GET THE MOST FROM YOUR HEALTH CARE:
Or "How Not to Get Cheated in Your Health Care"
Dr. Falkoff's Health Care Guidelines
High Ridge Family Practice

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The following represents a reasonably comprehensive overview for the maintenance of the health of the human body from birth to death. It is designed to be used as a guideline and may not apply in each case, for everybody and every patient, but will hopefully answer the questions of how often one should see a physician and what should be covered on a routine basis. These Guidelines address when certain tests and immunizations should be done as well as the frequency of comprehensive physical exams. Each individual person is unique and will have different genetic (inherited risk factors), as well as personal and environmental risk factors, but this overview provides a guideline for most medical care. Modifications to frequency and reasons for office visits should be made according to particular problems or family history of illness.

Section 2 of this Health Care Guidelines overview addresses Goal Oriented Medicine and what you can do to help yourself and your family reduce your risks, now and in the long term, from heart disease, stroke and cancer.

Section 3 of this Health Care Guidelines overview addresses some specific ways to reduce risks from heart and vascular disease and possibly prevent some cancers.

Section 4 of this Health Care Guidelines contains Formulas for personal health care calculations as well as an outline of a cardiac exercise program and instructions for stress reduction through relaxation techniques.

The information provided here is one of many opinions on what is necessary and appropriate for ongoing medical care and preventive medicine. The guidelines provided here comes from a conglomeration of multiple sources as well as personal opinion and experiences.

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BIRTH (Male or Female)

Height, Weight, Head Circumference at Birth
Newborn Physical Exam
PKU #1 obtained in Nursery at first 24-48 hours (CT State Mandated)
PKU is an inherited, rare metabolic disorder that is treated with specific diet restrictions if the blood test returns positive.
Hepatitis B Vaccination (optional, but utilized more frequently at present time, this is the 1st of a series of 3 injections to protect children from Hepatitis B)
Circumcision for boys, if family desires and/or for religious purposes, usually done within the first 2 to 7 days
Discharge from hospital typically at 48-72 hours, may be 4-5 days if mother had C-section

From here on, examinations and visits are routinely done in Physician's Office

Day of Life 4 - 5
Weight check and review of feeding history and technique:
if breast feeding (though preferable for optimal nutrition and health), weight loss is common in the first days to about fifth day of life and/or infant weight loss or failure to gain in nursery prior to discharge.

1 Week Old
Infant examination and weight check

2 Weeks Old
Infant examination and weight check
PKU #2

1 Month Old
Infant examination and weight, growth check

2 Months Old
Infant examination and assessment of developmental changes
Weight, Height, Head circumference
Pediarix #1 (5 Vaccines in 1 combination vaccine: DTaP / IPV / Hep B)
This is for immunzation against D=Diptheria, T=Tetanus, aP=acellular Pertussis, IPV=Inactivated Polio Vaccine, Hep B=Hepatitis B Vaccine.
HiB Vaccination #1
HiB=Hemophillus influenza B.
Pediarix & HiB provide immunization coverage that represents the major childhood illnesses and the risks from these vaccines are significantly less than the complications and problems that can arise from developing these illnesses if not immunized

4 Months Old
Infant examination and assessment of developmental changes
Weight, Height, Head circumference
Pediarix #2 (5 Vaccines in 1 combination vaccine: DTaP / IPV / Hep B)
This is for immunzation against D=Diptheria, T=Tetanus, aP=acellular Pertussis, IPV=Inactivated Polio Vaccine, Hep B=Hepatitis B Vaccine.
HiB Vaccination #2
HiB=Hemophillus influenza B.
Pediarix & HiB provide immunization coverage that represents the major childhood illnesses and the risks from these vaccines are significantly less than the complications and problems that can arise from developing these illnesses if not immunized

6 Months Old
Infant examination and assessment of developmental changes
Weight, Height, Head circumference
Pediarix #3 (5 Vaccines in 1 combination vaccine: DTaP / IPV / Hep B)

This is for immunzation against D=Diptheria, T=Tetanus, aP=acellular Pertussis, IPV=Inactivated Polio Vaccine, Hep B=Hepatitis B Vaccine. Pediarix provides immunization coverage that represents the major childhood illnesses and the risks from these vaccines are significantly less than the complications and problems that can arise from developing these illnesses if not immunized

Hepatitis B series completed, may have evaluation of immunity at 14-16 years old to see if the patient has maintained immunity, if not then will have to be revaccinated

Prevnar #1 (Pneumococcal Vaccine)

Provides immunization against very common bacterial illness that causes Meningitis, Pneumonia, Ear Infections and other upper respiratory infections in Childhood and in Adults. The risks from this vaccine is significantly less than the complications and problems that can arise from developing these illnesses if not immunized

9 Months Old
Infant examination and assessment of developmental changes
Weight, Height, Head circumference
CBC (complete blood count, or at least a Hemoglobin & Hematocrit)
Prevnar #2 (Pneumococcal Vaccine)

Provides immunization against very common bacterial illness that causes Meningitis, Pneumonia, Ear Infections and other upper respiratory infections in Childhood and in Adults. Th risks from this vaccine is significantly less than the complications and problems that can arise from developing these illnesses if not immunized

HiB Vaccination #3

HiB=Hemophillus influenza B.

Pediarix & HiB provide immunization coverage that represents the major childhood illnesses and the risks from these vaccines are significantly less than the complications and problems that can arise from developing these illnesses if not immunized

1 Year Old
Infant examination and assessment of developmental changes
Weight, Height, Head circumference
Blood Lead Level
Tuberculosis Exposure Skin Testing (done in the form of a PPD{preferred method}
or Tine Testing {older method, less reliable})
Prevnar #3 (Pneumococcal Vaccine)
Provides immunization against very common bacterial illness that causes Meningitis, Pneumonia, Ear Infections and other upper respiratory infections in Childhood and in Adults. Th risks from this vaccine is significantly less than the complications and problems that can arise from developing these illnesses if not immunized
Varicella Vaccine #1 (can be given as early as 1 year of age, routinely given as a single dose vaccine after 12 months old up until 13 years of age. If older than 13 years old needs 2 doses, with the second dose one month after the initial dose.)
MMR #1 (can be given as early as 1 year of age, routinely given at 15 months old)

15 Months Old
Toddler examination and assessment of developmental changes
Weight, Height, Head circumference
HiB Vaccination #4
HiB=Hemophillus influenza B.
Pediarix & HiB provide immunization coverage that represents the major childhood illnesses and the risks from these vaccines are significantly less than the complications and problems that can arise from developing these illnesses if not immunized
MMR #1 (if not given at 1 year old, routinely given at 15 months old)
This is the immunization for M=Mumps, M=Measles, R=Rubella
Varicella Vaccine #1 (if not given at 1 year old, routinely given as a single dose vaccine after 12 months old up until 13 years of age. If older than 13 years old needs 2 doses, with the second dose one month after the initial dose.)

18 Months Old
Toddler examination and assessment of developmental changes
Weight, Height, Head circumference
DTaP Vaccination #4
This is for immunzation against D=Diptheria, T=Tetanus and P=Pertussis These represent the major childhood illnesses and the risks from these vaccines are significantly less than the complications and problems that can arise from developing these illnesses if not immunized.
Varicella Vaccine #1 (if not given at 1 year or 15 months old, routinely given as a single dose vaccine after 12 months old up until 13 years of age. If older than 13 years old needs 2 doses, with the second dose one month after the initial dose.)

2 Years Old
Toddler examination and assessment of developmental changes
Weight, Height, Head circumference
Blood Lead Level
Total Cholesterol (only if child has a family history of very high cholesterol, that are over >300, otherwise not indicated during childhood)
Varicella Vaccine #1 (if not given at 1 year, 15 months or 18 months old, routinely given as a single dose vaccine after 12 months old up until 13 years of age. If older than 13 years old needs 2 doses, with the second dose one month after the initial dose.)

3 Years Old
Examination and assessment of developmental changes
Weight, Height, Head circumference
Optional
Tuberculosis Exposure Skin Testing (done in the form of a PPD {preferred method}
Optional or Tine Testing {older method, less reliable})
Total Cholesterol (only if child has a family history of very high cholesterol,
that are over >300, otherwise not indicated during childhood)
Varicella Vaccine #1 (if not given by 2 years old, routinely given as
a single dose vaccine after 12 months old up until 13 years
of age. If older than 13 years old needs 2 doses, with the
second dose one month after the initial dose.)

4 Years Old
Examination and assessment of developmental changes
Weight, Height
DTP or DTaP Vaccination #5
This is for immunzation against D=Diptheria, T=Tetanus, P=Pertussis.
These represent the major childhood illnesses and the risks from these
vaccines are significantly less than the complications and problems that can
arise from developing these illnesses if not immunized. With family history OR
any prior reaction to previous DTP can receive DTaP (this has the acellular
form of the Pertussis vaccine).
IPV #4 (Inactivated polio vaccination) This is the injectable form of polio vaccine,
being more widely used. The risk of reaction to this vaccine is minimal
and is far less than the risk of developing this very serious illness if not
immunized. Given if the child has previously received the 3 IPVs at
2 months, 4 months and 12 months of age. Can be given from 4 to 6 years
of age.
OR
OPV #4 (Oral polio vaccination) The risk of reaction to this vaccine is
minimal and is far less than the risk of developing this very serious illness if
not immunized. This is the preferred time and route of administration for
the fourth polio immunization. Can be given from 4 to 6 years of age.
MMR #2 This is the immunization for Mumps, Measles and Rubella.
Total Cholesterol (only if child has a family history of very high cholesterol,
that are over >300, otherwise not indicated during childhood)
Varicella Vaccine #1 (if not given by 3 years old, routinely given as
a single dose vaccine after 12 months old up until 13 years
of age. If older than 13 years old needs 2 doses, with the
second dose one month after the initial dose.)

6 Years Old
Examination and assessment of developmental changes
Weight, Height
DTP or DTaP Vaccination #5 (if not given at 4 year old exam)
This is for immunzation against D=Diptheria, T=Tetanus, P=Pertussis. These represent the major childhood illnesses and the risks from these vaccines are significantly less than the complications and problems that can arise from developing these illnesses if not immunized. With family history OR any prior reaction to previous DTP can receive DTaP (this has the acellular form of the Pertussis vaccine).
IPV #4 (Inactivated polio vaccination) (if not given at 4 year old exam)
This is the injectable form of polio vaccine, being more widely used. The risk of reaction to this vaccine is minimal and is far less than the risk of developing this very serious illness if not immunized. Given if the child has previously received the 3 IPVs at 2 months, 4 months and 12 months of age. Can be given from 4 to 6 years of age.
OR
OPV #4 or (Oral polio vaccination) (if not given at 4 year old exam)
The risk of reaction to this vaccine is minimal and is far less than the risk of developing this very serious illness if not immunized.
OR
MMR #2 if not previously given at 4 year old check up.
CBC
Urinalysis
Total Cholesterol (only if child has a family history of very high cholesterol, that are over >300, otherwise not indicated during childhood)
Varicella Vaccine #1 (if not given at 4 years old, routinely given as a single dose vaccine after 12 months old up until 13 years of age. If older than 13 years old needs 2 doses, with the second dose one month after the initial dose.)

