



Hughston Health Alert

6262 Veterans Parkway P.O. Box 9517 Columbus GA 31908-9517

VOLUME 15, NUMBER 1

www.hughston.com

WINTER, 2003

1989-2003
*Hughston
Health Alert's*
**15th
Anniversary**
Issue
Where it all comes together

In this issue we published five of our most popular articles. Using our readership survey and our Web site, we found that these articles answer some of the most puzzling medical problems our readers have experienced or questioned.

FOR A HEALTHIER LIFESTYLE



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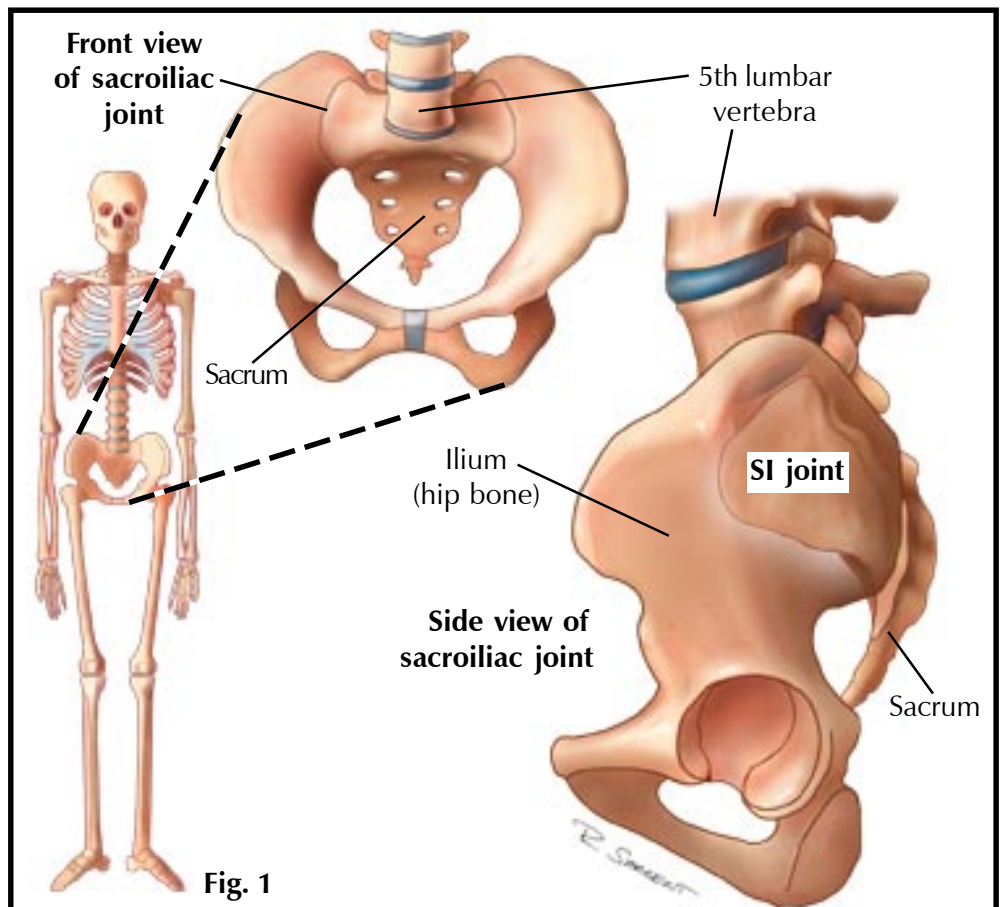
The Sacroiliac Joint

When Your Back's Against the Wall

Located between the sacrum (tailbone) and ilium (hip bone) in the pelvis, the sacroiliac (SI) joint (Fig. 1) is a common but frequently overlooked source of low back pain. SI joint pain is not specific to any particular age group, occupation, or sporting activity.

Establishing the diagnosis

Diagnosing SI joint dysfunction can be difficult because the symptoms and physical findings of this condition are also seen in other well-recognized causes of low back pain (including a herniated, or slipped, disc). Your physician can diagnose SI joint dysfunction by carefully reviewing your clinical history and performing a thorough physical



Inside This Issue:

- Rehabilitation of the Sacroiliac Joint
- Preventing Back Injuries
- How to Manage Shin Splints
- Achilles Tendon
- Jack C. Hughston, MD

examination. Plain x-rays, CT, and MRI are not usually helpful in establishing the SI joint as a source of low back pain, other than ruling out back pain that may be caused by a disc herniation, pinched nerve, inflammation, or infection.

Symptoms

The main symptom is a sharp or aching pain in the lower back, usually

to one side. This pain is frequently felt in the groin and usually extends down the back of the thigh and occasionally as far as below the knee (Fig. 2, pg. 2). SI joint pain is increased when you are sitting for long periods of time (such as in an automobile or during a long plane ride) and is frequently alleviated by standing or walking. Rarely are there associated neurologic problems in the

FOR A HEALTHIER LIFESTYLE

Patients are asked to "plot" their pain on the right or left sides for both front and back of the body.



Fig. 2 Pain drawings of typical sacroiliac joint dysfunction.

lower extremities (knee, leg, foot), such as numbness, tingling, or weakness.

Physical findings

Although there is no direct method for isolating SI joint dysfunction during a physical examination, there are several tests that can help your physician localize the pain in the SI joint during examination (Figs. 3a, 3b, & 3c).

