

LEHIGH COUNTY

Health & Medicine

Official Publication of The Lehigh County Medical Society

CYCLING FOR HEALTH

WEIGHT REDUCTION,
IMPROVED CARDIO, STRESS RELIEF –
WHAT'S NOT TO LIKE?



PLUS

JUST A FEW OUTDOOR THINGS TO DO IN THE LEHIGH VALLEY
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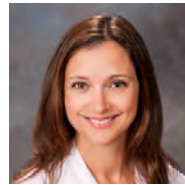
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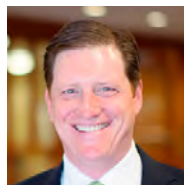
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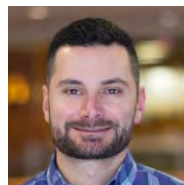
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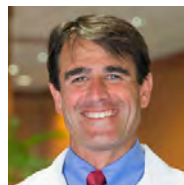
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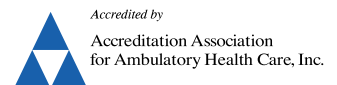
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IN THIS ISSUE

Welcome to summer in Lehigh County. So many of us are ready to get outside. And hopefully you have received your vaccine. If you haven't, getting one is now much easier. There are so many places you can get one, from calling your family doctor's office for more information, or trying your local pharmacy or health center. We all need to be on board for your safety, and that of your whole family and community.

Our summer edition has several articles we hope you will enjoy. We have a simple piece on places to go walking, hiking, biking and boating. Most if not all of these locations are free and they aren't far away. I, like many others, rediscovered biking during the pandemic. For those of you who looked for a bike last year, they were almost impossible to find. Check out the article on Cycling and its many benefits.

If you or someone you know is a health care professional, please check out the article we were able to re-print from *Physician Family Magazine*. This piece highlights some of the physician health programs available across the country and including what is available here in Pennsylvania through the Foundation of the Pennsylvania Medical Society.

We also have an article about a study on sleep and its relationship to stroke recovery that will make you look at this relationship from an angle not previously studied. Look inside to see more.

Hopefully you enjoy this and past issues as we add to the conversation about how health and medicine can help us form strong communities in Lehigh County. If you are interested in back issues, or just want to read *Lehigh County Health and Medicine* online, please visit our website at lcmedsoc.org/our-publication. +

CAN YOU LEND A HAND?

We hope you enjoy your member magazine. We take great pride in producing it, and continue to seek content that resonates with you, our members. While it is a magazine that is distributed widely through our community, it is a communications tool that gives us the opportunity to share more in-depth content than one typically gets in short email blasts, texts and quick-hitting blogs and aggregator websites.

Ideally, we would like to run more content for you, our members. That's why I am asking you if you can lend a hand to share stories and information that would be useful and engaging for your peers in the medical community. Surely, you have interesting anecdotes about the practice of medicine, news about trends or industry practices, and even stories about your most fascinating experiences in the field of medicine. Or maybe you wish to share news of passions you pursue outside of practice to help you balance the stress associated with medicine. All would be welcomed, and appreciated.

You are connected to your peers on many levels, and your experiences may be all that a fellow physician needs to be reconnected to the practice of medicine, faith in humanity and trust in science.

And, if you feel inclined to support your member publication on a deeper level, we would welcome advertising from you, or referrals to connect to some of your known vendors and professional advisors. Fellow physicians, and community business leaders and readers, are all consumers on some level.

Contact me for more information regarding story ideas or advertising interest and referrals.

Sincerely,

David Griffiths

info@lcmedsoc.org

CYCLING FOR HEALTH

Weight reduction, improved cardio,
stress relief – what’s not to like?

BY JOSEPH PATRUNO, MD,
CHIEF WELLNESS OFFICER, VALLEY PREFERRED



**“THE BIKE WILL
TRANSFORM ANYONE
WHO IS WILLING TO
LET IT HAPPEN.”**

*– Ina-Yoko Teutenberg,
former road bicycle racer*

Many of us were able to discover, or perhaps rediscover, bicycle riding during the pandemic as we sought out activities we could do alone that would help us stay fit. If there is any silver lining to the last 14 months, a wider application of, and appreciation for, cycling may be one of them. In many other countries across the globe, cycling is integrated into daily life unlike in the United States where

it is primarily considered a leisure sport. From Thailand to Sweden, it is accepted and integral as a means of transportation to and from work and school, and for doing errands.

For this reason, clinical studies on the health benefits of cycling have mostly been conducted outside of the United States and fall into three categories: cycling indoors in a gym, as outdoor exercise, and as a regular, daily activity such as commuting. While study results may be unique for each category because each involves different time spans, intensity, and frequency, the benefits are similar. The crux is that cycling is an aerobic activity that gets your heart, blood

Continued on page 6

vessels, and lungs energized and moving. It will cause you to breathe deeply and raise your body temperature, which increases your overall fitness level. The following are some of the benefits outlined among various clinical journals:

- Increased cardiovascular fitness
- Increased muscle strength and flexibility, improved joint mobility
- Decreased stress levels
- Strengthened bones, improved posture and coordination
- Decreased body fat levels, obesity, and weight control
- Reduced anxiety and depression

LET'S LOOK AT BODY FAT

Extensive research done in countries where cycling to work is commonplace has shown a correlation between riding a bike for transportation and weight reduction. One study conducted in the United Kingdom by the University of East Anglia (UEA) and the Centre for Diet and Activity Research (CEDAR) showed a body mass index (BMI) reduction of 0.32 for those who traveled by bike rather than car. That equates to 2.2 pounds for the average person. While that may not seem like a lot, the percentage multiplied the longer the study participants were on the bike. When they rode more than 30 minutes on a regular basis, for example, the BMI reduction was 2.25, or 15.4 pounds.

Another study, conducted in a collaboration of universities in Finland, Austria, Australia, Belgium, and West Virginia in the USA, showed that 30 minutes of cycling a day compared with no activity resulted in a significant decrease in weight (3.5 pounds). The benefits were stronger among overweight and obese women (those with a BMI greater or equal to 25). Women in the study who decreased their bicycling gained more weight (26.7 pounds).

According to the Mayo Clinic, to lose 1½ pounds a week, you need to reduce your daily calories by 500 to 750 calories. Steady cycling burns about 300 calories per hour, since it raises your metabolic rate, builds muscle, and burns fat. To effectively make progress against obesity, cycling should be combined with a healthy eating plan.

CARDIOVASCULAR HEALTH, CANCER, AND OVERALL MORTALITY

Cycling has been shown to have extraordinary benefits for our cardiovascular systems. After all, it's an activity that stimulates blood circulation, improves lung function, strengthens muscles, lowers resting pulse, and reduces body fat. Evidence that it has positive effects on our hearts can be found in research conducted by a team of investigators at the University of Glasgow. They tracked 263,450 people for five years who traveled to work and lived in England, Scotland, or Wales.