9 Years Old
Examination and assessment of developmental changes
Weight, Height
CBC
Urinalysis
Total Cholesterol (only if child has a family history of very high cholesterol, that are over >300, otherwise not indicated during childhood)
Varicella Vaccine #1 (if not given at 6 years old, routinely given as a single dose vaccine after 12 months old up until 13 years of age. If older than 13 years old needs 2 doses, with the second dose one month after the initial dose.)

12 Years Old
Examination and assessment of developmental changes
Weight, Height
CBC
Urinalysis
Total Cholesterol (only if child has a family history of very high cholesterol, that are over >300, otherwise not indicated during childhood)
Td Booster (Tetanus, Diptheria booster vaccination)
Varicella Vaccine #1 (if not given at 9 years old, routinely given as a single dose vaccine after 12 months old up until 13 years of age. If older than 13 years old needs 2 doses, with the second dose one month after the initial dose.)

14 Years Old
Examination and assessment of developmental changes
Weight, Height
CBC
Urinalysis
Total Cholesterol (only if child has a family history of very high cholesterol, that are over >240 {Note the change in the lower cholesterol value}, otherwise not indicated during childhood)
Td Booster if not given at 12 year old examination (Tetanus, Diptheria booster vaccination)
Hepatitis B series of vaccinations to be given if not given during infancy (Note: This is still an optional vaccination but provides additional immunity to a potentially serious medical illness; with the teenage years come higher risks from this disease due to increase in interpersonal contacts).
Varicella Vaccine #1 If a child has not had chicken pox (Varicella) by this age it may be worthwhile to have this additional optional vaccine. It is a series of two injections,Varicella Vaccine #2 (six to 12 weeks after initial vaccine).

Annual Pre-Participation Sports Physical Exams if competing in Interscholastic Sports and Sporting Endeavors outside of school
14 Years Old
15 Years Old
16 Years Old
17 Years Old
18 Years Old
19 Years Old
20 Years Old
21 Years Old
All the above exams will involve primarily:
Examination and assessment of developmental changes; thorough evaluation of Cardiac System, Respiratory System and Musculoskeletal System.
Weight, Height
CBC
Urinalysis
Total Cholesterol (only if child has a family history of very high cholesterol, that is over >240, otherwise not indicated until early 20s for baseline or if overweight, BMI {Body Mass Index} greater 27).
Varicella Vaccine #1 If a child has not had chicken pox (Varicella) by this age it may be worthwhile to have this additional optional vaccine. It is a series of two injections,Varicella Vaccine #2 (four to 12 weeks after initial vaccine).

17 or 18 Years Old
Pre-College, College Entrance Physical Exam
Complete Physical Exam; Includes Vision and Hearing Screening
Review of Immunization Status
Weight, Height
CBC
Additional blood tests that may be required by the College or University
Urinalysis
Total Cholesterol (only if child has a family history of very high cholesterol, that is over >240, otherwise not indicated until early 20s for baseline or if overweight, BMI {Body Mass Index} greater 27).
Additional Laboratory Work that may be requested by the individual schools: These may be RPR, Hepatitis A status, Hepatitis B status, Proof of Immunity to Mumps, Measles, Rubella, Varicella, Hepatitis B.
Varicella Vaccine #1 If a child has not had chicken pox (Varicella) by this age it may be worthwhile to have this additional optional vaccine. It is a series of two injections,Varicella Vaccine #2 (four to 12 weeks after initial vaccine).
Menomune #1 (Meningococcal Vaccine)
This vaccine protects against the bacteria that can cause meningitis and is most commonly seen in closed populations of people, such as dormitories in Colleges & Universities. Some schools are now making this a requirement for admission. The risk from this vaccine is significantly less than the complications and problems that can arise from developing these illnesses if not immunized

Adult Health Care Ages 18 through 100

Women Age 18 through Menopause should be seen by their Family Physician, Gynecologist or General Internist on an ANNUAL Basis for a Pelvic Exam and PAP SMEAR as a basic minimum for their medical visits.

Annual Comprehensive Physical Exams are NOT needed for Healthy young Men and Women between the ages of 20 through 30 years of age.
One Comprehensive Physical Exam during this period is sufficient and should include the following:

20-29 Year Old Examination (Men and Women)
Height, Weight, Body Mass Index Calculation (BMI)
Body Fat % and Fat Mass by Bioimpedence Plethysmography
Blood Pressure
Vision and Hearing Screen
Skin Survey
Complete Physical Examination-as appropriate for age
Electrocardiogram (ECG) only if Blood Pressure Elevated, if Elevated Lipids, Cardiac Symptoms or Family History of Early Heart Disease
Spirometry if Asthmatic or as a Baseline Testing if a Smoker
Instruction of Self Genital Exam, Testicular Exam in Men, to be done monthly by patient
Instruction of Self Breast Exam in Women, to be done monthly by patient
CBC
Chemistry Panel
Lipid Panel-Total Cholesterol, Triglycerides, HDL Cholesterol, LDL Cholesterol
Urinalysis
Td Booster-Tetanus update, one every 10 years

Frequency of office visits and physical exams changes once the identification of any medical illness has been completed and stable therapy has been instituted and established. Routine office visits should be as follows:

Most stable, chronic medical conditions such as Hypertension, Hyperlipoproteinemia (elevated or abnormal Lipid Profile and Lipid Metabolism) require office visits with routine follow up examinations every 3 or 4 months and an annual physical exam.

Conditions such as Thyroid Disorders, Skin Disorders may have office visits once or twice a year with physical examinations at the normal intervals for the patient's age.

Conditions with more serious long term consequences, such as Diabetes, need closer monitoring even when stable therapy is established. These patients should be seen for routine office visits and follow up examinations on a monthly basis with an annual physical examination.

Annual Comprehensive Physical Exams are NOT needed for Healthy Men and Women between the ages of 30 through 39 years of age.
Two to Three Comprehensive Physical Exam during this period is sufficient and should include the following:

30-39 Year Old Examination (Men and Women)
Height, Weight, Body Mass Index Calculation (BMI), +/- Skinfold Measurements for Body Fat Content or Body Fat % and Fat Mass by Bioimpedence Plethysmography
Blood Pressure
Vision and Hearing Screen
Skin Survey
Complete Physical Examination-as appropriate for age
Electrocardiogram (ECG) only if Blood Pressure Elevated, if Elevated Lipids, Cardiac Symptoms or Family History of Early Heart Disease
Spirometry if Asthmatic or as a Baseline Testing if a Smoker
Instruction of Self Genital Exam, Testicular Exam in Men, to be done monthly by patient
Instruction of Self Breast Exam in Women, to be done monthly by patient
CBC
Chemistry Panel
Lipid Panel-Total Cholesterol, Triglycerides, HDL Cholesterol, LDL Cholesterol
Urinalysis
Td Booster-Tetanus update, one every 10 years
Women should get a baseline mammogram at this time, if there is a family history of Breast Cancer in a first degree relative.
Pelvic Ultrasound for Women-evaluate Uterus and Ovaries in women with high risk, having a family history of a first degree relative (mother, sibling) with Uterine or Ovarian Cancer
Chest X-ray for smokers
PPD (to check for Tuberculosis exposure)

Annual Comprehensive Physical Exams are NOT needed for Healthy Men and Women between the ages of 30 through 39 years of age.
Two to Three Comprehensive Physical Exam during this period is sufficient and should include the following:

Frequency of office visits and physical exams changes once the identification of any medical illness has been completed and stable therapy has been instituted and established. Routine office visits should be as follows:

Most stable, chronic medical conditions such as Hypertension, Hyperlipoproteinemia (elevated or abnormal Lipid Profile and Lipid Metabolism) require office visits with routine follow up examinations every 3 or 4 months and an annual physical exam.

Conditions such as Thyroid Disorders, Skin Disorders may have office visits once or twice a year with physical examinations at the normal intervals for the patient's age.

Conditions with more serious long term consequences, such as Diabetes, need closer monitoring even when stable therapy is established. These patients should be seen for routine office visits and follow up examinations on a monthly basis with an annual physical examination.

Annual Comprehensive Physical Exams are NOT needed for Healthy Men and Women between the ages of 40 through 44 years of age.
Two to Three Comprehensive Physical Exam during this period is sufficient and should include the following:

40-44 Year Old Examination (Men and Women)
Height, Weight, Body Mass Index Calculation (BMI), +/- Skinfold Measurements for Body Fat Content or Body Fat % and Fat Mass by Bioimpedence Plethysmography
Blood Pressure
Vision and Hearing Screen
Skin Survey
Complete Physical Examination-as appropriate for age
Electrocardiogram (ECG) only if Blood Pressure Elevated, Elevated Lipids, Cardiac Symptoms or Family History of Early Heart Disease
Spirometry if Asthmatic or as a Baseline Testing if a Smoker
Instruction of Self Genital Exam, Testicular Exam in Men, to be done monthly by patient
Instruction of Self Breast Exam in Women, to be done monthly by patient
CBC
Chemistry Panel
Lipid Panel-Total Cholesterol, Triglycerides, HDL Cholesterol, LDL Cholesterol
Urinalysis
PSA-Prostate Specific Antigen, screening blood test for Prostate Cancer (for men), to establish a patient baseline. Only one needed during this period of time.
CEA-Carcinoembryonic Antigen, screening blood test for Colon Cancer, to establish a patient baseline (for men and women). Only one needed during this period of time.
CA-125 screening tests for Ovarian Cancer, Breast and Lung Cancers (for women).
Pelvic Ultrasound for Women-evaluate Uterus and Ovaries
Stool Specimens for Occult Blood
Patient's, male or female, with a Family History of Colon Cancer should have an initial sigmoidoscopy (though a colonoscopy would be more thorough) at the age of 40. If negative for any colon lesions would then have colonoscopy every 5 years. If benign polyp(s) present should repeat colonoscopy in 1 to 3 years until cleared with a negative colonoscopy.
Td Booster-Tetanus update, one every 10 years
Women should get a baseline mammogram at this time, even if no family history of Breast Cancer.
Bone Densitometry to identify baseline for patients (women) at High Risk for Osteoporosis (Family History of Osteoporosis, Metabolic Disorders, Chronic Medication use such as Thyroid Hormone Replacement treatment and Prednisone).
Chest X-ray for smokers
PPD (to check for Tuberculosis exposure)

Annual Comprehensive Physical Exams are NOT needed for Healthy Men and Women between the ages of 40 through 44 years of age.
Two to Three Comprehensive Physical Exam during this period is sufficient.

Referral for Echocardiogram & Treadmill Stress Test (TST) only if Blood Pressure Elevated, Elevated Lipids, Cardiac Symptoms or Family History of Early Heart Disease
Referral for Colonoscopy if Stool Guiac Testing Positive or if Family History of Colon Polyps or Colon Cancer

Frequency of office visits and physical exams changes once the identification of any medical illness has been completed and stable therapy has been instituted and established. Routine office visits should be as follows:

Most stable, chronic medical conditions such as Hypertension, Hyperlipoproteinemia (elevated or abnormal Lipid Profile and Lipid Metabolism) require office visits with routine follow up examinations every 3 or 4 months and an annual physical exam.