Treatment

Most patients can be successfully treated by SI joint manipulation, mobilization, and a prescribed exercise routine to maintain

joint mobility. Temporary use of nonsteroidal anti-inflammatory drugs (such as ibuprofen) or occasional joint injection may be helpful. Studies are now being conducted to discover the advantages of surgically fusing a sacroiliac joint that has not benefited from conventional treatment, but surgery is generally a last resort for patients who continue to have pain.

If you have any current back problems, such as sharp pains or constant stiffness, don't hesitate to see your physician. With proper treatment, you can get "back" to a normal, healthy lifestyle.

*Thomas N. Bernard, Jr., MD
Columbus, Georgia*

*From the Hughston Health Alert,
Volume 10, Number 4, Fall, 1998.*

Fig. 3a Gaenslen's test

Gaenslen's test is performed with the patient supine (on the back). The hip joint is maximally flexed on one side and the opposite hip joint is extended. This maneuver stresses both sacroiliac joints simultaneously.



Fig. 3c Patrick's test

Patrick's test stresses the hip and sacroiliac joints. A positive test produces back, buttocks, or groin pain.



Fig. 3b Yeoman's test

Yeoman's test stresses the sacroiliac joint by extending the leg and rotating the ilium. A positive test produces pain over the back of the sacroiliac joint.

Rehabilitation of the Sacroiliac Joint

The sacroiliac (SI) joint is a very irregularly shaped joint located where the ilium (hip bone) and the sacrum (tail bone) meet. The joint has very little motion; however, the limited motion it does have is very important to the proper functioning of the lumbar spine, as well as the hip.

The SI joint is susceptible to traumatic (sudden, forceful injury) and inflammatory conditions. Common causes of injury are slips or falls; however, it also can be injured by overuse. Overuse can result from frequent and prolonged bending or sitting for extended periods of time. Occasionally, intense pain can arise from doing something as simple as bending over to pick up a pencil or tie a shoe.

How is SI joint dysfunction treated?

Treatment of SI joint dysfunction actually begins with an examination by a physician to rule out any disorders that may be serious enough to warrant surgery. Once the

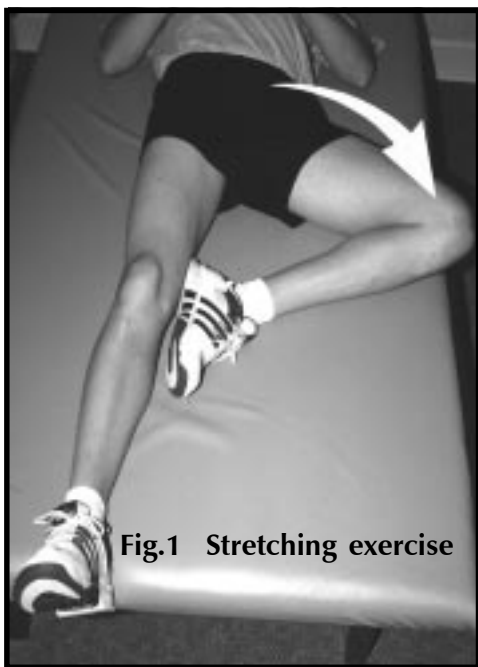


Fig.1 Stretching exercise

Fig. 2 Prone leg lift strengthening exercise

Lie on stomach. Lift one leg up, keeping knee straight. Do **not** allow hips to lift off the floor. Repeat with opposite leg.

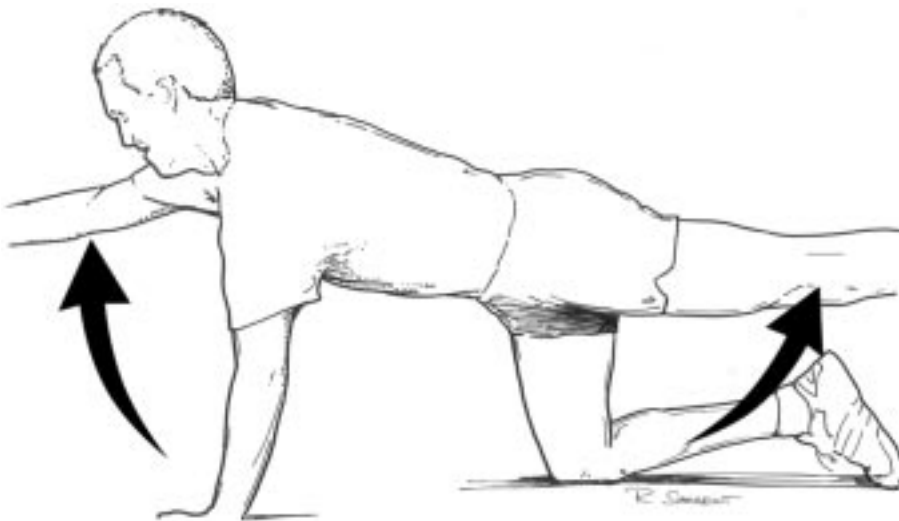
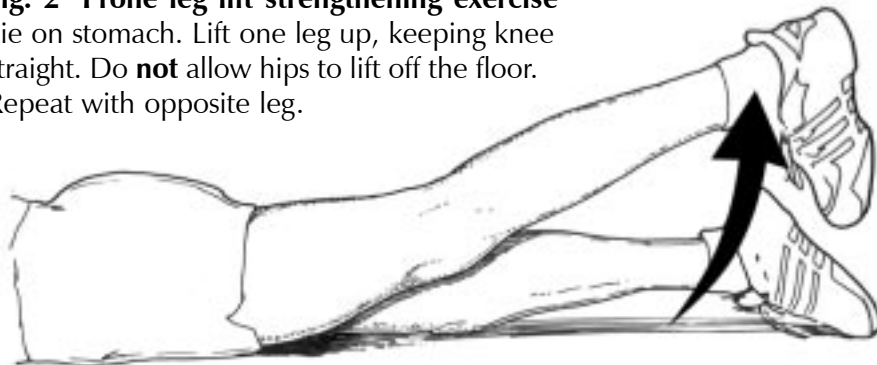