The effects of walking and cycling were measured by comparing them with non-active modes of transportation. Cycling to work was associated with solid health benefits. Commuters who cycled to work had a 41% lower risk of dying from all causes than people who drove or took public transport. They also had a 46% lower risk of developing and a 52% lower risk of dying from cardiovascular disease, and a 45% lower risk of developing and a 40% lower risk of dying from cancer. The British Medical Association reports that cycling just 20 miles a week cuts the risk of coronary heart disease in half when compared with staying sedentary. (That equates to three miles a day, or five miles four times a week.)

The reference to cancer above relates to colon cancer specifically. In the Glasgow study, the risk for colon cancer was significantly reduced for both men and women who cycled weekly. The risk reduction was greater than 50% for those who cycled more than two hours a day compared with those who cycled less than 30 minutes a day.

A similar study as the one above conducted by the Copenhagen Center for Prospective Population Studies was completed with assessments of health, blood pressure, cholesterol,

BMI, and risk factors such as smoking. The researchers concluded: "Even after adjustment for other risk factors, including leisure time physical activity, those who did not cycle regularly (to work, for example) experienced a 39% higher mortality rate than those who did."

COGNITION, MENTAL HEALTH, AND STRESS RELIEF

While our physical bodies can grow stronger with this kind of aerobic exercise, good things are also happening in our brains and our emotional state on a bike. As we pedal, we increase blood flow throughout the entire body, including the brain.

Pumping oxygen and nutrients into the brain is like fertilizer, growing rich capillary beds in our brain's gray matter and increasing the brain's capacity to function and repair itself. Feeding the brain's nerve cells boosts the creation of brain-derived neurotrophic factors (BDNFs) that stimulate the formation of new brain cells. This process helps energize neural areas such as the hippocampus, which plays a critical role in memory and spatial navigation. It also increases neurotransmitter activity, allowing regions of the brain to communicate more effectively, improving cognitive abilities.

Research also shows that cycling improves our subjective mood, reduces anxiety, allows us to handle stress more effectively, and raises self-esteem. That's because this type of exercise increases the levels of serotonin and dopamine production in our brains. Scientists have confirmed this effect by analyzing serotonin levels in the brains of lab rats as they got more exercise. Serotonin and dopamine are not the only feel-good chemicals produced when we cycle. Our bodies also produce endorphins, the brain chemicals known as neurotransmitters, which function to transmit electrical signals within the nervous system. Secretion of endorphins leads to feelings of euphoria, modulation of appetite, release of sex hormones, and enhancement of the immune response.

A 2018 study that supports cycling's impact on our brains and emotions appeared in *The Lancet* and noted that bicycling was one of

the top exercise activities that helped reduce mental health burden. Study participants who exercised had 43.2% fewer days of poor mental health in the past month than individuals who did not exercise. The authors specifically noted that exercise with a duration of 45 minutes and frequencies of three to five times per week were especially helpful in supporting mental health.

Another mental health benefit of riding a bike may be related to mindfulness. While not based on direct evidence, it is thought that additional benefits of cycling lie in its uniform, cyclic movement, which can be meditative. This may help lead to psychophysical regulation, and reductions of the effects of stress.

TIPS FROM PHYSICIANS FOR GETTING ON A BIKE

All this positivity may make the idea of riding a bike appealing even if you have not done so since you were a kid. If you're thinking of starting cycling as an activity or as a new way to commute, here is some advice from physicians on getting started.

Get a bike fit. A right-sized bike and proper seat adjustment can head off any potential joint difficulties with bike riding. For example, if the seat is too high, it can increase stress on the lower back and hamstrings. If it's too low, problems with the distal quadriceps and anterior knee can occur.

Learn about riding techniques. Do your research on gearing as well as when to shift. If you pedal slowly with high resistance (using the big chain ring and smaller cogs), you can strain your quadriceps or knee. Pedaling fast with low resistance can cause increased pressure on the base of your pelvic region and back.

Think about food and hydrating. Even for amateur athletes, a healthy diet would include 60 percent carbohydrates, less than 30 percent fats, and 15 to 20 percent protein. If you're riding for less than one hour, water is sufficient to carry with you. For longer rides, carbohydrate supplements in the form of sports drinks, carbohydrate bars, or gels are beneficial.

THE BEST OF CYCLING RIGHT HERE IN THE LEHIGH VALLEY

For those who are not familiar with the sport of cycling, the Lehigh Valley is home to a true gem of a cycling resource in the Valley Preferred Cycling Center, on Route 222 in Trexlertown. It's a velodrome racetrack, meaning the surface is banked. As the racers circle the track, a powerful centripetal force is created that keeps them on the track and pushes them inward. This is important as cyclists in the lead aim to travel the shortest distance possible, which means taking a racing line along the inside.

The 2021 Friday night season opened June 4. There is also a schedule of programs for beginners and those more experienced starting up again in August: read more at thevelodrome.com/community-programs.

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Protect your skin. Chafing and "saddle sores" are common for beginning riders. They can be minimized by buying properly fitted seats and wearing cycling shorts with plenty of moisture-absorbing padding in the bottom to help protect skin.

Stay cool. For riding in hot weather, cyclists should build up slowly, by initially limiting workouts to one hour or less, train during the cooler parts of the day and always hydrate. You can increase from there. In hot temperatures, take a drink every 10 to 15 minutes, even if you're not thirsty. +

RESOURCES:

<https://www.bicycling.com/training/g2001011015-unique-health-benefits-from-riding-regularly/>

<https://www.forbes.com/sites/kevinmurnane/2017/04/25/new-research-indicates-cycling-to-work-has-extraordinary-health-benefits/?sh=48ac6cf73e62>

https://www.researchgate.net/profile/Bas-De-Geus/publication/51054095_Health_benefits_of_cycling_A_systematic_review/links/5b3a4dcca6fdcc8506ea3547/Health-benefits-of-cycling-A-systematic-review.pdf

<https://www.betterhealth.vic.gov.au/health/healthyliving/cycling-health-benefits>

<https://www.bmj.com/content/357/bmj.j1456>

Froböse I. Cycling and Health: Healthy cycling compendium. Centre for Health German Sport University, Cologne/Wellcom. www.cyclingandhealth.com/CyclingAndHealth_e.htm

<https://www.duvine.com/blog/brain-biking-the-neurology-of-cycling/>

http://www.cycle-helmets.com/cycling_and_health.pdf

<https://www.sciencedaily.com/releases/2015/05/150507213104.htm>

[https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(18\)30227-X/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(18)30227-X/fulltext)

<https://www.newswise.com/articles/sports-medicine-doctor-pedals-advice-on-gearing-up-for-safe-cycling-season>



just a few
**OUTDOOR
THINGS
TO DO**
in the
**LEHIGH
VALLEY**

As the days get warmer and you are ready to get outside, here are just a few outdoor things to do in the Greater Lehigh Valley. We have so many beautiful spots to get outside for a walk, hike, bike and more.

