

## Take precautions for approaching flu season

**C**an we really protect ourselves against the flu? The best way to prevent it is to receive the vaccine every year, according to The Centers for Disease Control.

Dr. Melanie Hoppers at Physicians Quality Care recommends that everyone over 6 months get the flu shot each year “as soon as you can” because it will be effective for a year.

But is the flu shot enough?

During the flu season, as the weather turns colder, our sinuses become drier, Dr. Hoppers said. This prevents our bodies from being able to fight infection as effectively.

In the colder weather, people also are indoors more and closer to each other, resulting in germs spreading more easily. The virus spreads through the nose, mouth and eyes, which is why washing your hands, along with receiving the flu vaccination, is so important.

“There’s always a flu season somewhere,” said Dr. Hoppers. She had at least three patients with positive tests for the flu in July.

However, she added, the majority of flu cases occur between September and March, though every year the start of the flu season is different.

As flu season approaches, those who are sick will sometimes confuse the flu for the common cold. Often it is difficult to tell the difference between the two. Body aches are the common symptom of the flu, whereas a runny nose is more often associated with the common cold. Only a doctor can do the test to determine if someone has the flu.

Each year, some people resist getting the flu shot. Some believe that they will contract the flu after receiving the shot, and others believe that it is not effective or isn’t necessary for healthy people.

Flu vaccines are effective because they cause antibodies to develop in the body, health experts say. The

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From left, members of the Self family are Josh, Caleb, David, Ethan, Amy, Lauren, Eli and Ryan.

## Selfs balance pediatrician careers, family

A line of South American children wrapped around a stable with no electricity. Dr. Amy Self stood at the front, examining each child by the light of the sun streaming through the window.

While on a short-term medical mission trip to Honduras, Dr. Amy made recommendations and treated some illnesses. The children were dressed in their best clothes for the once-in-a-lifetime chance to be treated by a physician.

One of her favorite parts of the trip, she said, was seeing the look on their faces when she gave them a sticker, which many of them had never had before.

"I never want to retire," Dr. Amy said. She hopes that one day, she and her husband, Dr. David Self, will be able to continue helping children in other countries, after they have finished raising the last of their own six children.

Dr. Amy and Dr. David Self are pediatricians who otherwise live a very normal life. The Selfs joined the Children's Clinic in 1995 after completing their pediatric internship and residency at Medical College of Georgia, Augusta.

Dr. Amy's specialty is neonatal. She loves babies and is a strong proponent of breastfeeding. Earlier in her career, she chose neonatal because she knew that she would still be able to raise a family.

The Selfs share household duties. She loves to cook and plan trips, and he loves to buy antiques, refinish them and decorate the house. They both take their kids to school and do the grocery shopping. The Selfs are involved in every arena of their children's lives, but there is one thing that they are not: their children's doctors.

One of the other physicians who works at the Children's Clinic has been their children's primary physician. Dr. Amy said it was important to have someone else examine her children.

Overall, their children rarely visit the doctor because they are seldom sick. The Selfs encourage healthy behaviors and use minimal medicine to treat their children when they do get sick.

The Self children have grown up playing doctor with pretend medical instruments and real ones, and conversation around the dinner table frequently includes medical vocabulary.

As busy doctors, one way the Selfs have been able to spend more time with their children has been traveling. Besides three trips to Europe, a favorite family destination is Alabama football games. Dr. Amy said they are season-ticket holders, and fall is the highlight of their year.

After practicing medicine for almost 20 years, Dr. Amy has seen a rise in allergy diagnosis and autism in children. She said that she doesn't think that either is more common today, but doctors are learning more about them and getting better at diagnosing them.

In the past, with autism in particular, Dr. Amy said doctors didn't know there was such a wide spectrum of behavior in autistic children. Dr. Amy does not diagnose autism but rather observes behavior, makes suggestions and refers patients to other doctors or therapists.

Dr. Amy also pays attention to symptoms that may prove a child has allergies. She is particularly concerned if a child has constant ear infections and sinusitis. In the past, doctors did not assume children had allergies if they came in with a cold.