Fig. 3 Alternate arm and leg strengthening exercise

Lift right arm and left leg simultaneously, keeping both extremities straight. Repeat with alternate arm and leg.

physician has eliminated the possibility of any serious ailments, a referral to a skilled manual physical therapist is in order to restore normal range of motion. Once normal mobility has been attained by appropriate and specific manipulation and mobilization techniques, stretching exercises are begun to maintain the mobility of the joint. To stretch, recline on your back with both legs straight. Then slide your left heel up toward your buttocks, raising the left knee. Slowly lower your bent knee to the outside, keeping your left heel against your right knee (Fig. 1). After the SI joint has been free of pain for a short period of time, specific strengthening exercises can be started (Figs. 2 & 3).

Although SI joint dysfunction is a relatively common ailment, it is frequently misdiagnosed and mistreated. Most low back problems related to joint dysfunction or weak muscles can be treated conservatively and effectively by a skilled manual physical therapist.

*William D. Jones, PT, CSCS
Columbus, Georgia*

*From the Hughston Health Alert,
Volume 10, Number 4, Fall, 1998.*

Preventing Back Injuries

Lifting Techniques and Strengthening Exercises

As much as 80% of the adult population will experience lower back injuries over their lifetimes. These injuries are usually caused by improper lifting techniques and overuse. By using proper lifting techniques along with stretching and strengthening exercises, you can reduce the risk of back injury.

Proper techniques for lifting and carrying objects

There are many techniques used in lifting and carrying objects that can support your back and prevent injury. However, the best technique for lifting is the diagonal lift (Fig. 1). Your feet are apart, with one foot slightly ahead of the other. This gives you a

wide base of support, providing more stability, more energy, and more power. Bend your knees and squat down; keep your back arched and your head up while lifting. This position allows more power to come from the larger muscles of the legs and keeps the weight off your back.

When lifting and carrying, keep objects close to the body. The farther from the body you carry an object, the more stress you place on your back. Do not rush or jerk as you lift and do not twist or side bend. These bad habits apply more stress on your back, especially during repetitive lifts, and will cause serious injury later.

When carrying objects, use correct posture - stand up straight. Do not stoop or walk in a bent-over posture. Carry most of the load to the front and close to the body, but when carrying for long distances, support the load on your shoulder. If the object is too heavy, get help.

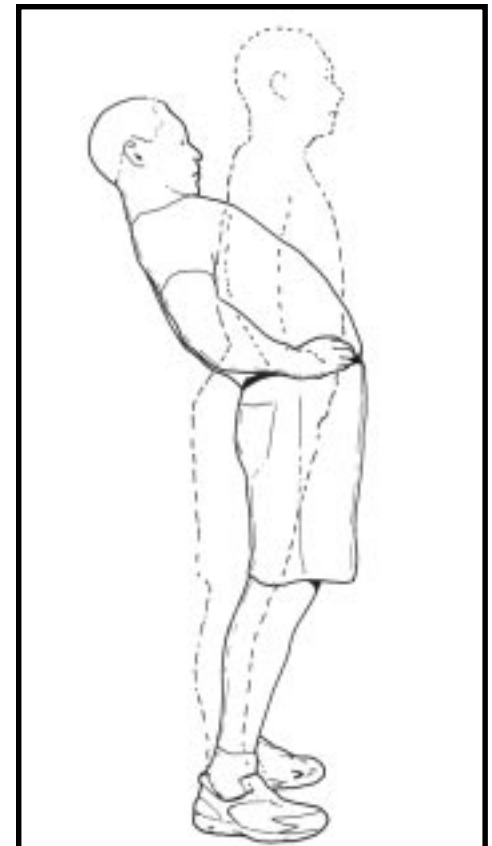
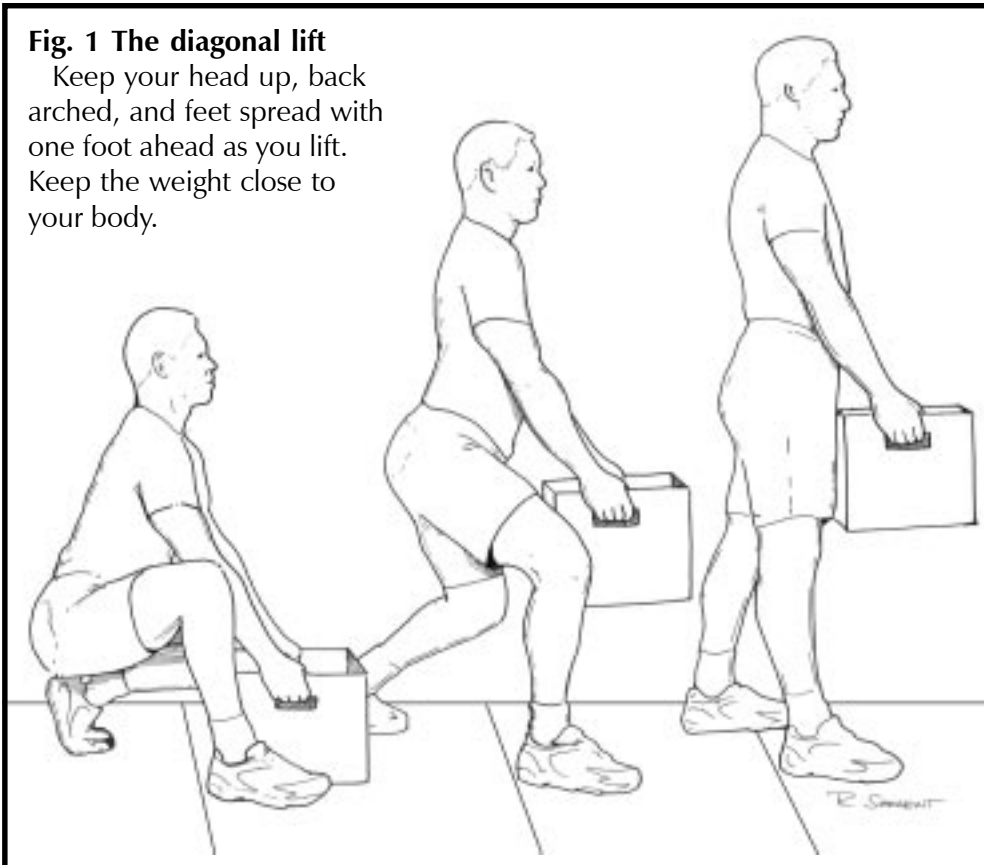


