

ROUNDUP

continued from page 4

and tools necessary to develop and exercise leadership skills.

• (SHORT-TERM PRIORITY #1) There is physician leadership in development of a regional health preparedness plan for the Portland metropolitan area.

• (SHORT-TERM PRIORITY #2) There is growth in physician provision of pro-bono services to low-income uninsured people.

• Public policy is favorable to the needs of the profession.

• Physicians have the autonomy, security and freedom to exercise their best professional judgment.

• The practice of medicine is economically viable.

• Impediments to the physician-patient relationship are minimized.

• Physicians have a "community of support" among MSMP's membership.

• Members enjoy exclusive benefits.

These statements articulate what is to be achieved on behalf of the membership and the profession of medicine and are the focus of continuous review. How these ENDS are to be, or have been, achieved will be the subject of future articles. We need and welcome your thoughts, aspirations and thinking about what MSMP should achieve on your behalf.

EXERCISE

continued from page 8

on emotional stability and social capacity.

Those declines may also cause other serious physical problems, including loss of muscle mass and bone density and declines in heart and lung function.

Fitness plans are designed to address muscular imbalances resulting from cancer treatments, to decrease anxiety and stress, and to develop, maintain or regain muscle tone and cardiovascular endurance after difficult treatment regimens.

Using standardized tests Rosencrantz got the following dramatic results, measured from when the patients began the program until completion: Depression decreased an average of 71.5 percent; fatigue decreased by 72.6 percent; cardiovascular fitness increased by 53 percent; and strength increased by 132 percent.

The program is for all ages of patients in all stages of cancer, said Rosencrantz, noting that the current age range of enrollees spans from 21 to 82.

A maximum of 10 participants work out together for 10 to 12 weeks.

The program teaches safety practices and correct exercise form in building strength.

It also emphasizes spiritual wellness with stress management.

Seed money for the Inpower program came from the Jennifer Rachel Rosenthal Memorial



Student Alan McGuire-Dale works with Laura Rosencrantz, creator and director of Inpower, during class. The exercise and rehabilitation has helped cancer patients significantly in the year since its inception.

Fund at Cancer Care Resources.

Named for Jennifer Rosenthal, who died of leukemia in 1998 at age 22, the fund was established by her family.

Coincidentally, Rosencrantz was a childhood friend of Jennifer Rosenthal.

But Inpower came about because of Rosencrantz's experience of losing her grandfather.

She said he was "extremely fit" but after being diagnosed with lung cancer four years ago died after only four months.

Rosencrantz credits Cancer Care Resources with helping her through his death, and she "wanted to give back" to the organization.

Working at the time as a fitness instructor at the Multnomah Athletic Club, she came up with the idea of exercise programs for people with cancer, then

approached Cancer Care Resources with her proposal.

After officials there reacted positively to the idea, Rosencrantz obtained additional training and certification from facilities in California and Colorado.

An exercise program designed for cancer patients who have undergone treatment is "a very new thing," she explained.

But with results such as Inpower is attaining, it may become an idea worth replicating.

Cancer Care Resources, an independent nonprofit that relies on donations and grants, provides help at no charge to people with cancer and their families.

It is staffed by trained nurses, social workers and therapists.

For more information: 503-528-5236, or www.cancercarerresources.org

Cancer Society establishing hospital patient-resource sites

By Cliff Collins

Trying to reach patients where they live, the American Cancer Society is collaborating with area hospitals to establish cancer resource centers within the hospitals.

The cancer society's Oregon office collaborated with Providence St. Vincent Medical Center to set up a cancer resource center staffed by volunteers.

It opened in May and is situated within the hospital's new integrated cancer center, said Laurie Skokan, PhD, director of quality, data and integrative medicine for St. Vincent.

Other hospitals soon will follow. Providence Portland and Legacy Good Samaritan medical centers are working with the cancer society toward getting cancer resource centers set up, said Kristin Atkinson, quality of life manager for the American Cancer Society.

"Mobile units" are under consideration for some other area hospitals, she said.

OHSU Hospital has just hired a "patient navigator" to perform similar functions to the volunteer-run programs at the other hospitals, said Atkinson.

The resource center offers one-on-one support, everything from helping patients find information on their specific cancer to understanding dietary needs and treatment side effects, said St. Vincent spokeswoman Lisa Helderop.

Volunteers, many of whom are cancer survivors or family members of cancer patients, also help patients find wigs, prostheses,

hats and scarves.

Having volunteers who are personally familiar with the challenges of cancer and cancer treatment is advantageous because "they know what the cancer patients are facing," said Helderop.

"Especially for people with one of the worst diagnoses, [seeing others who] have made it through that is very inspiring to patients," added Skokan.

The St. Vincent and other programs are part of a national effort to establish such resources, said the cancer society's Atkinson.

"The American Cancer Society felt that to reach more cancer patients, we needed to go out in the community again to make sure cancer patients receive the resources they need."

St. Vincent will use cancer society volunteers—who undergo 12 hours of training—who also are screened by the hospital.

At least 10 of the 16 volunteers Atkinson now has working at St. Vincent are cancer survivors.

The others either were cancer caregivers to family members or have some other personal interest in helping cancer patients, she said.

Volunteers are trained to steer patients to the best sources of information, whether that includes printed brochures or web sites on computer terminals in the resource center, said Skokan.

So much information is available that patients can feel overwhelmed, so the volunteers can help them filter through what might not be as accurate, pertinent or helpful, she said.

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