It has always been the goal of both Dr. Amy and Dr. David to be good doctors and provide their children with a good education, godly value and a home where the parents are present.

Things are quieting down around their home these days. All but one of their six children have graduated high school and left home to pursue college, their own careers and families.

Board certified in pediatrics, the Selfs practice at the Children's Clinic with Dr. Todd Blake and Dr. Theresa Smith. For an appointment, call 731-423-1500.

*"Dr. Amy and Dr. David Self are pediatricians who otherwise live a very normal life. The Selfs joined the Children's Clinic in 1995 after completing their pediatric internship and residency at Medical College of Georgia, Augusta."*

# Dr. Herron retires after 38 years

**D**r. Bruce Herron maneuvered a remote-control car big enough for his 1-year-old grandchild around the garage. Then he showed off his 1952 Harley Davidson that he enjoys riding around the neighborhood. His favorite toy, however, is the Z-scale train he works on occasionally.

Now that Dr. Herron has retired, he has more time to play, but he is also eager to do something meaningful in the community.

For the last 38 years, Dr. Herron, a board-certified ophthalmologist, has practiced medicine at the Eye Clinic. Though much has changed in his specialty, much as stayed the same. When he began practice, he said, every eye doctor used a phoropter — the familiar “do you see better with number one or number two” contraption, just as they do now.



After receiving his medical degree from Vanderbilt, Dr. Herron completed his residency and internship at the University of Iowa in Iowa City. Dr. Herron came to Jackson in 1976 when his friend, Dr. Ben House, asked him to join his practice.

“I toyed with the idea of pursuing a career in academic ophthalmology, but I just preferred being hands on and developing a relationship with my patients.”

Dr. Jim Price also was practicing at the Eye Clinic, and Dr. Art Woods joined them later that year. The four doctors worked together for 20 years before adding more doctors. (Dr. House and Dr. Price have both retired.)

“Partnership is like a marriage, but we found great doctors with great personalities,” Dr. Herron said. “It’s just been wonderful to have qualified partners that I could trust to take care of my patients when I had to be out.”

Dr. Herron performed eye exams and several different types of surgeries through the years to help patients who were cross-eyed, had tear duct issues or cataracts. He saw many patients with diabetes, which can cause vision loss in a condition known as diabetic retinopathy. He also saw a rise in patients with glaucoma — a disease that elevates the pressure in the eye and destroys tiny nerve fibers.

As he readied to retire in July, Dr. Herron reflected on the experiences of his life that brought him the most joy. Many of them included

*“Partnership is like a marriage, but we found great doctors with great personalities. It’s just been wonderful to have qualified partners that I could trust to take care of my patients when I had to be out.”*

— Bruce Herron, M.D.

working with children and those who are needy.

While at Rhodes College, Dr. Herron was a part of the Danforth program that helped children who needed tutoring after prolonged hospitalization. “I enjoyed teaching children and I look forward to finding opportunities here in Jackson to do that type of thing again.”

Dr. Herron also was a part of the Health and Healing Clinic that has closed due to lack of funding. The office provided medical services to clients at no charge. “If someone had an eye problem, I would be able to help them, and they didn’t have to worry whether they could afford it,” he said.

In retirement, Dr. Herron plans to travel with his wife, Judy. In September, they will fulfill a dream and see the Normandy Coast. Then they will tour Germany and castles along the Rhine Valley before sightseeing in Munich. Dr. Herron also plans to spend more time with his children and grandchildren.

He recently joined the Jackson Arts Council Board. “I’m very excited about being on such an active board that is so well organized,” He said. “I want to do something meaningful.”

**D**r. Herron practiced at the Eye Clinic with Drs. Mark Bateman, Hilary Grissom, Sean Neel, Jason Sullivan and Art Woods.

For an appointment, call 731-424-2414.

# Dr. Melanie Hoppers participates in flu research

In 1918, the greatest pandemic in modern history was caused by the flu, killing millions of people. As flu season approaches, the fear of a pandemic continues to be a common concern.



