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According to the PCAK Web site ([www.pcak.org](http://www.pcak.org)), C.A.R.E. also seeks to develop, support and grow a statewide network of medical professionals who, as a result of receiving office-based training from their peers, are committed to ensuring the children in their communities are free from abuse and neglect.

"These medical folks are in a very unique position," said Kate Dean, programs and trainings specialist for PCAK. "Many people don't realize children may not have any outside contact with the world until they either enter day care or the school system. Who would be the contact outside their families if their families are in an isolated environment? That would be the doctors, the health department or the local clinic, a pediatrician's office or possibly the hospital. Each of those people has the opportunity to see into the lives of these children and families and to help be that first step in child abuse prevention."

The C.A.R.E. program was created after child-fatality teams began reviewing cases of children who had died due to abuse. The teams realized the children had all been seen by a medical provider at some point prior to their deaths. C.A.R.E. training started in 2006.

Through the program, medical personnel are taught to look for specific "flags" that might indicate abuse or neglect. They are also encouraged to establish office protocols for assessing and documenting potential child abuse cases.

"If people can come away from the training with one thing, it's this: If you see something, document it," Dean said. "Put it in the child's file because it may be utilized by another professional at another point in time."

Social workers with the Department for Community Based Services and the Commission for Children with Special Health Care Needs attend the training so the medical provider can have direct contact with people to whom they can report suspected abuse. "The social worker's duty is to investigate and determine whether or not the abuse happened," Dean explained.

A support component for at-risk families is incorporated into the training as well. "It's important to educate families so they have the tools they need to not neglect their child, the tools that they need to not abuse the child," Dean said. The medical providers also learn how to approach and communicate with a child or a family to validate or invalidate suspected abuse.

The feedback from the nearly 3,500 people who have taken C.A.R.E. training is mostly positive. "Physicians feel more confident after taking this training," Dean said. "It clarifies principles or reinforces things that they were doing prior."

Ultimately, the goal of the C.A.R.E. program is to eliminate child abuse and neglect entirely. "C.A.R.E. is not just recognizing and reporting child

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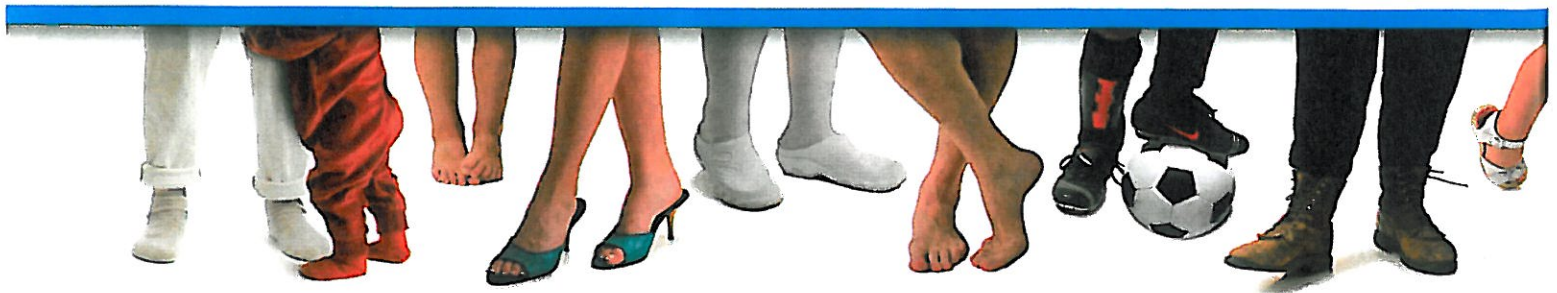
## Prevent Child Abuse Kentucky Offers C.A.R.E. to Medical Professionals

By Tanya J. Tyler, Staff Writer

The numbers are sobering: According to Prevent Child Abuse Kentucky (PCAK), 63,678 children were reported as abused, neglected or in need of protective services in Kentucky in 2009. The number of Kentucky children who were con-

firmed as victims of child abuse was 19,419.

PCAK is striving to reverse this trend with a program called C.A.R.E. (Child Abuse Recognition Education). C.A.R.E. teaches medical providers to recognize the signs and symptoms of child abuse.



## Use Your Head, Take Care of Your Feet.

Your feet keep you on the job and in the game, but if they're not healthy, you're off the clock. If you experience any lower extremity pain, there is often a simple, effective solution — relief is available.

**STUDY** continued from Page 6

It is important to understand how clinical research studies work. They are divided into four phases. "Phase one is on several hundred people. Phase two is a few thousand people. Phase three is a few thousand more. Phase four is an after-market research study where the medication is already on the market but they are testing people's opinions about something such as whether the label on the medication was easy to read," explains BonDurant. When the drug hits the market, it means it is proven safe and effective. Do not be quick to rule out potential gains of this study. "A lot of people still have the impression that clinical trials are for guinea pigs but it is really not. The goal needs to be that you are doing this to possibly help people in the future," expresses BonDurant. ©2010 Jamie Lober

**TESTOSTERONE** continued from Page 7

Today several options for testosterone replacement therapy exist. Many physicians believe that natural testosterone replacements are generally safer than and just as effective as synthetic testosterone. Natural testosterone replacement is available as custom compounded creams, gels, capsules, tablets, lozenges, suppositories, injections, and implanted pellets.