Conditions such as Thyroid Disorders, Skin Disorders may have office visits once or twice a year with physical examinations at the normal intervals for the patient's age.

Conditions with more serious long term consequences, such as Diabetes, need closer monitoring even when stable therapy is established. These patients should be seen for routine office visits and follow up examinations on a monthly basis with an annual physical examination.

Comprehensive Physical Exams are needed for Healthy Men and Women between the ages of 45 through 49 years of age. One at 45, 47 and 49 years old.
Physical Exams during this period should include the following:

45-49 Year Old Examination (Men and Women)
Height, Weight, Body Mass Index Calculation (BMI), +/- Skinfold Measurements for Body Fat Content or Body Fat % and Fat Mass by Bioimpedence Plethysmography
Blood Pressure
Vision and Hearing Screen
Skin Survey
Complete Physical Examination-as appropriate for age
Electrocardiogram (ECG) only if Blood Pressure Elevated, if Elevated Lipids, Cardiac Symptoms or Family History of Early Heart Disease
Spirometry if Asthmatic or if a Smoker
Instruction of Self Breast Exam in Women, to be done monthly by patient
CBC
Chemistry Panel
Lipid Panel-Total Cholesterol, Triglycerides, HDL Cholesterol, LDL Cholesterol
Urinalysis
PSA-Prostate Specific Antigen, screening blood test for Prostate Cancer (for men), to establish a patient baseline. Only one needed during this period of time.
CEA-Carcinoembryonic Antigen, screening blood test for Colon Cancer, to establish a patient baseline (for men and women). Only one needed during this period of time.
CA-125 screening test for Ovarian Cancer, Breast and Lung Cancers (for women).
CA19-9 screening test for Pancreatic Cancers, Uterine and other Gynecolocic Cancers (for women)
Pelvic Ultrasound for Women-evaluate Uterus and Ovaries-once every 3 to 5 years.
Stool Specimens for Occult Blood
Patient's, male or female, without a Family History of Colon Cancer should have an initial sigmoidoscopy (though a colonoscopy would be more thorough) at the age of 45. If negative for any colon lesions would then have colonoscopy every 5 years. If benign polyp(s) present should repeat colonoscopy in 1 to 3 years until cleared with a negative colonoscopy.
Td Booster-Tetanus update, one every 10 years
Mammogram-every 2 to 3 years
Bone Densitometry to identify baseline for patients (women) at High Risk for Osteoporosis (Family History of Osteoporosis, Metabolic Disorders, Chronic Medication use such as Thyroid Hormone Replacement treatment and Prednisone).
Chest X-ray for smokers
PPD (to check for Tuberculosis exposure)

Comprehensive Physical Exams are needed for Healthy Men and Women between the ages of 45 through 49 years of age. One at 45, 47 and 49 years old.

Referral for Echocardiogram & Treadmill Stress Test (TST) only if Blood Pressure Elevated, Elevated Lipids, Cardiac Symptoms or Family History of Early Heart Disease

Referral for Colonoscopy if Stool Guiac Testing Positive or if Family History of Colon Polyps or Colon Cancer

Frequency of office visits and physical exams changes once the identification of any medical illness has been completed and stable therapy has been instituted and established. Routine office visits should be as follows:

Most stable, chronic medical conditions such as Hypertension, Hyperlipoproteinemia (elevated or abnormal Lipid Profile and Lipid Metabolism) require office visits with routine follow up examinations every 3 or 4 months and an annual physical exam.

Conditions such as Thyroid Disorders, Skin Disorders may have office visits once or twice a year with physical examinations at the normal intervals for the patient's age.

Conditions with more serious long term consequences, such as Diabetes, need closer monitoring even when stable therapy is established. These patients should be seen for routine office visits and follow up examinations on a monthly basis with an annual physical examination.

Annual Comprehensive Physical Exams are needed for All Men and Women between the ages of 50 to 59 years of age regardless of overall health status.
Physical Exams during this period should include the following:

50-59 Year Old Examination (Men and Women)
Height, Weight, Body Mass Index Calculation (BMI)
Body Fat % and Fat Mass by Bioimpedence Plethysmography
Blood Pressure
Vision and Hearing Screen
Skin Survey
Complete Physical Examination-as appropriate for age
Electrocardiogram (ECG) only if Blood Pressure Elevated, if Elevated Lipids Cardiac Symptoms or Family History of Early Heart Disease-Every 2-3 years if no Cardiac Risk Factors, Annually if Cardiac Risk Factors present.
Spirometry if Asthmatic or if a Smoker-Biannually if no episodes of Pulmonary infections and asymptomatic.
Instruction of Self Breast Exam in Women, to be done monthly by patient
CBC
Chemistry Panel
Lipid Panel-Total Cholesterol, Triglycerides, HDL Cholesterol, LDL Cholesterol
Thyroid Testing with T4 and TSH every 2 years
Urinalysis
PSA-Prostate Specific Antigen, screening blood test for Prostate Cancer (for men).
CEA-Carcinoembryonic Antigen, screening blood test for Colon Cancer (for men and women).
CA-125 screening tests for Ovarian Cancer, Breast and Lung Cancers (for women).
CA19-9 screening test for Pancreatic Cancers, Uterine and other Gynecolocic Cancers (for women)
Pelvic Ultrasound for Women-evaluate Uterus and Ovaries-once every 3 to 5 years.
Abdominal Ultrasound to evaluate Abdominal Aorta, Pancreas and Kidneys-once every 5 years
Carotid Doppler Ultrasound if Blood Pressure Elevated, if Lipids Elevated, if Smoker or if Diabetic
Stool Specimens for Occult Blood
Patient's, male or female, without a Family History of Colon Cancer should have sigmoidoscopy (though a colonoscopy would be more thorough).
If negative for any colon lesions would then have colonoscopy every 5 years.
If benign polyp(s) present should repeat colonoscopy in 1 to 3 years until cleared with a negative colonoscopy.
Td Booster-Tetanus update, one every 10 years
Mammogram-Annually
Bone Densitometry to identify baseline for patients (women) at High Risk for Osteoporosis (Family History of Osteoporosis, Metabolic Disorders, Chronic Medication use such as Thyroid Hormone Replacement treatment and Prednisone). Once every 3 to 5 years.
Chest X-ray for smokers
Annual Comprehensive Physical Exams are needed for All Men and Women between the ages of 50 to 59 years of age regardless of overall health status.

PPD (to check for Tuberculosis exposure)
Should discuss and review information regarding Living Wills, if not previously discussed with physician.

Referral for Echocardiogram & Treadmill Stress Test (TST) only if Blood Pressure Elevated, Elevated Lipids, Cardiac Symptoms or Family History of Early Heart Disease
Referral for Colonoscopy if Stool Guiac Testing Positive or if Family History of Colon Polyps or Colon Cancer

Frequency of office visits and physical exams changes once the identification of any medical illness has been completed and stable therapy has been instituted and established. Routine office visits should be as follows:

Most stable, chronic medical conditions such as Hypertension, Hyperlipoproteinemia (elevated or abnormal Lipid Profile and Lipid Metabolism), Chronic Obstructive Pulmonary Disease, Anemia, Kidney disorders require office visits with routine follow up examinations every 3 or 4 months and an annual physical exam.

Conditions such as Thyroid Disorders, Skin Disorders may have office visits once or twice a year with physical examinations at the normal intervals for the patient's age.

Conditions with more serious long term consequences, such as Diabetes, Cardiac Conditions (Angina, Myocardial Infarction {heart attacks}, Cardiac Arrhythmias, Cardiac Valvular Problems on anticoagulants) need closer monitoring even when stable therapy is established. These patients should be seen for routine office visits and follow up examinations on a monthly basis with an annual physical examination.

Annual Comprehensive Physical Exams are needed for All Men and Women between the ages of 60 to 69 years of age regardless of overall health status.
Physical Exams during this period should include the following:

60-69 Year Old Examination (Men and Women)
Height, Weight, Body Mass Index Calculation (BMI)
Body Fat % and Fat Mass by Bioimpedence Plethysmography
Blood Pressure
Vision and Hearing Screen
Skin Survey
Complete Physical Examination-as appropriate for age
Electrocardiogram (ECG) only if Blood Pressure Elevated, if Elevated Lipids, Cardiac Symptoms or Family History of Early Heart Disease-Every 2-3 years if no Cardiac Risk Factors, Annually if Cardiac Risk Factors present.
Spirometry if Asthmatic or if a Smoker-Biannually if no episodes of Pulmonary infections and asymptomatic.
Instruction of Self Breast Exam in Women, to be done monthly by patient
CBC
Chemistry Panel
Lipid Panel-Total Cholesterol, Triglycerides, HDL Cholesterol, LDL Cholesterol
Thyroid Testing with T4 and TSH every 2 years
Urinalysis
PSA-Prostate Specific Antigen, screening blood test for Prostate Cancer (for men).
CEA-Carcinoembryonic Antigen, screening blood test for Colon Cancer (for men and women).
CA-125 screening tests for Ovarian Cancer, Breast and Lung Cancers (for women).
CA19-9 screening test for Pancreatic Cancers, Uterine and other Gynecolocic Cancers (for women)
Pelvic Ultrasound for Women-evaluate Uterus and Ovaries-once every 3 to 5 years.
Abdominal Ultrasound to evaluate Abdominal Aorta, Pancreas and Kidneys-once every 5 years
Carotid Doppler Ultrasound if Blood Pressure Elevated, if Lipids Elevated, if Smoker or if Diabetic
Stool Specimens for Occult Blood
Patient's, male or female, without a Family History of Colon Cancer should have sigmoidoscopy (though a colonoscopy would be more thorough).
If negative for any colon lesions would then have colonoscopy every 5 years.
If benign polyp(s) present should repeat colonoscopy in 1 to 3 years until cleared with a negative colonoscopy.
Td Booster-Tetanus update, one every 10 years
Influenza Vaccine-Annually after 65 years old if no history of pulmonary disease, Annually after 60 years old if history of pulmonary disease.
Pneumovax-after 65 years old if no history of pulmonary disease; after 60 years old if history of pulmonary disease.
Possible Booster revaccination at 10 year intervals.
Mammogram-Annually

Annual Comprehensive Physical Exams are needed for All Men and Women between the ages of 60 to 69 years of age regardless of overall health status.

Bone Densitometry to identify baseline for patients (women) at High Risk for Osteoporosis (Family History of Osteoporosis, Metabolic Disorders, Chronic Medication use such as Thyroid Hormone Replacement treatment and Prednisone). Once every 3 to 5 years.

Chest X-ray for smokers
PPD (to check for Tuberculosis exposure)
Should discuss and review information regarding Living Wills, if not previously discussed with physician.