ALLENTOWN'S FREE WALKING PROGRAM

- Help the city reach the goal of 1 Million Clicks, while winning prizes along the way!
- Each click represents the walk you take at any of the walking paths.
- The more you click-in, the more chances you have to win prizes!
- Register now to receive a free key-tab, and get walking!
www.allentownpa.gov/Health-Bureau/Million-Clicks-for-Million-Hearts/Million-Clicks-Registration

For more information and locations go to
www.allentownpa.gov/Health-Bureau/Million-Clicks-for-Million-Hearts

ARTSWALK POCKET PARK

65 N Church St., Allentown, PA 18101

Walk your way to endless entertainment! Take a step into Downtown Allentown's ArtsWalk Pocket Park and enjoy live music from local bands, movie nights under the stars, and so much more.

Check out their calendar and save the date for one of the many outdoor events. <https://mailchi.mp/citycenterallentown.com/experienceallentown>.

Also make sure to learn about the **FREE parking deck**. <https://mailchi.mp/citycenterallentown.com/experienceallentown#parking>

IRONTON RAIL TRAIL

Chestnut St. & N. Rich St., Coplay, PA 18037

There's lots for history buffs to love as they stretch their legs on the Ironton Rail-Trail, an easy multi-use trail that follows the route of the Ironton Railroad in Coplay and Hokendauqua. There are more than two dozen sites and nineteenth-century ruins to explore that tie into the Lehigh Valley's roots in the iron and cement industries, including the eerie, 90-foot-high Saylor Cement kilns and a refurbished red caboose. The well-maintained trail with historic markers is mostly paved and consists of a 5.3-mile loop and 3.9-mile spur west towards Ironton.

THE LEHIGH PARKWAY

3000 Parkway Blvd., Allentown, PA 18104

This 6-mile loop, bisected by the Little Lehigh Creek, rests between Allentown and Emmaus, though you'd never know just how close the park sits near downtown Allentown, says Tyler Long, assistant manager of The Emmaus Run Inn. The park includes eight bridges (including Bogert's Covered Bridge, a pedestrian-only covered bridge), the Little Lehigh Fish Hatchery, a disc-golf course, and a log cabin. (Whew.) "I'd describe the route as easy to moderate—there are some inclines, some declines—but it's all very manageable. And beautiful," says Long. It's a fun spot to snowshoe, cross-country ski, or just clomp around in snow boots, too.

DELAWARE & LEHIGH NATIONAL HERITAGE CORRIDOR

2750 Hugh Moore Park Rd., Easton, PA 18042

The Delaware & Lehigh National Heritage Corridor (D&L) is a multi-use trail spanning 165 miles running through Lehigh Valley. This historic transportation route crosses railroads, canals, rivers, and trails. The Lehigh Valley section of the trail is approximately 48 miles and spans the Central region.

SOUTHSIDE BETHLEHEM'S URBAN ARTS TRAIL

Explore the Urban Arts Trail of SouthSide Bethlehem, a 2.75-mile trek along a variety of creative public art pieces. This expansive trail is filled with sculptures, murals, and other outstanding artwork created by some great artists from Lehigh Valley and around the world. Use our guide below to navigate your way along this fun art-filled adventure!

SAUCON RAIL TRAIL (NORTH)

1204 William St., Bethlehem, PA 18015

Before walkers, runners, dogs, and bikes took over, the path of Saucon Rail Trail was an important railroad link between Bethlehem and Philadelphia. Today, the wide, mostly flat gravel path connects Bachman Street in Hellertown to East Station Avenue in Coopersburg. It never feels crowded and there's much to see along the way: wildlife, rock formations, the meandering Saucon Creek and the backyards of some beautiful homes. With so many trees, the trail stays nice and shaded when the weather warms up.

EAST SIDE RESERVOIR

E. Union St. & S. Halstead St., Allentown, PA 18109

East Side Reservoir is a tranquil park located on East Union Street, on the City's east side. The main entrance is at E. Union and S. Halstead Streets. The park features walking trails, open fields and wooded areas.

SOUTH MOUNTAIN PRESERVE

Alpine St., Emmaus, PA 18049

The preserve boasts more than 350+ acres of woodland trails, pronounced rocky outcroppings and unique vistas tucked into an otherwise urban landscape. South Mountain Preserve is considered part of the 750-acre Robert Rodale Reserve, an important natural area in the region. Trails are accessible for hikers, pet owners, trail runners, birdwatchers, mountain bikers, and other passive recreation.

LEHIGH RIVER WATER TRAIL

The Lehigh River Water Trail is 72 miles long, starting at White Haven and ending in the City of Easton at the Lehigh River's confluence with the Delaware River. There the traveler can continue down the Delaware toward Philadelphia and beyond to Delaware Bay. The Lehigh River is a state-designated Scenic River and offers a wide diversity of plant and animal life. Check out their map: <https://www.wildlandspa.org/lrwt-map/>

LEHIGH GORGE TRAIL

9103 E. Catawissa St., Jim Thorpe, PA 18229

The designated Lehigh Gorge Rail-Trail is a gentle downhill, scenic, state park-maintained path that follows the Lehigh River. Access points allow for one-way rides of up to 36 miles...whatever fits your schedule.

Continued on page 10



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DELAWARE & LEHIGH NATIONAL HERITAGE CORRIDOR

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KIMMET'S LOCK

Park Dr. & S. Jefferson St., Allentown, PA 18103

Located off of Dauphin St/Canal Rd, near the American Parkway Bridge & Coca-Cola Park, Kimmet's Lock is a public boat launch with a large parking area.

NOCKAMIXON STATE PARK

1542 Mountain View Dr., Quakertown, PA 18951

Lake Nockamixon is perfect for a day of kayaking, fish, biking and hiking. The 1,450-acre lake is home to more than 8 fish species, miles of biking trails and a 1/2-acre swimming pool to keep you active all day. Take a ride on their 6 different biking and hiking trails and finish up the day in one of their several picnicking areas.

HICKORY RUN STATE PARK

Route 534, White Haven, PA 18661

Hickory Run State Park encompasses 44 miles of scenic hiking trails. Trails range in distance and terrain, leading through areas rich in historic and visual interest. Thick foliage, waterfalls, rocky areas and streams punctuate the pathways. Many trails were old roads used in the late 1800s.

AUSTIN T. BLAKESLEE NATURAL AREA

20 PA Route 115, Blakeslee, PA 18610

Located just off Route 115 near Blakeslee, the Austin T. Blakeslee Natural Area is a 130-acre preserve frequently visited for hiking, fishing, waterfall viewing and picnicking. +



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<https://www.wildlandspa.org/gowellness/>

<https://www.poconomountains.com/listings/hickory-run-state-park-hiking/6523/>

<https://www.lehighvalleymadepossible.com/stories/outdoors-south-mountain-preserve/>

<https://www.dcnr.pa.gov/StateParks/FindAPark/NockamixonStatePark/Pages/default.aspx>



STUDYING THE RELATIONSHIP BETWEEN

Sleep and Stroke Recovery

BY EMILY LYTER, PT, DPT

Each year, stroke impacts more than 795,000 people in the United States, according to the U.S. Centers for Disease Control and Prevention. Depending on the part of the brain affected, a stroke can impair movement, speech, eating, cognition and the overall ability to care for yourself.