Melanie Hoppers, M.D.

Dr. Melanie Hoppers, who practices at Physician's Quality Care, has joined a group of physicians eager to research drugs that could help cure more dangerous flu strains that are unaffected by current medications.

Dr. Hoppers was part of a trial that used nitazoxanide to treat the flu. It is a drug that has been used since the 1980s to help gastrointestinal issues. Patients were given either a placebo, 300 milligrams of nitazoxanide or 600 milligrams of the drug. The results were positive, shortening the duration of the flu symptoms, with the length of time depending on the dose the patient received.

In order to participate in the trial, patients had to test positive for the flu. Their symptoms were monitored over a few weeks and carefully documented. The test was double-blind, so neither the patient nor the doctor knew which participant had received the drug. Each participant was then compensated for his or her time.

Dr. Hoppers noted that current medication, such as Tamiflu, has proven to be quite helpful against most flu strains. However, Hoppers explained that most recently in 2009, Tamiflu had very little effect on the H1N1 flu virus. Furthermore, the H1N1 virus predominantly targeted healthy people.

In Africa, the Ebola virus is killing 60 percent of the people who contract it. The virus spreads quickly and has no cure at this point because of a lack of research. The outbreak has once again generated conversation about a worldwide epidemic.

These types of situations have motivated doctors to continue to research different medications that could deter or kill the flu virus. Dr. Hoppers said that in the case of a pandemic like H1N1, the safest thing to do is to stay home and to wash your hands frequently.

Currently part of another study that compares various combinations of therapies, Hoppers says that she carefully chooses each study before participating. Typically, she engages in the research of safe drugs that have few side effects and that have already been tested.



"It's fun to be a part of something new that helps people. It's interesting and it's important. H1N1 proved that there could be a problem, but this type of research helps us to be more prepared for the next deadly strain."

## Flu season approaches

Continued from Page 1

vaccine contains a dead virus, so it is impossible to get the flu from the vaccine. However, our bodies still create antibodies to fight the dead virus. This process takes about two weeks once a person has received the vaccination.

Many times people wait too long in the flu season before getting the vaccination and expose themselves to the virus before the vaccination can incubate. Some wait until a family member has the flu before they receive the vaccination.



However, the vaccination will probably do little to help them since it takes about two weeks for the antibodies to develop.

Dr. Hoppers said that the reason why many people wait to get the flu shot is because they don't want it to wear off. In the past, the flu shot was only able to protect for three or four months, but now the vaccination lasts for about a year.

Many clinics, including Physicians Quality Care, had the vaccine by the end of August.

**D**r. Melanie Hoppers, board certified in internal medicine and pediatrics, is the medical director at Physicians Quality Care, an urgent care, walk-in clinic. She practices with Dr. Jimmy Hoppers.

For an appointment, call 731.984.8400.

# Hip mobility and hip arthroscopy

If you have pain in your hip, you may have a condition called femoroacetabular impingement (FAI). In simpler words, this means the ball of your thigh bone or femur does not have a full range of movement in your hip joint.

Most often, FAI is caused by excess bone that has formed around the head of the femur.

Dr. David Pearce, a board-certified orthopedic surgeon at West Tennessee Bone & Joint Clinic, says he first looks at non-surgical treatment to reduce the pain and swelling in the patient's joint.

"FAI often can be resolved with rest, modifying one's behavior and a physical therapy and/or anti-inflammatory regimen," he said.

When that does not work, however, surgery may be necessary. Traditionally, surgeons have corrected the problem through an open incision near the joint.

However, both Dr. Pearce and Dr. Adam Smith, who also practices at Bone & Joint Clinic, have received special training in a better surgical approach to this problem — hip arthroscopy, which is less invasive and easier on the patient.

While open surgery requires a longer hospital stay, arthroscopic surgery is an outpatient procedure. The patient goes home the same day.

"We now regularly treat FAI with arthroscopic surgery and have good results. In fact, after hip arthroscopy, many patients return to the level of physical ac-

tivity they had before the problem occurred," Dr. Pearce said.