No matter what form of replacement is administered, it is important for you and your preventive-aging doctor to tailor the treatment to your specific needs. In women, this can be a complicated task because testosterone replacement frequently involves other hormones as well.

**HEAD** continued from Page 10

medication and add another low dose of a second to see if the combination can prevent the headache," tells Gurwell.

If you are concerned, you should get evaluated. "We take a good history, figure out what age the patient started having the headache, where the pain is located, any associated symptoms, frequency, time of day and any known triggers like stress, foods, alcohol, caffeine. We do a head to toe neurological exam to make sure we do not see any symptoms that indicate something severe," describes Gurwell.

The future of headache research is bright. "We are doing a study that is looking at the presence of patent foramen ovale which is a little hole in your heart. We are looking at closure of that in patients who have headaches to see if it could prevent headaches in the long-run. In patients who have migraine with aura and migraine with neurological symptoms, we are finding many have the patent foramen ovale," shares Gurwell.

It is speculated that genetics may play a role. "It is important to understand the underlying causes and mechanisms so we can begin to develop targeted treatments to stop, prevent and maybe even cure headaches," feels Cathy Glaser, president of Migraine Research Foundation. There are many other areas of investigation. "We look at brain excitability, chronic migraines, genetic risk factors, effect of calcitonin gene-related peptide receptors which are brain chemicals and mechanisms in the brain and how estrogen levels regulate sensitization," names Glaser.

There are finally specialists around the country as well. "There is a new certification in headache medicine that has only been around a couple of years," says Glaser. We can only hope that with access to more information on headaches that physicians will have fewer patients to treat. "We basically have a public health problem with headaches being so disabling and chronic," expresses Glaser. ©2010 Jamie Lober

**ORGANIC** continued from Page 19

ing some of the same products – and much better tasting – just a few miles away. Changes like this will have to be made with our wallets – go to the Farmer's Market and buy your food, as much of it as you possibly can. Serve it to your families and your friends and talk about how much healthier it is; how much more delicious it tastes.

Maybe if we all work together on this healthy eating project, we can actually make some changes!

*Jan Ross is a freelance writer who recently discovered the importance of a healthy, whole food diet and exercise regimen. Doing away with white flour and white sugar; introducing organic fruits and vegetables; switching to whole-grains; and participating in various exercise classes, including ballet and Yoga, is a life-changing experience which she will share in this monthly column. Comments, suggestions and ideas for the column are greatly appreciated. You can contact her at jan@samplerpubs.com.*

**FOOD** continued from Page 26

substantial role in every disease process in nearly every person? Important questions.

Access to IgG food testing in central Kentucky at this time is very limited. Accuracy of the tests is still evolving. IgE and IgG antibody testing is offered at the Midway Center for Integrative Medicine.

The Midway Foundation Cancer Conference was a big success. Watch for our November conference on reversing heart, brain, and other disorders. We strive to attract the best practitioners in the country.

**SPRUCE** continued from Page 28

boxed, or even already cooked; but convenience is not necessarily healthy. And like many of my clients, you may feel there is not enough time. My suggestion is to cook several meals on your day off and pop them in the freezer, so you can still have the convenience of frozen food without the blandness and questionable texture.

If you have any questions or I can be of any assistance, please feel free to contact me at 859-221-4479 or supnat\_us@yahoo.com.

Yours in Health, *Willie B. Roy*

**DRUGS** continued from Page 30

pharmacies.

In the state of Kentucky, pharmacies are required to dispense generic unless the patient desires brand or the prescriber denotes brand name on the prescription.

Generic drugs generally are safe and cost-effective alternatives to brand name products. Communication with your doctor and pharmacist is the key to optimal care.

**SYNTHETIC** continued from Page 31

- Board Certification in Emergency Medicine (served in US Army four years where he obtained rank of Major)
- Chief of Lexington Army Depot Health Clinic
- General Medical Officer at Fort Knox, KY assigned to Emergency Department, ENT and General Medicine Clinic
- Has over 35,000+ hours of Emergency Medicine experience and served as Emergency Department Director at three different hospitals
- Licensed in Tennessee, Kentucky, Ohio and Louisiana
- Dr. Roberts is also a published researcher

Zachariah Betts assisted with the research and development of this article. Zac is the Managing Director of Abundant Living Medical in Lexington, KY.

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abuse; it's what can we do at the front end to prevent that child abuse from ever happening," Dean said. "It's really important to understand child abuse spans all socioeconomic backgrounds, all ethnic backgrounds, all levels of education, and unfortunately the kiddos who most often missed are the ones that look just like you and I. That's usually what happens."

**Check out Safe Kids Fayette County's new Website!**

[www.safekidsfayettecounty.com](http://www.safekidsfayettecounty.com)

**Learn more about**

- Programs offered to organizations in the community
- Free car-seat fitting stations
- Fact sheets and safety tips
- News updates
- Links to other important safety information, including product recalls

Interested in volunteering or becoming a Safe Kids coalition member?

Contact the Safe Kids Coordinator at  
859-323-1153.

Visit us on  
Facebook

**UKHealthCare**  
Kentucky Children's Hospital

**Safe Kids**  
Fayette County

For more information, contact:  
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