Fig. 2 Extension-in-standing (stretching exercise).

While standing with feet apart, place your hands on your hips. Gently lean backwards, keeping knees straight and chin tucked. Hold for 5 seconds and return to upright position. Repeat often during the day.

Fig. 1 The diagonal lift

Keep your head up, back arched, and feet spread with one foot ahead as you lift. Keep the weight close to your body.



Proper stretching and strengthening exercises

Besides using proper lifting and carrying techniques, stretching and strengthening exercises can also decrease the risk of injury by providing strength and stability to the muscles in your back (see Figures 2, 3 & 4).

The exercises provided here should be a supplement to an exercise program of flexibility and endurance. The extension-in-standing (Fig. 2) and seated-flexion-and-extension (Fig. 4) stretches should be performed frequently during the day, especially if

How to Manage Shin Splints

What are shin splints?

The term “shin splints” has been widely used as a catch-all term referring to a collection of different conditions that cause leg pain. The term medial tibial stress syndrome (MTSS) better defines the injury and separates it from injuries such as stress fractures or compartment syndrome. MTSS is caused by chronic strain, overuse, and microtrauma of the soleus (calf) muscle at its origin on the shinbone (posteromedial tibia) or deep inflammation of the periosteum, which is the connective tissue that covers the bone, of the tibia beneath the posterior tibialis muscle (Fig., pg. 6). MTSS usually occurs in unconditioned people who begin a new running or jumping activity or conditioned runners who change or increase their speed or distance or change their type of shoe or running terrain. MTSS also affects individuals who have flat feet because the mechanics of the foot increase stress on the soleus muscle.

MTSS or stress fracture?

A patient with MTSS has pain at the inner portion of the tibia in the middle of the lower leg and in the surrounding soft tissue (Fig., pg. 6). A patient with a stress fracture feels pain around the upper outside portion of the tibia. With MTSS, pain usually disappears once the activity that causes the pain is reduced or stopped. With a stress fracture, however, the patient usually experiences pain that does not go away with rest. The pain often persists with walking and increases when walking up steps or during similar moderate activity. The patient often complains of pain at night. A “one-leg hop test” is a functional test often used to

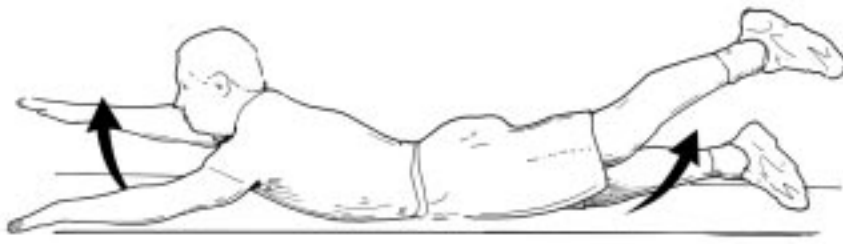


Fig. 3a Alternate arm and leg lift on stomach (strengthening exercise)

Lie on your stomach with your arms extended overhead. Lift your right arm and left leg simultaneously. Hold for 2 to 5 seconds. Lower slowly to beginning position. Relax and repeat with other arm and leg.



Fig. 3b Single knee to chest (stretching exercise)

Lie on your back with your left leg straight out and your right leg bent. Grab your right knee with both hands and gently pull toward your chest. Hold for 5 seconds. Relax, but do not release your knee.

you sit or stay in one position for long periods of time. This puts a lot of pressure on your back, and changing positions or stretching often will relieve the pressure. Always stretch before lifting and carrying objects if you have been sitting for a while.

