”

At the recommended daily dose of four capsules, one supplement delivered 91 micrograms of T4 and 16.5 micrograms of T3, the researchers found. In clinical practice, the starting dose of T4 for patients with low thyroid function is just 25 micrograms a day; some older patients are given half that amount. A dose of 75 micrograms a day is sufficient to restore function in many petite women.

“This supplement could give you as much thyroid hormone as you get in a prescription drug or more,” said Dr. Victor Bernet, chairman of endocrinology at the Mayo Clinic in Jacksonville, Fla., and senior author of the study. He became interested in so-called thyroid-support supplements after seeing a patient with inexplicable test results. The patient eventually admitted that he had been taking a supplement that a friend recommended for “low energy.”

[Audio | Inside Thyroid Supplements: That supplement for your thyroid may be doing you more harm than good.

Thyroid disease is common — and more common in women, affecting one in 10 over age 50. Patients may suffer fatigue, [lethargy](#) and weight gain, but not everyone with those symptoms has the illness. Patients taking thyroid hormone should be checked regularly by a physician, Dr. Bernet said.

“Thyroid hormone has a narrow therapeutic window,” he said, and “it’s easy to go over or under” the optimal dosages.

Taking too much can disrupt the body’s ability to regulate hormone levels, and actually may trigger thyroid disease in a healthy person, Dr. Bernet said. Excessive doses of thyroid hormone also can cause anxiety, [insomnia](#) and emotional changes, as well as bone loss and serious heart problems.

Officials with trade groups that represent supplement manufacturers said they were troubled by the study’s findings and would welcome regulatory enforcement against what one called the “few bad actors” producing adulterated products.

“No dietary supplements should contain prescription drugs, period,” said John Shaw, chief executive officer of the [Natural Products Association](#). “They are illegal and should be removed from the market,” he said, adding, “We don’t want dangerous products out there.”

Both Mr. Shaw and Duffy MacKay, of the [Council for Responsible Nutrition](#), another supplement trade association, suggested the tested products did not represent all of them, even though nine of 10 contained detectable levels of medication.

Mr. MacKay, a [naturopathic](#) doctor, said most consumers do not use “obscure” products like thyroid-support supplements. “This is a real fringe category, the outsiders of the outsiders of the outsiders,” he said.

While the Food and Drug Administration can take action against unsafe supplements once they are on the market, the regulations governing supplements differ substantially from those for conventional medications, which go through extensive testing before approval. Under the Dietary Supplement Health and Education Act of 1994, supplement manufacturers are required to [ensure that products are safe](#) before putting them on the market.

An F.D.A. spokeswoman said the agency has stepped up enforcement in recent years, in one case issuing [warning letters about widespread violations of good manufacturing practices](#) at an Atrium Inc. plant in Wautoma, Wis., that makes red yeast rice and other supplements. She declined to say whether the agency would be investigating thyroid-support products.

Doctors are also concerned about iodine, an ingredient in about half the thyroid-boosting supplements. In order for the body to make thyroid hormone, it needs iodine, but excessive amounts of the element may be harmful, Dr. Bernet noted.

The recent study did not analyze the iodine content in thyroid-support supplements, but labels on five of the products listed it as an ingredient, with amounts of 100 to 240 micrograms in the recommended daily dose. The recommended daily allowance for adults is 150 micrograms (slightly more for women who are pregnant or [breast-feeding](#)). A teaspoon of iodized salt contains 400 micrograms.

For iodine, as for thyroid hormone, Dr. Bernet said, there is a “sweet spot” in the diet; too much or too little may be harmful.

He and his co-authors did not make it easy for consumers who want to avoid supplements contaminated with thyroid hormone: The published paper did not identify the tested products.

Dr. Bernet’s advice was to avoid all of these supplements. “You can’t trust any of these things. You don’t know what’s in them.”

“Click-To-Call”

Every month, the “Click-To-Call” is used by millions of visitors on mobile websites. It’s no surprise then that a large percentage of those clicks are being made by current and prospective patients when they are trying to reach their doctor’s office for an appointment, directions or some other immediate reason.