Often, following a stroke, a patient must undergo various forms of inpatient and outpatient rehabilitation — seeing physical medicine and rehabilitation doctors, participating in physical therapy, speech therapy, occupational therapy and so on — to relearn movements and functions that help them return to home, community and work. The level and intensity of rehabilitation depends on the stroke's severity, too.

Recovery often assumes that the patient sleeps well — but what if they are not? Poor sleep can have negative effects on otherwise healthy people; what is the impact of sleep disorders on how quickly or fully a person recovers from stroke?

Previous research has examined the role of obstructive sleep apnea — also known as OSA

— on people's ability to recover following a stroke. However, there is limited evidence on the impact that non-OSA disorders, such as insomnia and restless leg syndrome, have on stroke patients regaining their mobility and performing routine daily tasks such as eating, bathing and dressing themselves.

To study those impacts, Lehigh County-based Good Shepherd Rehabilitation Network has partnered with SUNY Upstate Medical University in Syracuse, New York, on a five-year study that examines the complex relationship between stroke, sleep and rehabilitation.

The study, which is funded through a National Institutes of Health R01 research grant, focuses on inpatient rehabilitation stroke patients who must meet specific study criteria, including no diagnosis of sleep apnea. Researchers collect data on stroke inpatients when they are 15, 60 and 90 days post-stroke.

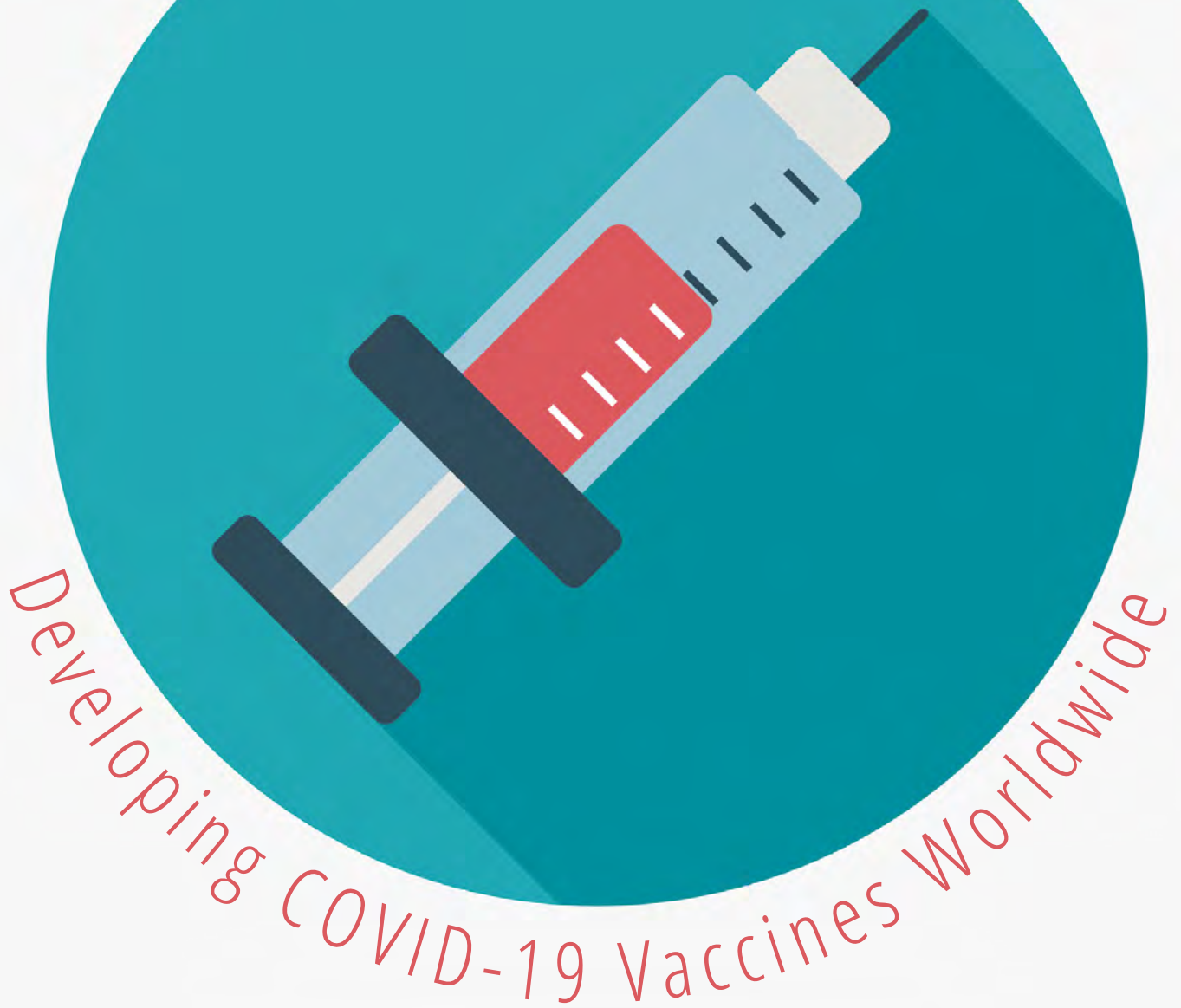
Through the use of specialized activity monitors and a GPS device, researchers analyze how well patients sleep, their mobility and activity levels and their community participation (i.e., do they leave home, go to the

park or participate in other daily activities). Throughout the process, study participants also complete self-report questionnaires regarding sleep quality and performance of daily activities. Performance measures of balance and walking ability also are analyzed.

A better understanding of the complex relationship between stroke and sleep, and the impacts of insomnia, restless leg syndrome and other non-OSA disorders on a person's recovery post-stroke can help inform future treatments that, ultimately, aim to improve rehabilitation outcomes for patients and their families. +

Emily Lyter, PT, DPT, is a physical therapist who specializes in treating neurologic disorders and is the research & telemedicine program manager at Good Shepherd Rehabilitation Network in Allentown.

TOP 15 COMPANIES



PREFACE

Freelance scientific writer Erica Tramuta-Drobnis originally provided a detailed overview on April 28, 2021, of the global companies developing COVID-19 vaccines. Erica is VMD, MPH, CPH; CEO/Founder ELTD One Health Consulting, LLC. **Below is an excerpt with digital links to the specific information regarding the 15 companies. Accompanying footnotes can be found on the original posting, <https://www.kolabtree.com/blog/top-15-companies-developing-covid-19-vaccines/>**

INTRODUCTION

According to the World Health Organization (WHO),[1] as of April 4, 2021, cases and deaths globally continue to climb secondary to the COVID-19 or SARS-CoV-2 pandemic. The WHO recorded over four million cases in the week of April 4, 2021, with an 11% increase in the death toll.[1] Now more than ever, the development and distribution of vaccinations are paramount. To achieve an end or at least to establish sufficient herd immunity that society can return to what will become our new normal.