Although nothing can totally prevent an accident from happening, using the proper lifting and carrying techniques, as well as maintaining an exercise and stretching program, will reduce your chances of getting hurt. Also, before you begin any exercise program, have your doctor perform a physical examination to rule out any possible problems.

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*From the Hughston Health Alert,
Volume 9, Number 3, Summer
1997.*

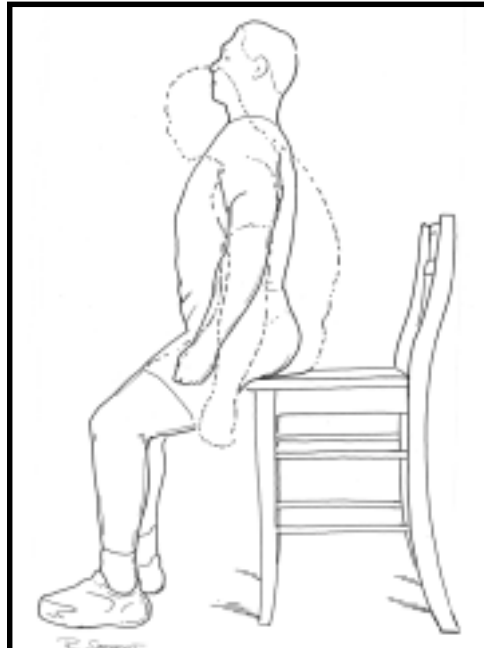


Fig. 4 Seated-Flexion-and-Extension (stretching exercise).

Sit on the edge of your chair with your feet flat on the floor. Gently arch your back. Hold this position for 5 seconds, then relax. Repeat frequently during the day.

distinguish between MTSS and a stress fracture. A patient with MTSS can hop at least 10 times on the affected leg; however, a patient with a stress fracture cannot hop without severe pain.

An x-ray sometimes show chronic cases of MTSS, where there is a mild thickening or an uneven edge at the end of the tibia in the back. X-rays are also often taken to rule out a stress fracture. However, x-rays may not show a fracture line or a healing stress fracture until several weeks after injury, so a bone scan, computed tomography (CT) scan or magnetic resonance imaging (MRI) scan may be used instead.

How to treat MTSS

To relieve the pain caused by MTSS, ice massage and Achilles tendon stretching are performed 3 to 4 times a day. Nonsteroidal anti-inflammatories such as aspirin are recommended to relieve inflammation and pain.

Gentle stretching of the leg muscles that includes the calf, heel cord, and hamstring is essential before and after exercising to treat MTSS. Any anatomic foot variation, such as a pronated (a foot with a low arch) flat foot, should be corrected with a semirigid foot orthosis (shoe insert). Runners should use a running shoe that provides shock absorption and has a firm heel support. Gentle flexibility and strengthening exercises for the muscles involved should also be added to the workout.

The key treatment for MTSS is rest from the activity that causes the pain. Once the pain has subsided, less stressful exercise can begin. For example, for the

first week, biking and swimming can be substituted for running. Then the patient can start training again at about half the previous level of intensity (half the distance or pace). The exercise intensity should be gradually increased to the desired level over 3 to 6 weeks. Recurrence of pain is a signal that the level of activity has been resumed too fast.

Active individuals who have recurring MTSS need not stop exercising or running. They should first correct predisposing factors, such as wearing worn-out shoes, running on hard surfaces and pavement, or increasing training too quickly. If the pain does not subside with these changes and a reduction of activity, then a visit to their orthopaedist is warranted. Rarely, if the symptoms do not respond with long periods of rest, a patient may undergo surgery to release the soleus attachment to the

tibia. Usually after surgery, the patient may walk as tolerated, and activity is gradually increased over the following 3 months.