FAI is often the result of normal bone growth and development. The extra bone can appear on x-rays as a small "bump." However, when the bump repeatedly rubs against the cartilage, the cartilage can fray or tear, resulting in pain. As more cartilage is lost, arthritis can develop.

Tears of the labrum (cartilage on the outside rim of your hip joint socket) also can fold into the joint space, further restricting motion of the hip and causing more pain. This is similar to what occurs in the knee of someone with a torn meniscus.

"With hip arthroscopy, we make two to three small incisions — about one-fourth to one-half inches long," Dr. Pearce said. "We insert the surgical instruments into the joint through these incisions."

After the procedure, patients normally are given crutches to use for the first two to four weeks to minimize weight-bearing. The patient normally begins a physical therapy regimen to improve strength and flexibility in the hip.

After six weeks of physical therapy, many patients begin to resume more normal activities, but it may take three to six months before they experience no soreness or pain after strenuous

physical activity.

"We determine whether patients are suitable for hip arthroscopy on a case-by-case basis," Dr. Smith said. Those who respond best to hip arthroscopy are active individuals with hip pain, where an opportunity exists to preserve the cartilage they still have. Patients who have already suffered significant cartilage loss in the joint may be better suited for a more extensive operation, such as hip replacement.

Studies have shown that up to 90 percent of hip arthroscopy patients return to sports and other physical activities at the level they were at before their onset of hip pain and impingement. The majority of patients clearly get better, but it is not yet clear to what extent the procedure

stops the course of arthritis.

Advances have made hip arthroscopy a safe and effective alternative to open surgery of the hip, a tremendous advantage in treating early hip conditions that ultimately can advance to end-stage arthritis.

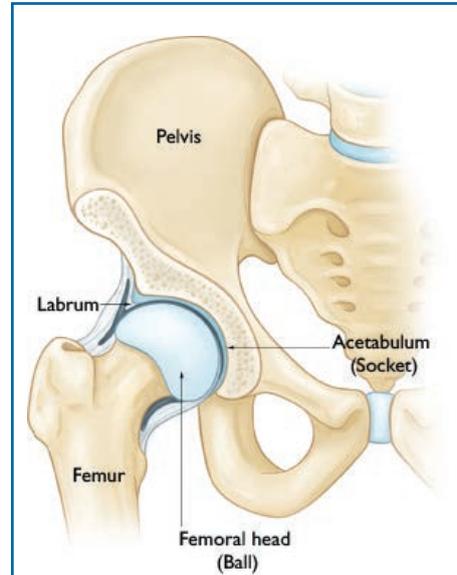
**D**rs. David Pearce and Adam Smith practice at West Tennessee Bone & Joint Clinic with Drs. Lowell Stonecipher, Michael Cobb, David Johnson, Kelly Pucek, Harold Antwine III, Jason Hutchison, Doug Haltom, Michael Dolan, Eric Homberg, Blake Chandler and John Everett. For an appointment call 731.661.9825



David Pearce, M.D.



Adam Smith, M.D.



*The hip is a ball-and-socket joint. The socket is formed by the acetabulum, which is part of the large pelvis bone. The ball is the femoral head, which is the upper end of the femur (thighbone). A slippery tissue called articular cartilage covers the surface of the ball and the socket. It creates a smooth, low-friction surface that helps the bones glide easily across each other. The acetabulum is ringed by strong fibrocartilage called the labrum, which creates a tight seal around the socket and helps to provide joint stability. (www.aaos.org)*

*"We now regularly treat FAI with arthroscopic surgery and have good results."*

— David Pearce, M.D.

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## Back to school ...

## ... with WTPA



I have gone “back to school” many times in my life. August from the time I was 4 until, well, I won’t admit until when, included a ceremonial end to summer and a trip back to school. And truth be told, I never minded going back to school. Be it pre-school or middle school or college, I always looked forward to getting back to work and starting a new chapter and a new challenge.

At the start of this school year, the West Tennessee Physicians’ Alliance (WTPA) finds itself in a similar position. It’s time to get back to work, it’s time to reconnect and it’s time to take on new challenges.