Herd immunity, defined by WHO, is “also known as ‘population immunity.’” It “is the indirect protection from an infectious disease that happens when a population is immune either through vaccination or immunity developed through previous infection.” [2] It will be the key to returning the world’s population to some semblance of the previous ‘normal.’

THE COVID-19 VACCINE RACE AND EMERGENCY USE AUTHORIZATION (EUA)

Vaccinations against infectious diseases revolutionized public health and modern medicine. They helped take us from the dark ages to a new era of health and prosperity. [3–5]

During this pandemic, the rapidity at which vaccines have been developed for use globally is unprecedented. Though no vaccine has been given full authorization by any governing body, Emergency Use Authorization (EUA) status has been authorized for several vaccines in record time.[6]

Typically, vaccines take years to develop. Often well over 15 years or more⁵ from the time research and development (R&D) begins until the time of use outside of clinical trials. However, candidate COVID-19 vaccines started clinical trials in under 6 months and were released provisionally in 10 months. [5,7,8]

As of April 6, 2021, WHO data described 86 COVID-19 vaccines in various clinical development stages, with another 186 in the pre-clinical stages.[9] More vaccines enter development phases as others enter or progress through the various clinical trials. Thus, vaccine R&D has taken place globally in numerous countries with an unprecedented amount of cooperation among nations, companies, private and public entities, and government agencies.

WHAT IS EUA?

Globally, this is the first time that WHO and individual nations have approved vaccinations without completing standard full-scale approval processes.

We live in unprecedented times, and this calls for exceptional measures. Suppose we hope to make a dent in the transmission and subsequent infections and deaths caused by this virus. In that case, vaccinations need to be timely, evenly, and well distributed globally. To do so requires their use before completing phase III clinical trials or follow-up studies.

PROFILING 15 VACCINES IN ACTIVE DEVELOPMENT

As of April 19, 2021, per the CDC¹⁰(p19), all Americans over sixteen are now eligible for COVID-19 vaccination. To ensure we have sufficient vaccines, we need to evaluate what is out there and on the horizon.

Here we will discuss 15 of the top candidates for COVID-19 vaccines, both authorized for use and those in advanced clinical trial stages. The selected 15 in no way represent support of use or reflect any financial or political interest in the vaccines. At the date of this document, 13 vaccines were approved for use worldwide. [11]

Selection criteria were selected based on available data and resources. Collectively, consensus about the efficacy, advancement levels of the vaccines, and scientific research and backing for these vaccines predominated in research to date, leading to selection criteria alone.

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1. Pfizer*/BioNTech SE*
2. Moderna, Inc.*
3. Janssen Pharmaceuticals, Inc.

EUA APPROVED VACCINES OUTSIDE OF THE U.S.: IN USE IN 1 OR MORE COUNTRIES

4. AstraZeneca*
5. Bharat Biotech
6. CanSino Biological Inc.
7. Gamaleya National Center of Epidemiology and Microbiology
8. Federal Budgetary Research Institution State Research Center of Virology and Biotechnology AKA The Vector Institute
9. Sinopharm
10. Sinovac Biotech

ON THE HORIZON: 5 PROMISING EXAMPLES OF VACCINES IN VARIOUS STAGES OF CLINICAL TRIALS

11. Curevac & GlaxoSmithKline* (GSK)
12. Inovio Pharmaceuticals, Inc. (Inovio)
13. GSK* & Vir Biotechnology
14. Novavax*
15. Israel Institute for Biological Research (IIBR)

CONCLUDING THOUGHTS

To ensure the global population reaches herd immunity, much still needs to be researched and addressed moving forward with R&D efforts related to vaccinations and the virus's control. All factors taken separately and together will affect public health's ability to combat the disease.

The vaccine race cannot be about who makes the most money or which country can purchase the largest number of vaccines. It cannot be which vaccine gets EUA approval first. Ultimately, what type of vaccine or groups of vaccines collectively will provide the best duration will need to be considered. If we hope to return to a better new normal, we must protect the globe's population. We can do this by working together and using vaccines that are the safest, most effective, permit population access and ultimately lead to herd immunity. [5,54] +

Pennsylvania Direct Primary Care Association[®]

Completes Execution of PAMED's First Innovation Grant



BY DR. KIM CORBA, DO
 GREEN HILLS DIRECT FAMILY CARE
 1150 GLENLIVET DR | ALLENTOWN, PA
 (610) 530-9155

On September 19, 2019, the Pennsylvania Direct Primary Care Association (PADPCA) gratefully became one of several recipients of the first Innovation Participation Grant from the Pennsylvania Medical Society. The purpose of the grant was to “fund projects that encourage, facilitate, recognize and reward innovative and creative approaches to the field of medicine.” PADPCA is thankful to PAMED Society for having this opportunity.

Trademarked and obtaining non-profit status in early 2019, The Pennsylvania Direct Primary Care Association (PADPCA) represents over thirty independent Direct Primary Care (DPC) practices whose primary purpose is to provide a place for patients, families, and employer groups to locate independently owned DPC offices in the Commonwealth of Pennsylvania.

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FEATURE

Pennsylvania Medical Society was the first state medical society to award a grant of any kind to a state-wide group of independent DPC physicians and PADPCA was the first group to receive such a grant out of 49/50 states with DPC practices.

Our Innovation Participation Grant request had two main goals: the first was to increase public awareness and education about DPC by informing patients, employers, and the medical community about this affordable, attentive, accessible, and transparently priced option for primary healthcare delivery; these benefits drive down the cost of primary medical care for patients' acute and chronic medical conditions. There was outreach to physicians, residents, and medical students in addition to public sector healthcare stakeholders such as employers and insurance brokers. PADPCA physician members gave lectures to medical students, residents, and healthcare industry/business groups. The second goal was to have the PADPCA website serve as a central repository of links to DPC practices in the Commonwealth. PA DPC offices listed on the website demonstrate medical services and transparent pricing provided by independent (non-corporate) DPC practices and physicians and is available for the public to view. The intended goal was to build relationships with organizations, employers, medical schools, primary care residencies, and the general public while

educating about the benefits of the Direct Primary Care model of medical care for patients.

Despite an unforeseen obstacle, PADPCA successfully executed our grant. We are thankful that PAMED extended the grant period from 12 to 18 months (10/1/2019-3/31/2021) due to COVID-19. Part of the grant requirement was to propose a timeline and milestones to meet throughout the grant period. PADPCA proudly fulfilled 8/9 of our milestones during the extended timeline.