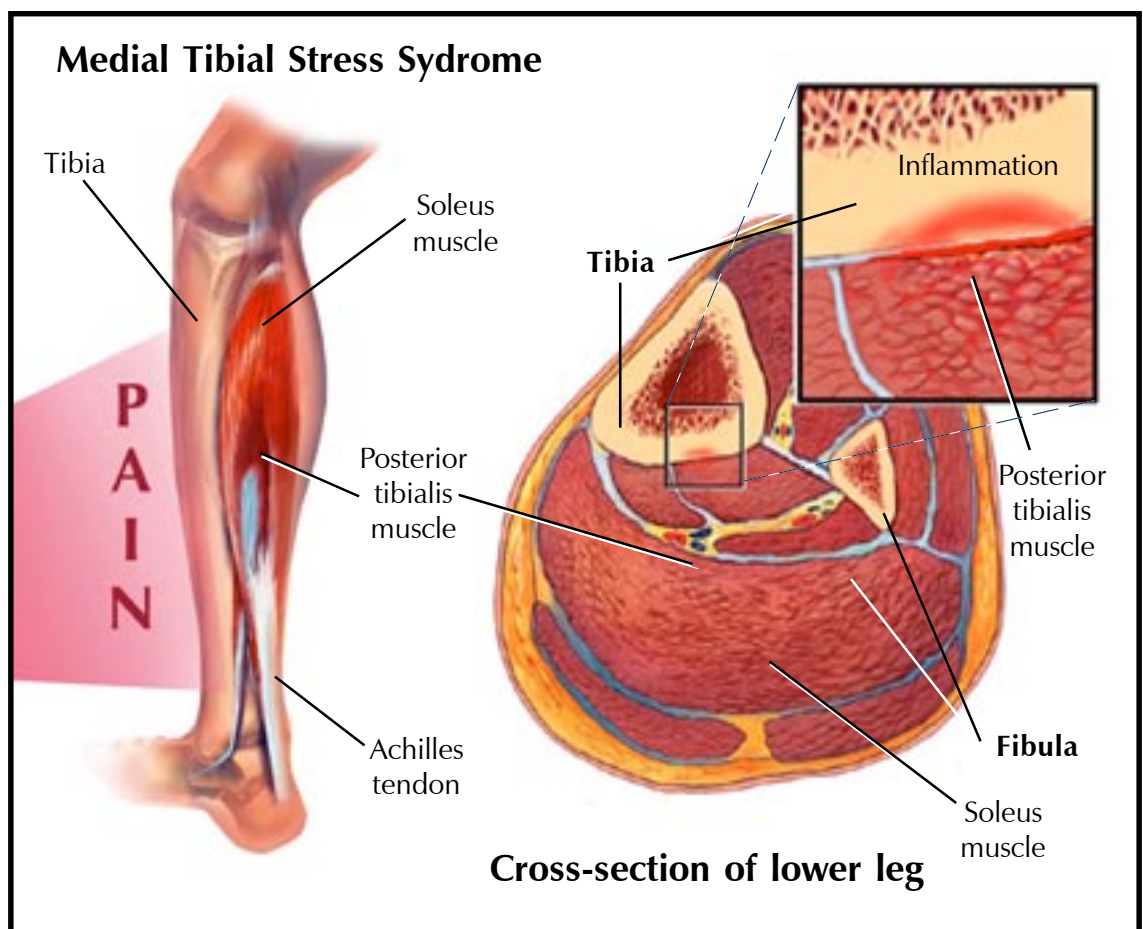
MTSS can be painful but is usually easily resolved. If you experience pain in your shin, thoroughly stretch before exercising, reduce your activity level, and check your shoe wear. If you run on a hard surface, find softer ground. Remember, exercising should be fun, not a painful experience.

Steven K. Below, MD
Columbus, Georgia

Further Reading:

Perrin DH. *The Injured Athlete*. 3rd ed. Philadelphia, PA: Lippincott-Raven; 1999:423-424.

From the Hughston Health Alert, Volume 13, Number 4, Fall, 2001.



Achilles Tendon: Tendinitis and Tears

Why is the Achilles tendon so important?

The Achilles tendon is the strongest and largest tendon in the body. It is a tendinous structure (attaches muscle to bone) that forms from a combination of the gastrocnemius-soleus muscles located in the calf. The tendon attaches to the heel bone (calcaneus) and causes the foot to push off (plantar flex) when the calf muscles tighten. The tendon is necessary for normal walking, running, and jumping. Athletic and traumatic injuries to the Achilles tendon are common and can be disabling.

What is Achilles tendinitis?

Achilles tendinitis is an inflammation (swelling) of the tendon, which usually occurs as a result of overuse injury. Basketball players are the most susceptible to Achilles tendinitis because of the frequent jumping. Any activity requiring a constant pushing off the foot, such as running or dancing, may result in swelling of the tendon.

Symptoms and treatment for Achilles tendinitis

People with Achilles tendinitis may experience pain during and after exercising. Running and jumping activities become painful and difficult. Symptoms include stiffness and pain in the back of the ankle when pushing off the ball of the foot. For patients with chronic tendinitis (longer than six weeks), x-rays may reveal calcification (hardening of the tissue) in the tendon. Chronic tendinitis can result in a breakdown of the tendon, or tendinosis, which weakens the tendon and may cause a rupture.

The recommended treatment for Achilles tendinitis consists of icing, gentle stretching, and modifying or limiting activity. Nonsteroidal anti-inflammatory medications (NSAIDs), such as ibuprofen or aspirin, can reduce pain and swelling. Physical therapy and the use of an orthotic (heel lift) can also be helpful. For chronic cases where tendinosis is evident and other methods of treatment have failed, surgery may be recommended to remove and repair the damaged tissue.

What is an Achilles tendon rupture?

Achilles tendon rupture is a severe and disabling injury. A rupture usually takes place a couple of inches above the joining of the tendon and the heel bone. This typically occurs when someone contracts, or tightens, the calf muscle and suddenly pushes off the foot, such as in basketball or racquet sports. The injured person experiences pain, swelling, and an inability to stand on their tiptoes.