Referral for Echocardiogram & Treadmill Stress Test (TST) only if Blood Pressure Elevated, Elevated Lipids, Cardiac Symptoms or Family History of Early Heart Disease

Frequency of office visits and physical exams changes once the identification of any medical illness has been completed and stable therapy has been instituted and established. Routine office visits should be as follows:

Most stable, chronic medical conditions such as Hypertension, Hyperlipoproteinemia (elevated or abnormal Lipid Profile and Lipid Metabolism), Chronic Obstructive Pulmonary Disease, Anemia, Kidney disorders require office visits with routine follow up examinations every 3 or 4 months and an annual physical exam.

Conditions such as Thyroid Disorders, Skin Disorders may have office visits once or twice a year with physical examinations at the normal intervals for the patient's age.

Conditions with more serious long term consequences, such as Diabetes, Cardiac Conditions (Angina, Myocardial Infarction {heart attacks}, Cardiac Arrhythmias, Cardiac Valvular Problems on anticoagulants) need closer monitoring even when stable therapy is established. These patients should be seen for routine office visits and follow up examinations on a monthly basis with an annual physical examination.

Annual Comprehensive Physical Exams are needed for All Men and Women between the ages of 70 to 79 years of age regardless of overall health status.
Physical Exams during this period should include the following:

70-79 Year Old Examination (Men and Women)
Height, Weight, Body Mass Index Calculation (BMI)
Body Fat % and Fat Mass by Bioimpedence Plethysmography
Blood Pressure
Vision and Hearing Screen
Skin Survey
Complete Physical Examination-as appropriate for age
Electrocardiogram (ECG) only if Blood Pressure Elevated, if Elevated Lipids, Cardiac Symptoms or Family History of Early Heart Disease-Every 2 years if no Cardiac Risk Factors, Annually if Cardiac Risk Factors present.
Spirometry if Asthmatic or if a Smoker-Biannually if no episodes of Pulmonary infections and asymptomatic.
Instruction of Self Breast Exam in Women, to be done monthly by patient
CBC
Chemistry Panel
Lipid Panel-Total Cholesterol, Triglycerides, HDL Cholesterol, LDL Cholesterol
Thyroid Testing with T4 and TSH every 2 years
Urinalysis
Pelvic Ultrasound for Women-evaluate Uterus and Ovaries-once every 3 to 5 years.
Abdominal Ultrasound to evaluate Abdominal Aorta, Pancreas and Kidneys-once every 5 years
PSA-Prostate Specific Antigen, screening blood test for Prostate Cancer (for men).
CEA-Carcinoembryonic Antigen, screening blood test for Colon Cancer (for men and women).
CA-125 screening tests for Ovarian Cancer, Breast and Lung Cancers (for women).
CA19-9 screening test for Pancreatic Cancers, Uterine and other Gynecolocic Cancers (for women)
Pelvic Ultrasound for Women-evaluate Uterus and Ovaries-once every 3 to 5 years.
Abdominal Ultrasound to evaluate Abdominal Aorta, Pancreas and Kidneys-once every 5 years
Carotid Doppler Ultrasound if Blood Pressure Elevated, if Lipids Elevated, if Smoker or if Diabetic
Stool Specimens for Occult Blood
Patient's, male or female, without a Family History of Colon Cancer should have sigmoidoscopy (though a colonoscopy would be more thorough).
If negative for any colon lesions would then have colonoscopy every 5 years.
If benign polyp(s) present should repeat colonoscopy in 1 to 3 years until cleared with a negative colonoscopy.
Td Booster-Tetanus update, one every 10 years
Influenza Vaccine-Annually
Pneumovax-Once every 10 years
Mammogram-Annually

Annual Comprehensive Physical Exams are needed for All Men and Women between the ages of 70 to 79 years of age regardless of overall health status.

Bone Densitometry to identify baseline for patients (women) at High Risk for Osteoporosis (Family History of Osteoporosis, Metabolic Disorders, Chronic Medication use such as Thyroid Hormone Replacement treatment and Prednisone). Once every 3 to 5 years.
Chest X-ray for smokers
PPD (to check for Tuberculosis exposure)
Should discuss and review information regarding Living Wills, if not previously discussed with physician.

Referral for Echocardiogram & Treadmill Stress Test (TST) only if Blood Pressure Elevated, Elevated Lipids, Cardiac Symptoms or Family History of Early Heart Disease

Frequency of office visits and physical exams changes once the identification of any medical illness has been completed and stable therapy has been instituted and established. Routine office visits should be as follows:

Most stable, chronic medical conditions such as Hypertension, Hyperlipoproteinemia (elevated or abnormal Lipid Profile and Lipid Metabolism), Chronic Obstructive Pulmonary Disease, Anemia, Kidney disorders require office visits with routine follow up examinations every 3 or 4 months and an annual physical exam.

Conditions such as Thyroid Disorders, Skin Disorders may have office visits once or twice a year with physical examinations at the normal intervals for the patient's age.

Conditions with more serious long term consequences, such as Diabetes, Cardiac Conditions (Angina, Myocardial Infarction {heart attacks}, Cardiac Arrhythmias, Cardiac Valvular Problems on anticoagulants) need closer monitoring even when stable therapy is established. These patients should be seen for routine office visits and follow up examinations on a monthly basis with an annual physical examination.

Annual Comprehensive Physical Exams are needed for All Men and Women between the ages of 80 to 89 years of age regardless of overall health status.
Physical Exams during this period should include the following:

80-89 Year Old Examination (Men and Women)
Height, Weight, Body Mass Index Calculation (BMI)
Body Fat % and Fat Mass by Bioimpedence Plethysmography
Blood Pressure
Vision and Hearing Screen
Skin Survey
Complete Physical Examination-as appropriate for age
Electrocardiogram (ECG) only if Blood Pressure Elevated, if Elevated Lipids, Cardiac Symptoms or Family History of Early Heart Disease-Every 2 years if no Cardiac Risk Factors, Annually if Cardiac Risk Factors present.
Spirometry if Asthmatic or if a Smoker-Biannually if no episodes of Pulmonary infections and asymptomatic.
Instruction of Self Breast Exam in Women, to be done monthly by patient
CBC
Chemistry Panel
Lipid Panel-Total Cholesterol, Triglycerides, HDL Cholesterol, LDL Cholesterol
Thyroid Testing with T4 and TSH every 2 years
Urinalysis
Pelvic Ultrasound for Women-evaluate Uterus and Ovaries-once every 3 to 5 years.
Abdominal Ultrasound to evaluate Abdominal Aorta, Pancreas and Kidneys-once every 5 years
Carotid Doppler Ultrasound if Blood Pressure Elevated, if Lipids Elevated, if Smoker or if Diabetic
PSA-Prostate Specific Antigen, screening blood test for Prostate Cancer (for men).
CEA-Carcinoembryonic Antigen, screening blood test for Colon Cancer (for men and women).
CA-125 screening tests for Ovarian Cancer, Breast and Lung Cancers (for women).
CA19-9 screening test for Pancreatic Cancers, Uterine and other Gynecolocic Cancers (for women)
Stool Specimens for Occult Blood
Patient's, male or female, without a Family History of Colon Cancer should have sigmoidoscopy (though a colonoscopy would be more thorough).
If negative for any colon lesions would then have colonoscopy every 5 years.
If benign polyp(s) present should repeat colonoscopy in 1 to 3 years until cleared with a negative colonoscopy.
Td Booster-Tetanus update, one every 10 years
Influenza Vaccine-Annually
Pneumovax-Once every 10 years
Mammogram-Biannually
Chest X-ray for smokers
PPD (to check for Tuberculosis exposure)
Should discuss and review information regarding Living Wills, if not previously discussed with physician.

Annual Comprehensive Physical Exams are needed for All Men and Women between the ages of 80 to 89 years of age regardless of overall health status.

Referral for Echocardiogram & Treadmill Stress Test (TST) only if Blood Pressure Elevated, Elevated Lipids, Cardiac Symptoms or Family History of Early Heart Disease

Frequency of office visits and physical exams changes once the identification of any medical illness has been completed and stable therapy has been instituted and established. Routine office visits should be as follows:

Most stable, chronic medical conditions such as Hypertension, Hyperlipoproteinemia (elevated or abnormal Lipid Profile and Lipid Metabolism), Chronic Obstructive Pulmonary Disease, Anemia, Kidney disorders require office visits with routine follow up examinations every 3 or 4 months and an annual physical exam.

Conditions such as Thyroid Disorders, Skin Disorders may have office visits once or twice a year with physical examinations at the normal intervals for the patient's age.

Conditions with more serious long term consequences, such as Diabetes, Cardiac Conditions (Angina, Myocardial Infarction {heart attacks}, Cardiac Arrhythmias, Cardiac Valvular Problems on anticoagulants) need closer monitoring even when stable therapy is established. These patients should be seen for routine office visits and follow up examinations on a monthly basis with an annual physical examination.

Annual Comprehensive Physical Exams are needed for All Men and Women between the ages of 90 to 99 years of age regardless of overall health status.
Physical Exams during this period should include the following:

90-99 Year Old Examination (Men and Women)
Height, Weight, Body Mass Index Calculation (BMI)
Body Fat % and Fat Mass by Bioimpedence Plethysmography
Blood Pressure
Vision and Hearing Screen
Skin Survey
Complete Physical Examination-as appropriate for age
Electrocardiogram (ECG) only if Blood Pressure Elevated, Cardiac Symptoms or Family History of Early Heart Disease-Every 2 years if no Cardiac Risk Factors, Annually if Cardiac Risk Factors present.
Spirometry if Asthmatic or if a Smoker-Biannually if no episodes of Pulmonary infections and asymptomatic.
Instruction of Self Breast Exam in Women, to be done monthly by patient
CBC
Chemistry Panel
Lipid Panel-Total Cholesterol, Triglycerides, HDL Cholesterol, LDL Cholesterol
Thyroid Testing with T4 and TSH every 2 years
Urinalysis
Pelvic Ultrasound for Women-evaluate Uterus and Ovaries-once every 3 to 5 years.
Abdominal Ultrasound to evaluate Abdominal Aorta, Pancreas and Kidneys-once every 5 years
PSA-Prostate Specific Antigen, screening blood test for Prostate Cancer (for men).
CEA-Carcinoembryonic Antigen, screening blood test for Colon Cancer (for men and women).
Stool Specimens for Occult Blood
Patient's, male or female, without a Family History of Colon Cancer should have sigmoidoscopy (though a colonoscopy would be more thorough).
If negative for any colon lesions would then have colonoscopy every 5 years.
If benign polyp(s) present should repeat colonoscopy in 1 to 3 years until cleared with a negative colonoscopy.
Td Booster-Tetanus update, one every 10 years
Influenza Vaccine-Annually
Pneumovax-Once every 10 years
Mammogram-Biannually
Chest X-ray for smokers
PPD (to check for Tuberculosis exposure)
Should discuss and review information regarding Living Wills, if not previously discussed with physician.

Annual Comprehensive Physical Exams are needed for All Men and Women between the ages of 90 to 99 years of age regardless of overall health status.