A portion of the grant was also used to pay for a social media consultant. PADPCA was able to start activity on our Facebook, Twitter, LinkedIn, and Instagram accounts. Traffic was directed to our website where inquiries could be submitted to our organization. Original content videos from the DPC physicians performed in the top 25% on social media. Posts detailing real stories about how patients' lives have been changed were also extremely successful. Some of the best-performing examples are displayed on PADPCA's website.

The Pennsylvania Direct Primary Care Association appreciates and is thankful to the PAMED Society for giving us the opportunity to have been the first group of Direct Primary Care physicians in the country to receive a grant for Innovation and Participation. +



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If you are a patient, employee or employer and want to learn more about DPC, please email us at padpca@pm.me

Things are just *different*

BY ALLENTOWN HEALTH BUREAU

Everyone thinks it is settling down for those of us in public health. The days of 300 plus a day reports of positive cases in the City of Allentown are over. The days of 1400 people in line for vaccine are over. A person could easily think that things really ARE settling down, but they are far from it.

Things are just different. Not easier, not harder, not slower but different. There is a hybrid going on – trying to reinstate clinics that have been shut down while still COVID case investigating and contact tracing.

We have a syphilis outbreak, a tuberculosis outbreak, untreated sexually transmitted diseases, and a group of over 1000 children who cannot return to the classroom in the fall unless they get vaccinated – typical things for public health but something is different...

We cannot get out of our thoughts (and prayers for some of us) much of what we have seen and learned during the last year and a half. When the clinic opened at AGRI-PLEX I drove there every morning hoping we could handle the day ahead. Spotty vaccine delivery, increased demand and decreased supply, people who were both excited and scared, snowstorms and unpredictable information that could break at any moment and change the events of the day. And we handled it. We handled it thanks to the cooperation of the Allentown paramedics, the EMTs and paramedics of the Eastern PA EMS Council, the volunteers in the Allentown Volunteer Medical Reserve Corps (AVMRC) and the Lehigh County Citizen Emergency Response Team (CERT) members. They joined our public health staff and made every day of vaccinations work.

I remembered looking up at one point and seeing an OB/GYN doctor observing staff in the post vaccination area while a retired infectious disease physician vaccinated. A family doc wrote out

vaccine record cards as a clinical nurse practitioner vaccinated. Engineers, architects, and pharmacists banded together to assist us in getting to where we are today which is 50,000 shots in arms. It was a sight that to this day gives me goosebumps to think about. There were no egos or titles – just shots.

But attached to those shots are the eyes that continue to haunt me – the eyes of the woman who wore the pendant with the face of her husband she lost the week before to COVID. “I am terrified,” she said. “I am afraid of the vaccine, but our kids can’t lose both of us.” The eyes of the man who buried his wife of 60 years who said, “I just cannot accept that I wasn’t there to hold her hand when she passed.” The grandfather who brought his four sons while the fifth was on the ventilator.

Those patients are yours now. There is a great likelihood that you will see them – for everything from the vague illness that can come from depression to the severe illness that results from a lack of self-care. They need understanding. They need a longer visit and a platform to share that pain that is not over.

In public health, we will see them too – in the increased number of suicides, of substance abuse disorders, in overdose attempts and completions, in vaccine preventable disease outbreaks and in so many other ways. So, for all of us, COVID is not settling down – in so many ways our work has just begun. And together we need to go to work hoping that we can handle the day ahead. They need us now more than ever. +





Confidentiality, Compassion and Competent Care

Highlighting Physician Health Programs

BY ANGELIC RODGERS, PHD

In April of 2020, Pennsylvania physician and chair of the Pennsylvania Medical Society Foundation Dr. Virginia Hall put out a call for greater support of Physician Health Programs (PHPs) in an essay on KevinMD.org:¹ “Some physicians have opined their belief that physician health plans (PHP) are contributing to the increasing physician suicidality. These beliefs have been used to attack PHPs and unfortunately, steer those in need to other resources or even have those in need not getting help.”

That fear of stigma is mentioned in the Spring/Summer 2021 issue of *Physician Family Magazine* by Julie Petrer, who points out that:² “Currently, only 14-15% of the physicians admitting to stress and burnout seek treatment, despite 81% of them knowing how or where to get help. When asked why they don’t seek assistance, physicians reference stigma and potential career risk as reasons for not seeking support.”

Physician Family Magazine always strives to support the family members of physicians, but at the same time, we constantly ask ourselves

the question posed by Erika Beck in the Winter 2021 issue of *Physician Family Magazine*: Who will heal the healers?³ In addition to resources like the Physician Support Line⁴ and the Surgeon Masters Physician Peer Support Line,⁵ we wanted to highlight some exemplary PHPs, as well as motivate you to find out more about your state’s PHP and hopefully reach out to support their work.

The Professionals Resource Network, Inc., (PRN) is a private non-profit 501(c)3 organization that provides assistance and monitoring to a wide range of healthcare professionals with potentially impairing conditions in the state of Florida. While it was originally created to serve primarily physicians, it has grown to serve a wide range of healthcare and other professionals as diverse as harbor pilots, physical therapists, and mental healthcare practitioners. It has, from the beginning through today, benefited from the support and influence of the Florida Medical Association (FMA), the FMA Alliance, and the Florida Osteopathic Medical Association. The idea for a physician health program in Florida was, in large measure, initiated and fortified

by the pivotal work of FMA Alliance member Nancy Hogshead. An FMA Alliance member has continuously served on our Board of Directors since its formation. The program admitted its first participants in 1981. By 2019, PRN had touched the lives of 11,333 referrals and participants from 33 state professional boards and councils.

While PRN has grown and changed in the implementation of its mission, the mission has remained the same: to protect the citizens of Florida and to provide a confidential avenue of assistance to professionals who are impaired or are at elevated risk of an impairing condition that could affect their ability to practice safely. The program’s growth reflects both the population growth of Florida and the way society regards potentially impairing health conditions, regarding substance use disorders and mental health conditions as illnesses rather than character flaws or personal weaknesses, thus encouraging healthcare professionals to seek help. The resultant outcomes of thorough evaluations, adequate treatment, and longitudinal monitoring for safety and stability, where indicated, far surpass those who suffer from these conditions in the general public.

The desire and ability to help others and to make a difference in their lives that attracts physicians and others to healthcare specialties are extinguished in slow increments as the person's own illness progresses. Rebuilding self-worth and self-compassion, accepting one's humanity, and realizing that perfection is not achievable, all take time to internalize. This occurs, in our program, through attendance at various therapies and support meetings, including one of our unique program offerings, professionally facilitated weekly group meetings. There, people can share information regarding work stresses and challenges that they cannot in open community settings. There are specialized groups for mental health concerns, substance use disorders, professional boundary issues, and professionalism.