In late September, Google released the results of a study undertaken with 3,000 mobile searchers that attempted to quantify the role Click-to-Call call played in the decision-making process for a purchase or service. The results certainly aren’t shocking, but do paint a good picture of how important the feature is to your office’s success on the mobile web.

It’s a fact that 95% of small- and medium-sized businesses (of which of course doctor’s offices are) do not have a mobile-optimized website. As evidenced in reason #2, having Click-to-Call as a feature on your mobile website most likely gives your medical practice a revenue boost from customers who switched to your mobile site from one without the same functionality.

<http://physicianwebsitedesign.com/click-to-call-for-doctors/>

Groundbreaking stem cell treatment approved for MS patients

cbsnews.com

Dr. Jon LaPook goes inside the trial and approval process for an experimental treatment using stem cells designed to make Multiple Sclerosis patients better. Current treatments only try to stop the progression of the disease.

http://www.linkedin.com/redirect?url=http%3A%2F%2Fwww%2Ecom%2Fvideos%2Fgroundbreaking-stem-cell-treatment-approved-for-ms-patients%2F&urlhash=SJ9q&t=tracking_anet

Grain Brain: The Surprising Truth About Wheat, Carbs, and Sugar -- Your Brain's Silent Killers

In his new book [Grain Brain: The Surprising Truth About Wheat, Carbs, and Sugar -- Your Brain's Silent Killers](#), Dr. David Perlmutter, Associate Professor at the University of Miami School of Medicine, advocates that lifestyle modifications, starting with a high-fat, nearly carbohydrate-free diet, can prevent or greatly lower dementia risk and progression -- and he's armed with plenty of data to back up the claim. But detractors say the evidence isn't quite there. With Grain Brain about to hit its 15th straight week on the New York Times best-seller list (including a stint at the top spot) Medscape spoke with Dr. Perlmutter about his thoughts on the impact of carbohydrates and gluten on the brain.

<http://www.amazon.com/Grain-Brain-Surprising-Sugar-Your-Killers/dp/031623480X>

Mediterranean diet may be linked to lower risk of developing peripheral artery disease.

[Reuters](#) (1/22, Pittman) reports that research published online in the Journal of the American Medical Association suggests that adhering to a Mediterranean diet may be linked to a lower risk of developing peripheral artery disease.

[HealthDay](#) (1/22, Norton) reports that “the findings...come from what’s thought to be the first clinical trial to test whether Mediterranean-style eating can ward off cardiovascular disease in people at increased risk.”

[Medscape](#) (1/22, Busko) reports that researchers found, over nearly “five years of follow-up,” that “compared with high-risk patients who followed a low-fat diet (controls),” participants “who followed a Mediterranean diet supplemented with extra nuts had half the risk of developing symptomatic PAD, and those who followed a Mediterranean diet supplemented with extra-virgin olive oil had a one-third risk of this outcome.” [Internal Medicine News](#) (1/22, Moon) also covers the story.

<http://www.reuters.com/article/2014/01/21/us-mediterranean-diet-idUSBREA0K1N520140121>

Dr. Scott Rosa, a cranio-cervical specialist will be presenting his procedure for treating cranio-cervical junction syndrome CCJS at our upcoming AAOM meeting in Clearwater, FL April 9-12, 2014.

Jim McMahon says NFL lawsuit delay a blessing and a curse

Scott Ericson

Updated 5:32 pm, Friday, January 17, 2014

Jim McMahon, former Chicago Bears quarterback, speaks to an audience at Chelsea Piers Stamford, CT about being a patient of Dr. Scott Rosa, a cranio-cervical specialist, and Dr. Rosa's procedure on treating cranio-cervical issues.
Thursday, January, 16th, 2014



STAMFORD -- Former [Chicago Bears](#) quarterback [Jim McMahon](#) feels the recent ruling by a judge to halt the lawsuit by former NFL players suffering from post concussion symptoms is both a blessing and a curse.

The research that Dr. Rosa and I have been working on is showing that upper cervical adjustment can result in improved CSF homeostasis which “cleanses” the brain of amyloid and beta tau protein toxicity without the necessity of anti-amyloid or other often toxic drugs.