Referral for Echocardiogram & Treadmill Stress Test (TST) only if Blood Pressure Elevated, Elevated Lipids, Cardiac Symptoms or Family History of Early Heart Disease

Frequency of office visits and physical exams changes once the identification of any medical illness has been completed and stable therapy has been instituted and established. Routine office visits should be as follows:

Most stable, chronic medical conditions such as Hypertension, Hyperlipoproteinemia (elevated or abnormal Lipid Profile and Lipid Metabolism), Chronic Obstructive Pulmonary Disease, Anemia, Kidney disorders require office visits with routine follow up examinations every 3 or 4 months and an annual physical exam.

Conditions such as Thyroid Disorders, Skin Disorders may have office visits once or twice a year with physical examinations at the normal intervals for the patient's age.

Conditions with more serious long term consequences, such as Diabetes, Cardiac Conditions (Angina, Myocardial Infarction {heart attacks}, Cardiac Arrhythmias, Cardiac Valvular Problems on anticoagulants) need closer monitoring even when stable therapy is established. These patients should be seen for routine office visits and follow up examinations on a monthly basis with an annual physical examination.

Annual Comprehensive Physical Exams are AT YOUR DISCRETION for All Men and Women between the ages of 100 and older of overall health status.
Physical Exams during this period should include the following:

100 and over Year Old Examination (Men and Women)
Height, Weight
Body Fat % and Fat Mass by Bioimpedence Plethysmography
Blood Pressure
Vision and Hearing Screen
Complete Physical Examination-as appropriate for age
CBC-optional
Chemistry Panel-optional
Urinalysis-optional
Stool Specimens for Occult Blood-optional
Annual Influenza Vaccine
Pneumonia Vaccine-once every 10 years
Should discuss and review information regarding Living Wills, if not previously discussed with physician.

Frequency of office visits and physical exams changes once the identification of any medical illness has been completed and stable therapy has been instituted and established. Routine office visits should be as follows:

Most stable, chronic medical conditions such as Hypertension, Hyperlipoproteinemia (elevated or abnormal Lipid Profile and Lipid Metabolism), Chronic Obstructive Pulmonary Disease, Anemia, Kidney disorders require office visits with routine follow up examinations every 3 or 4 months and an annual physical exam.

Conditions such as Thyroid Disorders, Skin Disorders may have office visits once or twice a year with physical examinations at the normal intervals for the patient's age.

Conditions with more serious long term consequences, such as Diabetes, Cardiac Conditions (Angina, Myocardial Infarction {heart attacks}, Cardiac Arrhythmias, Cardiac Valvular Problems on anticoagulants) need closer monitoring even when stable therapy is established. These patients should be seen for routine office visits and follow up examinations on a monthly basis with an annual physical examination.

Special Circumstances

DIABETES

All Diabetics require closer monitoring of their overall health status than patients without medical conditions in the general population. This should be done in order to preserve their health, prevent infections, prevent complications and detect complicatoins early for treatment and control. All Diabetics should do home fingerstick glucose monitoring and should bring their meters to the doctors office.

Non-Insulin Dependent Diabetics (NIDDM) who are well controlled with their Glucose and Glycated Hemoglobin Levels (HgbA1C) should be checked a minimum of every 3 months with an annual complete physical exam from the time of their diagnosis onward. If they are not well controlled, glucose and HgbA1C levels outside of goal range, then the office visits should be at least monthly.

Insulin Dependent Diabetics (IDDM) who are well controlled with their Glucose and Glycated Hemoglobin Levels (HgbA1C) should be checked a minimum of every 1 month with an annual complete physical exam from the time of their diagnosis onward. If they are not well controlled, glucose and HgbA1C levels outside of goal range, then the office visits should be as frequent as required to achieve goal glucose levels and then at least monthly.

At these visits for Diabetes Management the following should be evaluated:
Glucose reading at every office visit
Comparison of patient's own glucose meter with Glucose reading at least twice a year
HgbA1C reading at least every 3 months
Urinalysis for proteinuria and microalbuminuria at least twice a year
Diabetic foot check twice a year

PATIENTS ON POLYPHARMACY
(Polypharmacy = Multiple Medications due to Multiple Medical Conditions)

These patients should be seen once a month on an ongoing basis to check for adverse drug reactions and interactions. To monitor for changes in medical conditions which can more readily be treated and managed as an outpatient if discovered early in the course of the medical problem.

GOAL ORIENTED MEDICINE

What are the results everyone should strive to achieve?

Blood Pressure: Maintain Blood Pressure readings between 110-135 / 60-85
Heart Rate: Maintain Heart Rate between 50 to 100
Body Mass Index: BMI equal to or less than 26
Glucose (blood sugar readings): Before meal readings of 80-120
2 Hours After meal readings of less than 200
HgbA1C: Measurement of long term (one to three months of glucose control)
Readings of less than 8.0
Lipid Profile:
Cholesterol Less than 200mg/dl if no Cardiac/Coronary Heart Disease Risk Factors
Cholesterol Less than 180mg/dl if Cardiac/Coronary Heart Disease Risk Factors or Disease present or in personal past
LDL Cholesterol Less than 130mg/dl if no Cardiac/Coronary Heart Disease Risk Factors
LDL Cholesterol Less than 100mg/dl if Cardiac/Coronary Heart Disease Risk Factors or Disease present or in personal past
Triglycerides Less than 130mg/dl if no Cardiac/Coronary Heart Disease Risk Factors
Triglycerides Less than 100mg/dl if Cardiac/Coronary Heart Disease Risk Factors or Disease present or in personal past
HDL Cholesterol Greater than 45mg/dl if no Cardiac/Coronary Heart Disease Risk Factors and male
HDL Cholesterol Greater than 50mg/dl if no Cardiac/Coronary Heart Disease Risk Factors and female

RISK FACTORS

Coronary Heart Disease Risk Factors:
Male: 45 years or older
Female: 55 years or older, or premature menopause without estrogen replacement therapy.
Current Smoker
Past Smoker, less than 5 years ago
High LDL Cholesterol: Generally greater than 130mg/dl
High Total Cholesterol: Generally greater than 200mg/dl
Low HDL Cholesterol: Generally less than 40mg/dl for men; less than 45mg/dl for women
High Triglycerides: Generally greater than 130mg/dl
Diabetes mellitus
Family History of early heart disease: A parent or sibling less than 55 years old if male, or less than 65 years old if female
Hypertension or on antihypertensive therapy
Present or Prior personal history of Angina
Present or Prior personal history of Coronary Artery Disease requiring Medical/Medication management and/or Coronary Balloon Angioplasty
Present or Prior personal history of Myocardial Infarction

If you have 2 or more of the above risk factors than significant modifications in diet and lifestyle need to be made as well as seeking to achieve the stricter limits for Cholesterol, LDL Cholesterol, HDL Cholesterol and Triglycerides goals.

Health Maintenance, Wellness, Cardiovascular Risk and Cancer Risk Reduction: What you can do !

1. First and foremost, eat a Prudent Diet that is limited in calories to your own body's caloric requirements to maintain your own ideal body weight.

   Know your Body Mass Index (BMI) (should be maintained below 27) and the Ideal Body Weight (IBW) for your Height and Body Frame.

   PERSONAL BMI:

   IBW:

   GOAL BODY WEIGHT RANGE:

   The diet you eat should be low in fat, low in cholesterol, low in processed sugars and high in fiber (fresh fruits and vegetables as well as grains). Barbequed and charcoal broiled food, caffeine and alcohol should be limited. Limit salt use to only that salt (sodium) which occurs naturally in food, use other spices and herbs instead for flavor and seasonings.

   If you have no heart disease or Cardiac risk factors and your Cholesterol is over 200, and/or your LDL is over 130, and/or your Triglycerides are over 130, and/or your HDL is under 45 (for a male), under 50 (for a female) then you need to limit your intake of cholesterol and keep the fat intake in your diet limited to 20 grams of fat per day.

   If you HAVE heart disease, Cardiac Risk factors or a family history of Cardiac Disease and your Cholesterol is over 180, and/or your LDL is over 100, and/or your Triglycerides are over 100, and/or your HDL is under 45 (for a male), under 50 (for a female) then you need to limit your intake of cholesterol and keep the fat intake in your diet limited to 20 grams of fat per day.

2. Exercise daily 30-45 minutes. A minimum of 3-4 times per week is required to develop adequate cardiovascular fitness. This exercise can be anything that you enjoy and will stay with. This can be walking, jogging, running, swimming, bicycle riding, step and aerobics classes, health rider, exercise bicycle, rowing machine, step machine, nordic track, etc.....the list goes on and on. When beginning an exercise program start slowly at only 5 minutes adding 5 minutes to the routine every 2 weeks. Always stretch before and after your exercise routine, this will reduce the risk from injury during the exercise.

3. If you smoke cigarettes, pipes, cigars or anything else, then STOP SMOKING ! Attempt to stop by any method you find comfortable. If one method doesn't work try another, just keep trying to stop. This same recommendation goes for the use of chewing tobacco which is associated with a high risk of throat and other cancers.

4. If you don't have Asthma, Ulcers (active or in the past), if you are not on medications that are anticoagulants ("blood thinners") or allergies to Aspirin you should take one aspirin daily. Preferably take an Enteric Coated (that means has a coating to protect the lining of the stomach) or Buffered Aspirin. The dose can be either 81mg, 161mg, or 325mg daily. You should start taking aspirin for the reduction of heart attack and strokes at the age of 40 years old if you have no family history of heart or cardiovascular disease and at the age of 35 years old if there is a family history of heart attacks or strokes.

   Reliable Brands are:

   Bayer Enteric Coated Low Dose Adult Aspirin 81mg
   Bayer Enteric Coated Adult Aspirin 325mg
   Halfprin 161mg
   Ecotrin Low Dose Aspirin 81mg
   Ecotrin Aspirin 325mg

   If you are taking aspirin, you should stop their use at least 7 days prior to any dental or surgical procedure.

5. VITAMINS and SUPPLEMENTS: What you need as diet supplements. Many studies have increasingly suggested the need for specific vitamins to lower the risk of heart disease, stroke and many types of cancers. Fiber sources can lower cholesterol and thereby reduce heart disease and stroke risk.

   New information, however, suggests that Beta Carotene, as a supplement in pill form, not the Beta Carotene that is naturally occurring in fruits and vegetables, *may be harmful to those individuals who are smokers*. There is a suggestion that these people may have an increased risk of Lung Cancer with supplemental use of Beta Carotene.

   IMPORTANT VITAMINS: (US RDA Amounts Unreliable)

   Be aware that more is NOT better with Vitamins. Mega Doses of Vitamins can lead to Toxicity, sometimes potentially harmful.

   These represent the Antioxidant Vitamins and Recommended Doses:
   Thought to reverse and limit the Progression of Heart Disease and Cancer

   Vitamin A 5000 - 10,000 IU daily
   Vitamin C 250 - 1000mg daily Best if obtained from BioFlavinoids
   150mg from Bioflavinoids

(continued from previous page)

IMPORTANT VITAMINS: (US RDA Amounts Unreliable)
These represent the Antioxidant Vitamins and Recommended Doses:
Thought to reverse and limit the Progression of Heart Disease and Cancer

Vitamin E	100 - 200 IU daily	Has some anticoagulant properties, and can therefore cause some "blood thinning" and bleeding if u used in excessive doses above the 400 IU per day recommended. Probably should be stopped a few days prior to any dental or surgical procedures whenever possible. Should be used with close medical monitoring of bleeding tests if taking prescription anticoagulants.
Zinc	15 - 20 mg daily	

The above list constitutes those vitamins considered essential for optimum immune function and cardiovascular health.