Two other areas that we are fortunate to have developed include an active research program (recent publications can be accessed on our website www.flprn.org) and our professional student program, which has served 141 students from 10 medical schools since its inception in 2006. From being the first state, in 1969, to acknowledge and enact what was dubbed a "sick doctor" statute, to today with resources for those dealing with the acute and chronic effects of the COVID-19 pandemic, Florida has been on the forefront of advocating for physicians who need assistance with their own medical conditions, and PRN has been a grateful and proud advocate for professional health and wellness in our state.

Polles, MD, FAPA

Southeast Region Director, 2019-2021 Federation of State Physician Health Programs

<https://flprn.org/>

The Missouri Physicians Health Program (MPHP) is a valuable resource to all Missouri physicians, residents, fellows, and medical students. It is a program of support and advocacy to assist physicians in a time of need. What we know is that everyone needs help at some point in time and the MPHP is here for physicians when they reach that point. Our role is not to punish or shame physicians. Rather, it is to offer compassionate support in a safe confidential setting.

MPHP does not diagnose or treat. It is our goal to find solutions for physicians as they face personal and professional challenges. These could include substance use disorder, behavioral problems, mental health issues, or boundary violations. We work with remarkable treatment providers that offer services to address these challenges. Once a physician seeks the treatment they need, recommendations are given to assist them with maintaining the skills and tools they have acquired during the treatment process.

This is where MPHP comes in and monitors the recommendations that offer a physician a comfortable and healthy life. Our purpose is to create a record that verifies the physician's compliance with their recommendations and assures employers, hospitals, and regulatory agencies that physicians are safe to practice medicine. We do not work for regulatory agencies, but we work cooperatively with them by advocating for our physicians. These agencies have a healthy respect for the MPHP and look to us to confirm that a physician is able to practice with safety and skill.

It is the mission of the MPHP to restore physicians to healthy functioning so they can have success in all aspects of their lives. It is truly an honor to offer our services. We work with really good physicians who called to ask for help. MPHP is fully committed to our mission of helping physicians.

Our biggest challenge is reaching all of the physicians that need our help. We do outreach and presentations to get the word out, but there are many physicians that could benefit from our support. Please contact Mary Fahey at 314-578-9574 if you or someone you know is struggling. There is a solution.

Mary Fahey, LCSW

Central Region Director, 2019-2021 Federation of State Physician Health Programs

<https://www.themphp.org/>

The Pennsylvania Physicians' Health Program (PA PHP) is a physician-led, non-profit program of the Foundation of the Pennsylvania Medical Society that provides support and advocacy to physicians and other eligible health care professionals

struggling with a substance use disorder, mental illness or behavioral concerns. The program also offers information and support to the families of impaired physicians and encourages their involvement in the recovery process.

The PA PHP has a rich history with roots in a volunteer-based, impaired-physician program that began in 1970. The Pennsylvania Medical Society (PAMED) responded to a growing need for services by hiring a medical director and case managers and officially started the PA PHP in 1986 under the umbrella of the Foundation. It is now one of the largest, most fully developed physicians' health programs in the country. The PA PHP has a cooperative working relationship with PAMED, the State Board of Medicine, and the State Board of Osteopathic Medicine, as well as the Pennsylvania Dental Association. The PA PHP assists physicians, physician assistants, medical students, dentists, dental hygienists, expanded function dental assistants, and veterinarians. Many hospitals, medical staffs, and managed care organizations in Pennsylvania use the services offered by the PHP.

The PA PHP's goal is to provide each person with the confidential care they need to recover and return to the practice of their chosen profession. In a 2020 participant impact survey, 91.18 percent of respondents said they "have an active license to practice their profession" and 85.71 percent "are working in their chosen profession." The PHP serves individuals who self-refer or who are directed by their licensing board to seek assistance. Master's level, experienced case management staff are available to help participants find the most appropriate resources and develop an individualized approach to each case. The PA PHP utilizes assessment and treatment providers who specialize in the unique needs of the health care professional and their family. To keep a clear line of separation, the PA PHP does not accept philanthropic gifts from assessors or treatment providers.

The COVID-19 pandemic forced the provision of some services through secure video communication; however, the provision of services never ceased. Additional resources were added

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for physicians and their workplaces to address the physical and psychosocial needs of health care professionals during this challenging time. COVID-19 left many health professionals seeking help for stress and trauma. The PA PHP case management staff are trained to assist in screening and resource coordination for individuals seeking mental health support.

The PA PHP recognizes the critical role engaged workplace and family systems play in the recovery process. Outreach, peer monitoring, and advocacy are essential components which support participants within the workplace. CME and non-CME education is offered to educational institutions, health systems, and other groups. As the PA PHP plans for the future, it will continue to identify and develop services relevant to the unique needs of the safety-sensitive participants it serves.

Tiffany Booher, MA, LPC, CAADC, CIP, CCSM
 Director, Physicians' Health Program, The
 Foundation of the Pennsylvania Medical Society
<http://www.paphp.org>

WPHP is a non-profit, physician-led, confidential program that supports physicians and their families to have lives and careers they never thought possible. WPHP began as a committee in our state medical society in 1972 and evolved over 40 years into the program we are today. 70% of WPHP's operating budget comes from a surcharge that the license holders we serve impose on themselves to support their colleagues and peers in distress. This stable source of funding contributes to the strength of our program and reflects the deep commitment the Washington medical community has placed in WPHP.

There are several things that make WPHP special and have contributed to the gratitude WPHP receives from participants, family members, and professional stakeholders. First and foremost is the community we create for our participants and their families. Many physicians and family

members experience illness-driven shame, isolation, and relationship erosion. Through WPHP's weekly group monitoring, online support for significant others, and our annual reunion, participants and their families can connect with each other and develop lifelong relationships. WPHP's alumni community can choose to stay in touch through our Graduate Support Program after they have completed their monitoring agreement.

WPHP participants also experience excellent outcomes. Less than half of physicians who are referred to WPHP require monitoring. This means that in most cases we can offer support and referral to appropriate services without the need for a more involved monitoring agreement. For those who do need monitoring, 90% are unknown to their licensing board, successfully complete the program, and are practicing in their field at program completion. Return to use is uncommon among substance use disorder participants with 12- and 60-month abstinence rates greater than 90%. Half of program participants describe it as "lifesaving" at program completion with another 35% describing it as "extremely useful." Accountability, a chronic illness management model, our highly trained and experienced staff, and the exceptional motivation of our participants make these outcomes possible.

Finally, WPHP stands out as a "high-touch" program. Our staff considers their relationships with participants and their families to be the most gratifying part of their work. Caseloads are low which means each participant receives the time and attention they need from their coordinator. Our staff is consistently praised by participants and their families for their kindness and empathy during times of extreme difficulty. We are a soft place to land for physicians who need to know they are not alone and that things will be okay.

Recovering from COVID-19 will require that we attend to the hidden wounds of our healthcare heroes. WPHP wants their families to know that there is help and support and that PHPs

around the country stand ready to assist them. Asking for help is a courageous act of compassion that may save the life and career of the health professional you love.