<http://www.stamfordadvocate.com/sports/article/Jim-McMahon-says-NFL-lawsuit-delay-a-blessing-and-5150813.php>

Antiamyloid Therapy for Alzheimer's Disease — Are We on the Right Road?

Eric Karran, Ph.D., and John Hardy, Ph.D.
 N Engl J Med 2014; 370:377-378
[January 23, 2014](#) DOI: 10.1056/NEJMe1313943

The increasing prevalence of Alzheimer's disease represents a global challenge at multiple levels: personal, social, and economic. The amyloid hypothesis¹ posits that deposition of amyloid-beta (A β) in brain parenchyma is an early critical event in Alzheimer's disease that promotes or accelerates downstream features of the disease such as tangle formation, neuronal loss, and progressive dementia. Most pharmaceutical companies seeking disease-modifying treatments for Alzheimer's disease have investigated A β -centric therapeutics.

Update on Dry Needling

The AAOMPT leadership wishes to share with the membership the recent memorandum written by APTA President, Paul Rockar, Jr, PT, MS, DPT that summarizes an APTA legal opinion in response to a November 13, 2013 letter from National Center for Acupuncture Safety and Integrity (NCASI). The NCASI letter alleged that physical therapists' use of monofilament (acupuncture) needles in "trigger point dry needling" is inconsistent with the requirements for the sale of acupuncture needles under the U.S. Food and Drug Administration (FDA) regulations. The AAOMPT Board in collaboration with the AAOMPT Practice Affairs Committee have reviewed this and fully support the APTA legal analysis that concludes that the NCASI claims are without merit and that in states where physical therapists have the legal right to perform dry needling procedures, there should be no restrictions on physical therapists' right to purchase the monofilament needles. READ the APTA Letter.

The AAOMPT has taken a leadership role in protecting physical therapists' right to perform dry needling; the first step being AAOMPT membership passing the following position and support statement on October 17, 2009:

POSITION: It is the Position of the AAOMPT Executive Committee that dry needling is within the scope of physical therapist practice.

SUPPORT STATEMENT: Dry needling is a neurophysiologic evidence-based treatment technique that requires effective manual assessment of the neuromuscular system. Physical therapists are well trained to utilize dry needling in conjunction with manual physical therapy interventions. Research supports that dry needling improves pain control, reduces muscle tension, normalizes biochemical and electrical dysfunction of motor endplates, and facilitates an accelerated return to active rehabilitation.

The AAOMPT has also collaborated with the APTA in the development of 2 important related documents. The first was published in January 2012 and titled: APTA Education Resource Paper Physical Therapists and the Performance of Dry Needling. This document provides information on dry needling scope of practice considerations to assist in understanding the legal or regulatory requirements or restrictions on the performance of dry needling.

The second document is titled: Description of Dry Needling in Clinical Practice: An Educational Resource Paper and was produced by the APTA Public Policy, Practice, and Professional Affairs Unit in February 2013. This is a more comprehensive document to assist physical therapists related to clinical practice, research, and educational issues related to dry needling. Both documents are available at: www.apta.org/stateissues.

The AAOMPT remains committed to strongly advocate for practice issues such as dry needling and other areas of orthopaedic manual physical therapy practice when threats arise from other practitioners.

Stethoscopes May Soon Be Replaced By Ultrasound Devices.

HealthDay (1/24, Thompson) reports a stethoscope, a ubiquitous symbol of medicine, “is an old-fashioned device that has outlived its usefulness and should be replaced in the very near future,” according to a pair of prominent New York City cardiologists. “Hand-held ultrasound devices are becoming less expensive and soon will offer a viable and preferable alternative to the stethoscope,” according to Jagat Narula, associate dean for global affairs at Mount Sinai School of Medicine and editor-in-chief of the journal Global Heart. HealthDay says “his editorial outlining the argument was published recently in the journal.” Narula, along with Mount Sinai colleague Dr. Bret Nelson, wrote that instead of the stethoscope, doctors in future carry a small ultrasound device that will allow them to look into person’s internal organs, rather than just listening to the organs. The Daily Mail (UK) (1/24) also covers the news.