If pregnant ---> Folic Acid 1 - 2mg daily May prevent Neural Tube Defects

Other Vitamins of Significance:

Vitamin B1 (thiamine)	10 - 15mg daily
Vitamin B2 (riboflavin)	10 - 15mg daily
Vitamin B3 (Niacin & Niacinamide)	25 - 65mg daily
Vitamin B5 (Pantothenate)	20 - 60mg daily
Vitamin B6 (pyridoxine HCl)	10 - 15mg daily
Vitamin B12 (Cyanocobalomin)	15 - 30mg daily
Vitamin D	200 - 400mg daily
Biotin	20 - 100mg daily

The above list constitute those vitamins and their recommended doses considered essential for optimum immune function and cardiovascular health.

Other Vitamins, Minerals and Natural Compounds that may prove (with further research and time) to play a role in Disease Prevention, Immunomodulation (improve the bodies immune response, helping it fight disease and infection) and Cancer Prevention.

Calcium (most absorbable as gluconate)	500 - 3000mg daily
Allicin (the active compound in garlic)	400 - 600mg daily
Lecithin (soya)	25 - 50mg daily
Manganese	2 - 15mg daily
Magnesium	2.5 - 60mg daily
Copper	50 - 500mcg daily
Chromium	10 - 15mcg daily
Selenium	10 - 200mcg daily *New Information published in the Journal of American Medical Association (JAMA) 12/96
Molybdenum	5 - 6mcg daily
Inositol	2.5 - 10mg daily
Alpha-3-Omega Fatty Acids (fish oils)	400 - 1000mg daily

Sources best quality Omega-3 Fatty Acids

- Salmon
- Flaxseed (need to be ground, humans can not digest husks)
- Fish Oil Capsules

Another very important Mineral (especially for women of child bearing age and those women still having their menstrual cycles):

Iron (best obtained as Iron gluconate or Iron fumarate) dosage should be 20 - 40mg for the week prior to the menses and the week of the menses. Absorption and utilization is best enhanced by Vitamin C, Zinc and Vitamin B6 (so Iron should be taken with these Vitamins at the same time).

More Iron is not better, especially in this case of Iron, excess Iron could be potentially damaging to the liver and the heart.

Other fad or trendy Compounds: It is unknown at present what these compounds could do and whether they are helpful or potentially dangerous.

Coenzyme Q-10	10mg daily	Possibly helpful, not likely dangerous
DHEA	25mg daily	Possibly dangerous and harmful

Compounds that may have a significant impact in reducing cholesterol, and the risk of colon cancer, stomach cancer, and breast cancer.

Methylcellulose	found in Citrucel 2 - 3 tablespoons daily
Psyllium	found in Metamucil, Fibercon, Perdiem, Senekot amongst others 2 - 3 doses daily

Combinations of multiple fiber sources such as Guar Gum, Locust Bean Gum, Pectin, Oat Fiber, Wheat Fiber, Barley Fiber, Gum Acacia as well as others.

Studies recommend that when taking these vitamins and supplements you take them in products that are produced from Natural Ingredients. In this form the vitamins, minerals and compounds are the most Bioavailable (that is they are absorbed and utilized most consistently and efficiently by the body).
Recommendations:

Multivitamins:
Centrum
Centrum Silver
Theragran-M
CVS Multivitamin with Minerals
GNC Solotron Chewable Multivitamin and Minerals (No Sugar)
Nature's Plus Energy Supplements Adult's Chewable Multivitamin & Minerals (Natural products, fillers, binders and excipients)

Antioxidant Formulas:
Protegra
CVS ProVite
Stress Tabs
CVS Antioxidant Supplements

Allicin Sources (Garlic compound): These are the purest ones with the highest potency

Kwai	600mg / tablet	dose is 1 - 3 tablets daily
Garlique	400mg/ tablet	dose is 1 - 3 tablets daily

Additional Protein Food Sources

These products contain Large Amounts of Protein (but low in caloric content) in Small Volume packages and contain numerous Essential Amino Acids and Trace Minerals as well as naturally occurring vitamin sources and non-essential amino acids. These should be used with caution, as with any food or protein supplement, digestive alterations may occur and result in abdominal discomfort as well as the possibility of allergic reactions.

Seaweed
Chlorella
Super Blue Green Algae (Alpha Sun and Omega Sun) {S}=contains Selenium

SUMMARY:

Eat Right
Stop Smoking
Exercise
Take an Aspirin daily (if you can)
Lower your Cholesterol
Take Vitamins that can reduce your risk from Cardiovascular Disease and Cancers

If you have any questions regarding the information provided please feel free to discuss this information with Dr. Falkoff or your own personal physician..
Please freely distribute the information provided, to your family and friends.
There IS a lot you can do to improve, regain and preserve your health.

Formula to calculate your BMI

1. Multiply your weight (in lbs) by 0.454
2. Multiply your height (in inches) by 0.0254
3. Square answer #2
4. Divide answer #1 by answer #3

HEALTHY RANGE IS 19-26
Classifications for BMI Ranges
Ideal weight 19-25 kg/square meter
Overweight 26-30 kg/square meter
Obese 31-40 kg/square meter
Morbidly Obese over 40 kg/square meter

How To Determine BMI: Chart produced by Shape Up America!
6707 Democracy Blvd., Suite 306
Bethesda, MD 20817
(full chart can be obtained from them: Weights 100# to 400#)
(Heights 5'0" to 6'4"; abbreviated chart below)

Weight (Pounds)	Height (Feet & Inches) ---> 5'0	5'1"	5'2"	5'3"	5'4"	5'5"	5'6"	5'7"	5'8"	5'9"	5'10"	5'11"	6'	6'1"	6'2"	6'3"
100	20	19	18	18	17	17	16	16	15	15	14	14	14	13	13	12
105	21	20	19	19	18	17	17	16	16	16	15	15	14	14	13	13
110	21	21	20	19	19	18	18	17	17	16	16	15	15	15	14	14
115	22	22	21	20	20	19	19	18	18	17	17	16	16	15	15	14
120	23	23	22	21	21	20	19	19	18	18	17	17	16	16	15	15
125	24	24	23	22	21	21	20	20	19	18	18	17	17	16	16	16
130	25	25	24	23	22	22	21	20	20	19	19	18	18	17	17	16
135	26	26	25	24	23	22	22	21	21	20	20	19	19	18	18	17
140	27	26	26	25	24	23	23	22	21	21	20	20	19	19	18	18
145	28	27	27	26	25	24	23	23	22	21	21	20	20	19	19	18
150	29	28	27	27	26	25	24	23	23	22	22	21	20	20	19	19
155	30	29	28	27	27	26	25	24	24	23	22	22	21	20	20	19
160	31	30	29	28	27	27	26	25	24	24	23	22	22	21	21	20
165	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21	21
170	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21
175	34	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22
180	35	34	33	32	31	30	29	28	27	27	26	25	24	24	23	22
185	36	35	34	33	32	31	30	29	28	27	27	26	25	24	24	23
190	37	36	35	34	33	32	31	30	29	28	27	26	26	25	24	24
195	38	37	36	35	33	32	31	31	30	29	28	27	26	26	25	24
200	39	38	37	35	34	33	32	31	30	30	29	28	27	26	26	25
205	40	39	37	36	35	34	33	32	31	30	29	29	28	27	26	26
210	41	40	38	37	36	35	34	33	32	31	30	29	28	28	27	26
215	42	41	39	38	37	36	35	34	33	32	31	30	29	28	28	27
220	43	42	40	39	38	37	36	34	33	32	32	31	30	29	28	27
225	44	43	41	40	39	37	36	35	34	33	32	31	31	30	29	28
230	45	43	42	41	39	38	37	36	35	34	33	32	31	30	30	29
235	46	44	43	42	40	39	38	37	36	35	34	33	32	31	30	29
240	47	45	44	43	41	40	39	38	36	35	34	33	33	32	31	30
245	48	46	45	43	42	41	40	38	37	36	35	34	33	32	31	31
250	49	47	46	44	43	42	40	39	38	37	36	35	34	33	32	31

HOW MANY CALORIES DO I NEED?

The following formula will allow you to calculate your approximate
Resting Metabolic Rate
The final number arrived at with this formula will give you a calorie count to use as a target to customize your daily caloric requirements.

Any excess calories above your total rate will be stored as fat.
3500 kcal (or more simply calories) is equal to one pound of weight gain or weight loss. Consuming 3500 calories more than your daily caloric requirements will give one pound of weight gain. Expending 3500 calories as exercise or activity will result in one pound of weight loss.

Women:
Multiply your weight (in pounds) by 4.3
Multiply your height (in inches) by 4.3
Add together both results and then add 655
Multiply your age by 4.7 & subtract this from the previous total
[((Weight x 4.3) + (Height x 4.3)) + 655] then subtract (Age x 4.7)

Men:
Multiply your weight (in pounds) by 6.2
Multiply your height (in inches) by 12.7
Add together both results and then add 65
Multiply your age by 6.8 & subtract this from the previous total
[((Weight x 6.2) + (Height x 12.7)) + 65] then subtract (Age x 6.8)

Men and Women:
To get your total rate = multiply your resting rate by your activity factor.
Your Activity Factor Ranges from 1.2 to 1.8
1.2 = Couch Potato SEDENTARY LIFESTYLE
1.4 = Typical Person
1.5 = Exercises Every Day
1.8 = Professional Athlete

Immunization Schedule

Items in BOLD and LARGER are the most frequently given vaccine

Hepatitis B Vaccine

Hepatitis B Vaccine — Birth, 1 month and 6 months
All teens need 3 hepatitis B shots if they haven't already received them

OR Part of

Pediarix (Combination 5 in 1 Vaccine with DTaP/IPV/Hep B) — 2 months, 4 months, 6 months

Diptheria, Tetanus, Pertussis and Hemophilus influenza B Primary Series and Tetanus/diptheria or Tetanus Boosters

Tetrammune (DTP+HiB) — 2 months, 4 months, 6 months, 12-18 months

DTaP/DTP — 2 months, 4 months, 6 months, 12-18 months, 4-6 years

OR Part of

Pediarix (Combination 5 in 1 Vaccine with DTaP/IPV/Hep B) — 2 months, 4 months, 6 months

DT/Td — 11-16 years

Td — Once every 10 years

Polio Vaccination Sequence (combination of 4 doses needed)

IPV — 2 months, 4 months, 12 months, 4-6 years

OPV — 2 months, 4 months, 12 months, 4-6 years

OR Part of

Pediarix (Combination 5 in 1 Vaccine with DTaP/IPV/Hep B) — 2 months, 4 months, 6 months

MMR Vaccination (2 doses needed)

MMR — 12-15 months, 4-6 years or 11-12 years

Varicella (Chicken Pox Vaccine) Sequence

Varicella — Children 12 months through 12 years (who have NOT had chicken pox) need to be vaccinated with One Dose
Chidren 13 years of age and older (who have NOT had chicken pox or been previously vaccinated) need Two Doses

Influenza Vaccine (Fluzone and others, Split or whole dose)

Flu Vaccine — Annually after the age of 65 years

Pneumococcal Pneumonia Vaccine

Pneumovax Once every ten years after the age of 65 years

Prevnar (Pneumococcal Vaccine)

6 months, 9 months, 1 year, 18 months

Hepatitis A Vaccine

Havrix In children 2 years old through 18 years old

Primary Course is two doses given 1 month apart followed by a Booster dose given 6-12 months after the primary doses

In Adults

Primary Course is single dose followed by a Booster dose given 6-12 months after the primary dose

Exercise Program

The following Exercise Program is designed to help any individual start an exercise routine and improve their cardiovascular fitness. More specifically it can be used safely as a personalized Cardiac Rehabilitation Program for those patients who have heart disease. Those patients who are going to use this information for that reason should review it in detail with their own private physician.