Chris Bundy, MD, MPH, FASAM
 Executive Medical Director,
 Washington Physicians Health Program
 & President, Federation of State
 Physician Health Programs
<https://wphp.org/>

We want to thank each PHP which contributed to this article, as well as to emphasize Dr. Hall's call to action:¹ "Let your state's PHP help you. Work with your state medical association to help your PHP be the best it can be. Let's not blame PHPs for the physician who arrives late and far advanced in their downward spiral. Let us help and care for one another by assuring that our PHPs can do their work of life and career-saving by supporting PHPs rather than castigating by anecdotes. Be in communication with your PHP and understand confidentiality, compassion and competent care are the pillars." +

In addition to serving as Physician Family Magazine's Associate Editor, Angelic Rodgers, PhD, is a writer and freelance consultant. She and wife, Dr. Dani Cothorn, live in Camden, Arkansas, where Dani is an OB/GYN with Ouachita Regional Medical Center. Angelic can be reached through her website at www.angelicrodgers.com.

RESOURCES

1. <https://www.kevinmd.com/blog/2020/04/why-you-should-support-physician-health-plans.html>
2. <https://bluetoad.com/publication/?m=62681&i=702934&p=24&pp=1>
3. <https://bluetoad.com/publication/?m=62681&i=690093&p=18>
4. <https://www.physiciansupportline.com/>
5. <https://surgeonmasters.com/peersupport>
6. <https://www.fsphp.org/>
7. <https://www.fsphp.org/state-programs>

To learn more about The Federation of State Physician Health Programs⁶ including links⁷ to contact information for your state PHP, please visit their website at <https://www.fsphp.org>.

*Two Lehigh Valley Health
System Medical Residents Receive*

**2021
HUMANENESS
IN MEDICINE
AWARD**

from

**LEHIGH COUNTY
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SOCIETY**

Every year, the Lehigh County Medical Society (LCMS) presents its Humaneness in Medicine Award to one or more Lehigh County medical residents or fellows who have best displayed the ideals of outstanding compassion in the delivery of care, respect for patients, their families, and health care colleagues, as well as demonstrated clinical excellence. In 2021, LCMS is proud to announce that Lisa Kurth, M.D., and Michael Chen, M.D., have been selected as the 2020 Humaneness Award recipients.

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Dr. Lisa Kurth

Dr. Lisa Kurth is a surgical resident at the Lehigh Valley Health Network who is described as “an advocate of values-based and patient-centered care.” An active listener, she focuses on the needs and preferences of her patients and their families, and advocates for those needs within the medical system. One of only a few residents trained in physician wellness and support, Dr. Kurth also serves as a peer-to-peer mentor. And as a trustee of the Lehigh Valley Health Network Resident Association, she routinely emphasizes physician wellness in her work and presentations. During the pandemic, Dr. Kurth has been serving as a COVID front line caregiver in the ICU, volunteering to handle overflow lines and ICU care.

In nominating Dr. Kurth, a colleague wrote: “Not only is she an excellent physician, but her effective leadership, mentorship and ability to connect with patients and convey compassion make her a role model for medical students and residents across all specialties. As I progress in my own career, I will strive to give my patients the same level of care I have witnessed from Dr. Kurth.”



Dr. Michael Chen

Michael Chen is a 2nd year adult psychiatry resident with the Lehigh Valley Health Network. Nominated by his residency program director, Dr. Chen is described as a physician who excelled at his clinical rotations and has exhibited particular enthusiasm in inpatient psychiatric care. He is the kind of doctor who spends the extra time talking with patients and their family members to gather the necessary information to properly assess the patient, seeks advice from other physicians, and develops care plans to provide the best possible level of care and support. He has become a mentor to other residents, and is the first to volunteer to swap shifts to support residents who are ill. During the pandemic, he worked closely with other physicians to make sure his patients could be treated directly in the ER at times when the hospital was full and unable to take new patients.

Dr. Chen was nominated by his director of residency training, who describes him as a standout in terms of compassion. In describing Dr. Chen, she provided an example of a case where Dr. Chen worked closely to help a young patient and the patient’s mother by spending time getting both perspectives and that of an outpatient provider, and then seeking guidance from several physicians within the department to make sure he was developing the most appropriate and effective treatment plan. ✚

LCMS IS PROUD TO HAVE DR. KURTH AND DR. CHEN BE THE RECIPIENTS OF THIS IMPORTANT AWARD.

Located in Allentown, PA, LCMS represents physicians of all specialties on local issues. In coordination with the Pennsylvania Medical Society, LCMS also works to address health issues at the state capitol.



LCMS NEWS

NEW MEMBERS

Zeesan Ali, MD (Resident – HEM)
Michael Alterman, DO (OPH)
Levana Berlin, DO (Resident – GS)
Sonali Bishnoi, DO (Resident)
Tyler Boozel, DO (IM-Resident)
Mark Fisher Broadwin, MD (Resident – GS)
Valeriy M Chernov, MD
Irene Chu, MD (Resident)
Jessica Chuang (Medical Student)
David Egeler, DO (Resident-IM)
Naomi Epstein (Medical Student)
Stephen Raymond Gallo, DO (Resident)
Khushbu Gandhi, DO (Resident-P)
Lindor Gelin, DO (IM - Resident)
Jona Neeruja Gnananehru, MD (Resident)
Breanna Sophie Goldner, DO (IM - Resident)

Timothy James Hoffman, DO (Resident-IM)
Mal Phillip Homan, DO (IM - Resident)
Alisha Hossain, DO (IM - Resident)
Kevin Huang (Medical Student)
Fernando Isaza, MD (Resident – GS)
Zehra Syeda Jafri, MD
Kara Johnson, MD (Resident)
Chase L Jones, DO (Resident – EM)
Danny Le, DO (Resident – EM)
Kayla Walker Long, DO (EM)
Antonio Lopez, MD (Resident-N)
Ryan Joseph Mayo, MD (Resident-IM)
Christian Louis Menezes, DO (Resident-IM)
Heather-Lynn Menezes, DO (Resident-PD)
Matthew Nimmo, DO (Resident-EM)
Nirav Virendra Patel, MD (Resident)
Zeel J Patel (Resident -IM)

James Ryan Pellechi, MD (Resident-GS)
Luke Jon Rodriguez, MD (Resident-GS)
Bhartesh Abhinandan Shah, MD (Resident)
Seyedeh Shadi Shojaei, MD (Resident)
William Spinosi, DO (Resident-EM)
Sandor Toledo, MD (Resident – GS)
Thomas Weiss, DO (Resident – IM)
Jeffrey Michael Wright, DO (Resident-IM)
Ashley Vojtek, DO (Resident)

RE-INSTATED MEMBERS

Anthony G Auteri, MD (GE)
Paul Matthew Berger, MD (U)
Maria Cristina Erazo, MD (NEP)
Patricia L Maran, MD (OBG)
Michael J Moritz, MD, FACS (TSS)
Brendan Charles Smith, MD (Resident – ORS)

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