Symptoms and treatments for an Achilles tendon rupture

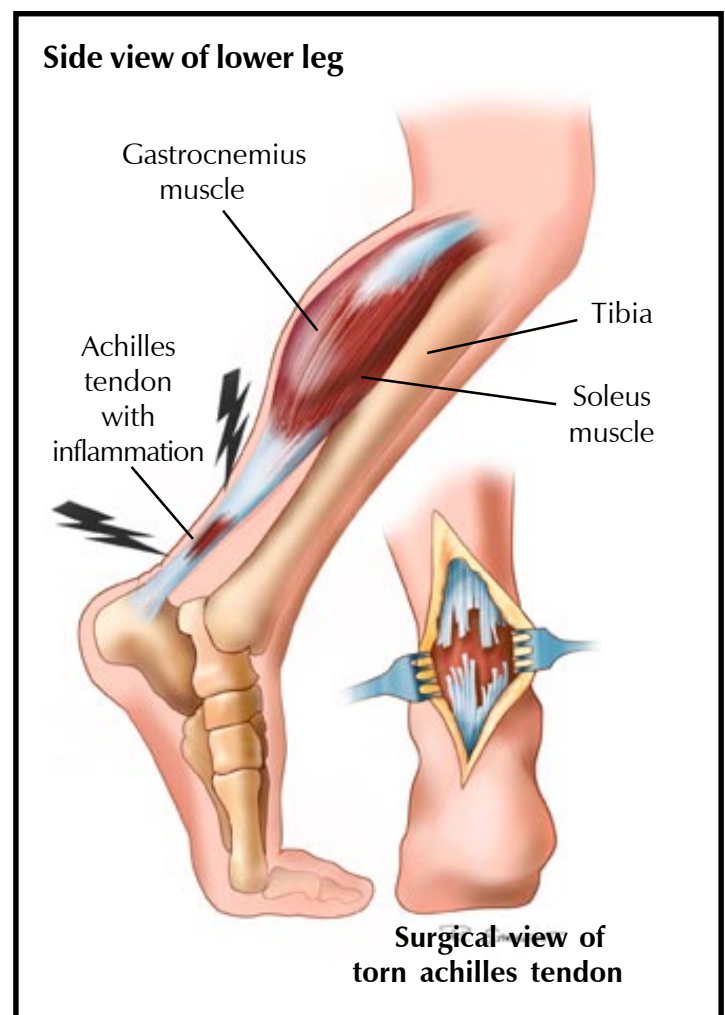
Achilles tendon ruptures usually occur in middle aged men as a result of overused or unused muscles. An injured person experiences extreme difficulty with pushing off the foot and even walking. Physical exams reveal swelling, a gap in the tendon, and an inability to stand

tiptoed (plantar flexion). X-rays may be used to confirm a diagnosis. Magnetic resonance imaging (MRI) or ultrasounds can also confirm an Achilles tendon tear; however, they are not always necessary.

Surgery is usually recommended for treatment of Achilles tendon ruptures in active, healthy patients. For people with low levels of activity, casting can be used. Resumption of full athletic activity usually takes four to six months, or longer, after injury in the surgically treated patient. Surgically repaired tendons heal stronger with less chance of rerupture.

*Richard Johnston III, MD
Atlanta, Georgia*

*From the Hughston Health Alert,
Volume 9, Number 2, Spring, 1997.*



Jack C. Hughston, MD, is nationally recognized for his distinguished career in the field of sports medicine and his exceptional leadership in the medical community as an orthopaedic surgeon, scholar, and pioneer. In the early 1950s, he developed the Crippled Children's Clinics of the Public Health Department in Georgia and pioneered the specialty of sports medicine while caring for athletes in area high schools and Auburn University.

He was the Chairman of Sports Medicine for the American Academy of Orthopaedic Surgeons from 1965 through 1975. He is one of the founders of the American Orthopaedic Society for Sports Medicine and the International Society of the Knee and an Honorary Founder of the National Athletic Trainers Association. He started the American Journal of Sports Medicine, a scientific journal of which he was editor from 1972 through 1989. Dr. Hughston was appointed Clinical Professor of Orthopaedics from Tulane University School of Medicine, he received an honorary doctor of science degree from Auburn University, and he is an adjunct professor at Auburn University School of Veterinary Medicine.

Dr. Hughston is devoted to education and research in orthopaedics and sports medicine. His concept of a foundation for teaching and research became a reality when he established the Hughston Sports Medicine Foundation. Another result of his lifelong dedication is the Hughston Sports Medicine Hospital, the first hospital of its kind, which was built in Columbus, Georgia in 1984.



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For complete articles from the *Hughston Health Alert* or for information about the Hughston campus visit www.hughston.com.

Health Hint

Acetaminophen (ah-set'ah-me'no-fen), such as Tylenol or Tempra, is an effective non-prescription medication often used for low back pain. Unlike aspirin, acetaminophen does not reduce inflammation; it relieves pain by working centrally (in the brain) to switch off the perception of pain. Acetaminophen is frequently recommended because it has few side effects and is safe for infants, children, and teens.

The *Hughston Health Alert* is a quarterly publication of the Hughston Sports Medicine Foundation, Inc. The Foundation's mission is to help people of all ages attain the highest possible standards of musculoskeletal health, fitness, and athletic prowess. Information in the *Hughston Health Alert* reflects the experience and training of physicians at The Hughston Clinic, P.C., of physical therapists and athletic trainers at Rehabilitation Services of Columbus, Inc., of physicians who trained as residents and fellows under the auspices of the Hughston Sports Medicine Foundation, Inc., and of research scientists and other professional staff at the Foundation. The information in the *Hughston Health Alert* is intended to supplement the advice of your personal physician and should not be relied on for the treatment of an individual's specific medical problems.

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Devoted to community service

This issue marks yet another milestone for the *Hughston Health Alert* as it embarks on its fifteenth year of providing articles of interest and facts on musculoskeletal health to its readers. Launched in 1989, the physicians of the Hughston Clinic wanted a vehicle to give something back to our patients and to our community. Thus, the *Health Alert* became the means of an extended dialogue with those we serve; sharing much more of our knowledge than would be possible in a direct patient care setting.