Personalized Cardiac Rehabilitation Program for:

Name:_____
Program Begun / / 200_ (<---Date)
Instructions: All medications must be taken exactly as instructed and ordered, without deviation except with medical instruction.

All office visits must be kept. Low sodium/salt diet, low cholesterol, low fat and high fiber.

Acceptable Exercises: Walking, Swimming, Stationary Bicycle, Nordic track, Stepper, Standard Bicycle, Treadmill, Jogging, Running

Keep a few tablets or spray cannister of nitroglycerin with you at all times if you have a history of heart disease.

Warning: If at any time chest pain, shortness of breath, dizzyness, chest pressure or other symptoms should develop. Stop present exercise, rest and take sublingual nitroglycerin. If needed, repeat after 5 minutes. If symptoms continue afterwards then should go to Emergency Room nearest you. Notify your personal physician and a Cardiologist.
If symptoms should occur and respond to rest and nitroglycerin, must then move rehabilitation plans back 2 weeks. (ie: if on week #4 and then symptoms begin but respond to treatment to resume program with week #2 the following day.)

No household activities, no shopping, no stress or undue excitement for two weeks except exercise program as outlined below:

Week #1
Walk at slow, comfortable pace for 5 minutes 3 times per day
Week #2
Walk at slow, comfortable pace for 8 10 minutes 3 times per day
Week #3
Walk at slow, comfortable pace for 12 15 minutes 3 times per day
Week #4
Walk at comfortable pace for 8 10 minutes 3 times per day
Week #5
Walk at comfortable pace for 12 15 minutes for 3 times per day

Exercise Program Weeks #6 and beyond

Week #6
Walk at comfortable pace for total time per day of 45 60 minutes
Week #7
Walk at brisk pace on odd days for 8 10 minutes 3 times per day
Walk at comfortable pace on even days for 12 15 minutes 3 times per day
Week #8
Walk at brisk pace on odd days for 12 15 minutes 3 times per day
Walk at comfortable pace on even days for 18 20 minutes 3 times per day
Week #9
Walk at brisk pace for 12 15 minutes 3 times per day
Week #10
Walk at brisk pace for 45 50 minutes total time per day
Week #11
Walk at brisk pace for 50 60 minutes total time per day
Week #12 and on
Walk at brisk pace for total time 1 hour per day

Medications: Directions
1._____

2._____

3._____

4._____

Prescribed Diet:_____
MD Address and Phone #
Date of Appointment:
1._____

2._____

May Return to Work:
Date:_____

Hours/wk:_____
May Travel:
Date:_____
Next Stress Test:
Date:_____

Special Instructions:_____

Stress Reduction: A Progressive Relaxation Exercise

1. Find a quiet place with soft lighting. Sit in a comfortable chair, feet flat on the floor, eyes closed.
2. Become aware of your breathing.
3. Take a few deep breaths, and as you let out each one, mentally say, “relax”
4. Concentrate on your face, feeling any tension in your face and eyes. Make a mental picture of this tension-such as a rope tied in a knot or a clenched fist-and then mentally picture it relaxing or being untied and becoming comfortable, lying limp, like a relaxed rubber band.
5. Experience your face and eyes becoming relaxed. As they relax, feel a wave of relaxation spreading throughout your body.
6. Tense your eyes and face, squeezing tightly, then relax and feel the relaxation spreading throughout your body.
7. Apply the previous instructions to other parts of your body, slowly down your body-jaw, neck, shoulders, back, upper and lower arms, hands, chest, abdomen, thighs, calves, ankles, feet, toes-until every part of your body is relaxed. Mentally picture the tension in each part of the body, then picture the tension melting away; tense the area, and then relax.
8. After you have relaxed each part of your body, rest quietly in this comfortable state for two to five minutes.
9. Now let the muscles in your eyelids lighten and prepare to open your eyes and become aware of the room.
10. Open your eyes. You are ready to continue with the day’s activities, refreshed and relaxed.

_____

Source: Alternative Medicine, p. 853:
Alternative and Complementary Therapies, Vol.2,No.4, July/August 1996

Glossary

CT	Connecticut
DTP	Diptheria, Tetanus, Pertussis Vaccine
DTaP	Diptheria, Tetanus, acellular Pertussis Vaccine (less likelihood reactions)
T	Tetanus
Td	Tetanus, diptheria booster
HiB	Hemophillus Influenza Vaccine
Tetramune	Diptheria, Tetanus, Pertussis and Hemophillus Influenza vaccine
OPV	Oral Polio Vaccine
MMR	Mumps, Measles, Rubella Vaccine
PCV	Pneumococcal Vaccine
BMI	Body Mass Index. A measure to calculate the proper weight for a person's height. Can be derived by a simple chart or calculated by formula.

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February 1, 1997; Vol.55 No. 2; PP. 391-734; pg. 491-500

Dr. Falkoff's Family Practice Newsletter

Family Practice is a broad based medical Specialty that provides quality care for 80+% of the medical problems of most individuals and families.

These comprehensively trained physicians can act as the coordinators of medical services for blood testing, radiologic examinations, pulmonary function testing, cardiac testing as well as rehabilitative care. The Family Physician can organize referrals and thereby direct the patient to the appropriate specialist(s) in a timely fashion and can act as the liason for decisions regarding all varieties of treatment options and ongoing care coordinated with all varieties of ancillary services.

Additionally, the Family Physician can provide ongoing care and management of most chronic illness with the long term goals of maintaining quality of life. Perhaps most importantly, the Family Practitioner's basic philosophy is towards providing preventive medical care and promoting wellness. Care of the Individual and Family are the primary interests of the Family Physician not just the treatment of an illness or disease.

Topics to be addressed on this Newsletter:
Health Maintenance and Disease Prevention
Vitamins, Anti-Oxidants and Fiber,
Exercise Programs, Stress Reduction.
Healthcare-answers on when, how often and what should be done for ongoing routine Healthcare in order to maintain optimum health, evaluate overall health status, early identification of disease for optimum treatment.

HEALTH MAINTENANCE & DISEASE PREVENTION
Health Maintenance, Wellness, Cardiovascular Risk and Cancer Risk Reduction: What you can do !

1. First and foremost, eat a Prudent Diet that is limited in calories to your own body's caloric requirements to maintain your own ideal body weight.

Know your Body Mass Index (BMI)
(this should be maintained below 27) and the Ideal Body Weight (IBW)
for your Height and Body Frame.

PERSONAL BMI:
IBW:
GOAL BODY WEIGHT RANGE:

Formula to calculate your BMI

1. Multiply your weight (in lbs) by 0.454
2. Multiply your height (in inches) by 0.0254
3. Square answer #2
4. Divide answer #1 by answer #3

HEALTHY RANGE IS 19-26
Classifications for BMI Ranges
Ideal weight 19-25 kg/square meter
Overweight 26-30 kg/square meter
Obese 31-40 kg/square meter
Morbidly Obese over 40 kg/square meter

General Diet Recommendations
The diet you eat should be low in fat, low in cholesterol, low in processed sugars and high in fiber (fresh fruits and vegetables as well as grains). Barbequed and charcoal broiled food, caffeine and alcohol should be limited. Limit salt use to only that salt (sodium) which occurs naturally in food, use other spices and herbs instead for flavor and seasonings.

If you have no heart disease or Cardiac risk factors and your Cholesterol is over 200, and/or your LDL is over 130, and/or your Triglycerides are over 130, and/or your HDL is under 45 (for a male), under 50 (for a female) then you need to limit your intake of cholesterol and keep the fat intake in your diet limited to 20 grams of fat per day.

If you HAVE heart disease, Cardiac Risk factors or a family history of Cardiac Disease and your Cholesterol is over 180, and/or your LDL is over 100, and/or your Triglycerides are over 100, and/or your HDL is under 45 (for a male), under 50 (for a female) then you need to limit your intake of cholesterol and keep the fat intake in your diet limited to 20 grams of fat per day.

2. Exercise daily 30-45 minutes. A minimum of 3-4 times per week is required to develop adequate cardiovascular fitness. This exercise can be anything that you enjoy and will stay with. This can be walking, jogging, running, swimming, bicycle riding, step and aerobics classes, health rider, exercise bicycle, rowing machine, step machine, nordic track, etc... the list goes on and on. When beginning an exercise program start slowly at only 5 minutes adding 5 minutes to the routine every 2 weeks. Always stretch before and after your exercise routine.

3. If you smoke cigarettes, pipes, cigars or anything else, then STOP SMOKING ! Attempt to stop by any method you find comfortable. If one method doesn't work try another, just keep trying to stop. This same recommendation goes for the use of chewing tobacco which is associated with a high risk of throat and other cancers.

4. If you don't have Asthma, Ulcers (active or in the past), if you are not on medications that are anticoagulants ("blood thinners") or allergies to Aspirin you should take one aspirin daily. Preferably take an Enteric Coated (that means has a coating to protect the lining of the stomach) or Buffered Aspirin. The dose can be either 81mg, 161mg, or 325mg daily. You should start taking aspirin for the reduction of heart attack and strokes at the age of 40 years old if you have no family history of heart or cardiovascular disease and at the age of 35 years old if there is a family history of heart attacks or strokes.

Reliable Brands are:
Bayer Enteric Coated Low Dose Adult Aspirin 81mg
Bayer Enteric Coated Adult Aspirin 325mg
Halfprin 161mg
Ecotrin Low Dose Aspirin 81mg
Ecotrin Aspirin 325mg
If you are taking aspirin, you should stop their use at least 7 days prior to any dental or surgical procedure.

5. VITAMINS and SUPPLEMENTS:
What you need as diet supplements.
Many studies have increasingly suggested the need for specific vitamins to lower the risk of heart disease, stroke and many types of cancers. Fiber sources can lower cholesterol and thereby reduce heart disease and stroke risk. From time to time, I will try to update this list with adjustments in the suggested doses and types of vitamins required. New information, however, suggests that Beta Carotene, as a supplement in pill form, not the Beta Carotene that is naturally occurring in fruits and vegetables, may be harmful to those individuals who are smokers. There is a suggestion that these people may have an increased risk of Lung Cancer with supplemental use of Beta Carotene.