Our dreams and visions have grown. The Hughston Clinic has grown from twelve physicians in one location to thirty-two physicians in ten locations. Over the years, the *Health Alert* has grown too. Our first issue was sent to approximately 5,000 readers, and by our tenth anniversary it had grown to 26,000. Presently, our annual circulation has grown to 105,000 printed copies and more than 277,000 hits on our Web site edition.

The *Hughston Health Alert* is free to anyone who asks for it. We distribute the *Health Alert* to doctor's offices within our region for their waiting rooms and make it available to local community service organizations who assist in promoting health consciousness. We also send it to those who call, e-mail, or request it from our Web site. This entire effort, since its inception, is provided free of charge to our readers by the Hughston Sports Medicine Foundation

To maintain fresh content, we routinely rotate our editorial board. Following in the tradition begun by Fred Flandry, M.D., founding editor, and Todd Schmidt, M.D., and George M. McCluskey, M.D., editors emeritus, David Rehak, M.D., our current editor-in-chief, does an excellent job. Dennise Brogdon works closely with Dr. Rehak as managing editor, following in the footsteps of Betty Clements, Carol Binns, Judy Koren, Daniel Archilla, and Elizabeth Harbison. Last year, Rick Sargent, assumed the responsibilities of art director from Carol Capers, whose illustrations and layout enhanced our pages for the first thirteen years of publication. The fine work of these Hughston Foundation staff members and the many physicians and lay writers who have contributed content over the years accounts for the great success of this publication.

Despite the growth and changes over the past 15 years, our vision has remained focused. Unchanged since our first issue, our banner proclaims a single purpose: "For A Healthier Lifestyle." So dedicated, we continue to serve our readers.

*John I. Waldrop, M.D.
President, The Hughston Clinic*

Committed to excellence in patient care, research, and education

In 1975, I came down to Columbus from Chester, South Carolina to interview for the CEO's job of a new hospital. One of my board members in South Carolina, Dr. Weston Cook, told me to be sure to meet his friend Dr. Jack Hughston. When I asked Dr. Cook how I would know Dr. Hughston, he said, "Don't worry, you'll know him!" He was right. This big man with huge hands slapped me on the back and said, "Welcome to Georgia, boy."

For twenty-seven years, Dr. Hughston and I have worked together through good times and bad, but one thing has never changed—Dr. Hughston's commitment to excellence in patient care, research, and education. Ours is a dynamic industry, one which changes daily; new technology, new medications, and new techniques are announced as often as automobile model changes. Although the science of medicine constantly improves, we must strive to protect the art of medicine. We must always remember that the core of our endeavor lies in the improvement of our patient's quality of life, not just the proper alignment of a bone, repair of a ligament, or some other mechanical adjustment.

I have enjoyed my association with this great organization and will always look back with pride on my years as a member of the Hughston team. Being a team member not only required me to commit my time, energy, intellect, and imagination, but, along the way, it became a commitment of my heart.

Charles H. Keaton, FACHE

In January 2003, after many years of service, Mr. Keaton will retire as chief executive officer of The Hughston Clinic.

Dedicated to patient information

We are celebrating 15 years of patient education through the *Hughston Health Alert*. These newsletters have been great in alerting patients, friends, and professionals with interesting facets of orthopaedics, rehabilitation, and sports medicine. Each issue has been dedicated to keeping us growing mentally and to keeping us active physically. Hats off to our fine editor, David C. Rehak, MD and his staff.

The community service and broadening reach of the Foundation's education and research continues to grow, unbelievably. It's good to be a part of it. In that respect, I'm personally grateful to have been with you for another five years and I'm looking forward to the future. Happy and healthy days to each and all of you.

Jack C. Hughston, MD

A voice for the Hughston Sports Medicine Center

Under the guidance of our past editors, managing editors, and editorial board members, the *Hughston Health Alert* has developed into an outstanding publication that serves as a voice of the Hughston Sports Medicine Foundation and The Hughston Clinic.

Beginning with this issue, you can now read the *Hughston Health Alert* online, through e-mail or in print. Our editorial board places a high priority on making the *Hughston Health Alert* accessible by publishing it on our Web site at www.hughston.com. During this past year, more than 250,000 visitors read our *Health Alert* articles online. Recently, this online version was recognized with an Award of Excellence by the Awards for Publication Excellence (APEX 2002).

However you choose to read it, the *Hughston Health Alert* will remain a source of education for readers. We will continue to publish articles that are easy to read and that will offer valuable information about musculoskeletal health and fitness. We will also continue to provide printed copies to local venues such as the YMCA and various health clubs.

I thank the medical professionals who, over the years, have given voice to their knowledge and have shared it with our readers. Our managing editor, Dennise Brogdon, and our editorial board are to be commended for their tremendous work. Without them, our voice would not be heard. We are dedicated to producing a superb publication and we welcome your comments.

David C. Rehak, MD
Editor

Meeting the needs of tomorrow's patients

Although we are celebrating the 15th anniversary of the *Hughston Health Alert*, this project is actually a futuristic achievement. Today's patients desire new, more active forms of communication with their physician and health care facility. Today's sophisticated patients use media tools to interact and gather information to make health care decisions. In an environment of ever increasing communication options, the *Hughston Health Alert* is ahead of its time by providing timely patient information in print, by e-mail and on the World Wide Web.

Our future success depends on our commitment to quality patient care and communication with our patients. With the spirit of the Hughston team and the help of the *Hughston Health Alert*, our future looks bright.

Sani Mirza, Chief Executive Officer
The Hughston Clinic, P. C.



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