DISCLAIMER: PLEASE CHECK WITH YOUR PRIVATE PHYSICIAN TO SEE IF THESE RECOMMENDATIONS ARE APPROPRIATE FOR YOU.

HOW MANY CALORIES DO I NEED?

The following formula will allow you to calculate your approximate
Resting Metabolic Rate
The final number arrived at with this formula will give you a calorie count to use as a target to customize your daily caloric requirements.

Any excess calories above your total rate will be stored as fat.
3500 kcal (or more simply calories) is equal to one pound of weight gain or weight loss. Consuming 3500 calories more than your daily caloric requirements will give one pound of weight gain. Expending 3500 calories as exercise or activity will result in one pound of weight loss.

Women:
Multiply your weight (in pounds) by 4.3
Multiply your height (in inches) by 4.3
Add together both results and then add 655
Multiply your age by 4.7 & subtract this from the previous total
[((Weight x 4.3) + (Height x 4.3)) + 655] then subtract (Age x 4.7)

Men:
Multiply your weight (in pounds) by 6.2
Multiply your height (in inches) by 12.7
Add together both results and then add 65
Multiply your age by 6.8 & subtract this from the previous total
[((Weight x 6.2) + (Height x 12.7)) + 65] then subtract (Age x 6.8)

Men and Women:
To get your total rate = multiply your resting rate by your activity factor.
Your Activity Factor Ranges from 1.2 to 1.8
1.2 = Couch Potato SEDENTARY LIFESTYLE
1.4 = Typical Person
1.5 = Exercises Every Day
1.8 = Professional Athlete

VITAMINS and other Supplements
IMPORTANT VITAMINS:
(US RDA Amounts Unreliable)
Be aware that more is NOT better with Vitamins. Mega Doses of Vitamins can lead to Toxicity, sometimes potentially harmful.

These represent the Antioxidant Vitamins and Recommended Doses:
Thought to reverse and limit the Progression of Heart Disease and Cancer
Vitamin A 5000 - 10,000 IU daily
Vitamin C 250 - 1000mg daily
Best if obtained from BioFlavinoids, 150mg from Bioflavinoids
Vitamin E 100 - 200 IU daily
Has some anticoagulant properties, and can therefore cause some "blood thinning" and bleeding if used in excessive doses above the 400 IU per day recommended.
Probably should be stopped a few days prior to any dental or surgical procedures.
Zinc 15 - 20 mg daily
The above list constitutes those vitamins considered essential for optimum immune function and cardiovascular health.

If pregnant ---> Folic Acid 1 - 2mg daily
May prevent Neural Tube Defects

Other Vitamins of Significance:
Vitamin B1 (thiamine) 10 - 15mg daily
Vitamin B2 (riboflavin) 10 - 15mg daily
Vitamin B3 (Niacin & Niacinamide) 25 - 65mg daily
Vitamin B5 (Pantothenate)20 - 60mg daily
Vitamin B6 (pyridoxine HCl) 10 - 15mg daily
Vitamin B12 (Cyanocobalomin)15 - 30mg daily
Vitamin D 200 - 400mg daily
Biotin 20 - 100mg daily
The above list constitute those vitamins and their recommended doses considered essential for optimum immune function and cardiovascular health.
Other Vitamins, Minerals and Natural Compounds that may prove (with further research and time) to play a role in Disease Prevention, Immunomodulation (improve the bodies immune response, helping it fight disease and infection) and Cancer Prevention.

As with Vitamins, excessive or mega doses of some minerals and trace minerals may be dangerous and potentially toxic (for example: Arsenic and Lead).
Below are some of the important minerals and the amounts that are likely needed and necessary for disease prevention.

Calcium (most absorbable as gluconate) 500 - 3000mg daily
Females have different requirements than males.
New information suggests that early Calcium supplementation from 1000mg to 3000mg daily beginning in the teenage years will prevent and lessen the severity of the development of osteoporosis.
Allicin (the active compound in garlic) 400 - 600mg daily
Lecithin (soya) 25 - 50mg daily
Manganese 2 - 15mg daily
Magnesium 2.5 - 60mg daily
Copper 50 - 500mcg daily
Chromium 10 - 15mcg daily
Selenium 10 - 200mcg daily
*New Information published in Journal of American Medical Association (JAMA) 12/96
Molybdenum 5 - 6mcg daily
Inositol 2.5 - 10mg daily
Alpha-3-Omega Fatty Acids (fish oils) 400 - 1000mg daily
Sources best quality
Omega-3 Fatty Acids
Salmon
Flaxseed (need to be ground, humans can not digest husks)
Fish Oil Capsules

Another very important Mineral (especially for women of child bearing age and those women still having their menstrual cycles):
Iron (best obtained as Iron gluconate or Iron fumarate) dosage should be 20 - 40mg for the week prior to the menses and the week of the menses. Absorption and utilization is best enhanced by Vitamin C, Zinc and Vitamin B6 (so Iron should be taken with these Vitamins at the same time). More Iron is not better, especially in the case of Iron, excess Iron could be potentially damaging to the liver and the heart.

Other fad or trendy Compounds:
It is unknown at present what these compounds could do and whether they are helpful or potentially dangerous.
Coenzyme Q-10 10mg daily Possibly helpful primarily in people with heart disease, not likely dangerous
DHEA 25mg daily Possibly dangerous and harmful

Compounds that may have a significant impact in reducing cholesterol, and the risk of colon cancer, stomach cancer, and breast cancer.
Methylcellulose found in Citrucel 2 - 3 tablespoons daily
Psyllium found in Metamucil, Fibercon, Perdiem, Senekot amongst others 2 - 3 doses daily

Combinations of multiple fiber sources such as Guar Gum, Locust Bean Gum, Pectin, Oat Fiber, Wheat Fiber, Barley Fiber, Gum Acacia as well as others.

Exercise Program

The following Exercise Program is designed to help any individual start an exercise routine and improve their cardiovascular fitness. More specifically it can be used safely as a personalized Cardiac Rehabilitation Program for those patients who have heart disease. Those patients who are going to use this information for that reason should review it in detail with their own private physician.

Personalized Cardiac Rehabilitation Program for:

Name:_____
Program Begun / / 200_ (<---Date)
Instructions: All medications must be taken exactly as instructed and ordered, without deviation except with medical instruction.

All office visits must be kept. Low sodium/salt diet, low cholesterol, low fat and high fiber.

Acceptable Exercises: Walking, Swimming, Stationary Bicycle, Nordic track, Stepper, Standard Bicycle, Treadmill, Jogging, Running.

Keep a few tablets or spray cannister of nitroglycerin with you at all times if you have a history of heart disease.

Warning: If at any time chest pain, shortness of breath, dizzyness, chest pressure or other symptoms should develop. Stop present exercise, rest and take sublingual nitroglycerin. If needed, repeat after 5 minutes. If symptoms continue afterwards then should go to Emergency Room nearest you. Notify your personal physician and a Cardiologist.
If symptoms should occur and respond to rest and nitroglycerin, must then move rehabilitation plans back 2 weeks. (ie: if on week #4 and then symptoms begin but respond to treatment to resume program with week #2 the following day.)

No household activities, no shopping, no stress or undue excitement for two weeks except exercise program as outlined below:

Week #1
Walk at slow, comfortable pace for 5 minutes 3 times per day
Week #2
Walk at slow, comfortable pace for 8 10 minutes 3 times per day
Week #3
Walk at slow, comfortable pace for 12 15 minutes 3 times per day
Week #4
Walk at comfortable pace for 8 10 minutes 3 times per day
Week #5
Walk at comfortable pace for 12 15 minutes for 3 times per day

Exercise Program Weeks #6 and beyond

Week #6
Walk at comfortable pace for total time per day of 45 60 minutes
Week #7
Walk at brisk pace on odd days for 8 10 minutes 3 times per day
Walk at comfortable pace on even days for 12 15 minutes 3 times per day
Week #8
Walk at brisk pace on odd days for 12 15 minutes 3 times per day
Walk at comfortable pace on even days for 18 20 minutes 3 times per day
Week #9
Walk at brisk pace for 12 15 minutes 3 times per day
Week #10
Walk at brisk pace for 45 50 minutes total time per day
Week #11
Walk at brisk pace for 50 60 minutes total time per day
Week #12 and on
Walk at brisk pace for total time 1 hour per day

Medications: Directions
1._____

2._____

3._____

4._____

Prescribed Diet:_____
MD Address and Phone #
Date of Appointment:
1._____

2._____

May Return to Work:
Date:_____

Hours/wk:_____
May Travel:
Date:_____
Next Stress Test:
Date:_____

Special Instructions:_____

Stress Reduction: A Progressive Relaxation Exercise

1. Find a quiet place with soft lighting. Sit in a comfortable chair, feet flat on the floor, eyes closed.
2. Become aware of your breathing.
3. Take a few deep breaths, and as you let out each one, mentally say, “relax”
4. Concentrate on your face, feeling any tension in your face and eyes. Make a mental picture of this tension-such as a rope tied in a knot or a clenched fist-and then mentally picture it relaxing or being untied and becoming comfortable, lying limp, like a relaxed rubber band.
5. Experience your face and eyes becoming relaxed. As they relax, feel a wave of relaxation spreading throughout your body.
6. Tense your eyes and face, squeezing tightly, then relax and feel the relaxation spreading throughout your body.
7. Apply the previous instructions to other parts of your body, slowly down your body-jaw, neck, shoulders, back, upper and lower arms, hands, chest, abdomen, thighs, calves, ankles, feet, toes-until every part of your body is relaxed. Mentally picture the tension in each part of the body, then picture the tension melting away; tense the area, and then relax.
8. After you have relaxed each part of your body, rest quietly in this comfortable state for two to five minutes.
9. Now let the muscles in your eyelids lighten and prepare to open your eyes and become aware of the room.
10. Open your eyes. You are ready to continue with the day’s activities, refreshed and relaxed.

_____

Source: Alternative Medicine, p. 853:
Alternative and Complementary Therapies, Vol.2,No.4, July/August 1996

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DR. FALKOFF'S HEALTH CARE GUIDELINES

Please feel free to read the enclosed information.

This represents a compilation of all the most recent and relevant data to provide for a guideline for living a healthy life, improving the quality of life and living longer.

This information also represents a basic philosophy I try to utilize for my practice, preventive medicine. That is, prevent the medical problems to the degree possible, by utilizing the included information. The information represents not only my education in medical school, experience in my family practice residency but also the wisdom and additional experience I have been able to gain from my patients in this Family Practice since 1988.

This information is free to use for any of my patients. If there is some particular page of information you would like, we would be happy to copy that for you. If you care to have a complete copy of this Guidelines I would like to request a $ 50.00 fee for this project. From this $ 50.00 I will donate $ 25.00 of the money collected to (1) The American Heart Association; (2) Women's Crisis Center; (3) begin a FUND that will be distributed at the beginning of each December to help a family in need within this practice.