Like most students, our course schedule is packed with variety and will test our ability to perform a wide range of tasks.

In English class, we will work to communicate more effectively. Whether it be through our website or our marketing efforts or through this very newsletter, every effort will be made to present information that can be

**By Dustin Summers**  
Executive Director,  
West Tennessee Physicians’ Alliance

accessed and utilized by our patients and the members of the West Tennessee community.

In math, we will be working to grow our membership numbers by adding new physicians and practices that can effectively serve and provide patient care. By multiplying our efforts, we hope to reach more communities and families throughout West Tennessee.

In our science courses, we will strive to effectively deliver quality care and health outcomes by utilizing cutting-edge technology and procedures. The WTPA membership will continue to lead the region in regard to innovation and state-of-the-art care.

Lastly, in social studies, we will work to continue our engagement within the community. Our members believe that their patients

are more than data points on medical charts. Our physicians and their staffs live and work in the Jackson-Madison community, and a great number of them were born and raised here in West Tennessee. They understand the importance of family and community, and that commitment shines through in their daily work.

Every new school year and every new opportunity presents its own set of challenges, and the upcoming fall is no different. I hope that you and your family will seek out our services if and when you need us.

Every school needs a nurse, and every community needs a group of caretakers like those you’ll find at the WTPA.



*Dustin Summers*

## Whooping cough on the rise, doctors recommend vaccine

Pertussis, also known as whooping cough, has been on the rise in recent years. More than 48,000 Americans had the disease in 2012. It causes severe spells of coughing that can interfere with breathing. It also can cause pneumonia, bronchitis, seizures, brain damage, and death, according to the Centers for Disease Control (CDC).

The bacteria that causes whooping cough spreads through coughing and wheezing and can infect people up to 15 feet nearby, according to the CDC. Unfortunately, symptoms won’t appear until about seven to 10 days after exposure.

To prevent pertussis, the DTaP vaccine is given to children between the ages of 6 weeks

and 6 years. The vaccine also is intended to prevent diphtheria and tetanus. Adults receive another vaccine, Tdap, which only prevents pertussis.

Some people have chosen not to give their child the vaccine because of the possible side



effects. But, according to the Mayo Clinic, the chances of a child falling ill to one of those diseases is much greater than the chances of developing a serious side effect from the vaccine.

A whooping cough epidemic developed in California this year that was completely preventable. Doctors reported 3,458 whooping cough cases between January 1 and June 10, which is well above the number of cases for all of 2013, according to the California public health department.

It is important to check with your doctor to make sure that you are current on your vaccinations, even as an adult, because people who are under-vaccinated can also catch pertussis.

## Bone & Joint Specialists, PLLC, in Paris, joins West Tennessee Bone & Joint Clinic, PC

**D**r. G. Blake Chandler, a board-certified orthopedic surgeon, has joined his practice with West Tennessee Bone & Joint Clinic. Dr. Chandler has been practicing at Bone & Joint Specialists, PLLC, in Paris, Tennessee, since he opened the clinic in 2000.

Joining West Tennessee Bone & Joint with him is his nurse practitioner, Clay Nolen, FNP, BC.

Dr. Chandler, a Paris native, will continue to see patients in Paris. He is proud to serve his hometown, he said. "With my new affiliation with West Tennessee Bone & Joint Clinic, patients will continue to receive the same great compassionate care from the same staff in the same location."

Dr. Chandler earned his medical degree at East Tennessee State University and completed his residency in orthopedic surgery at The Campbell Clinic and University of Tennessee at Memphis

Recent changes in health care led to conversations about the benefits of merging practices and becoming one. The new organization will combine more than 14 specialists and providers in 10 locations throughout West Tennessee.



Dr. Blake Chandler

Aside from improved technology, Chandler emphasized that little about his practice will change. "I'll continue to see patients in our same office locations in Paris and Union City, and our same, skilled staff will remain in place."

Chandler also will continue to operate at Henry County Medical Center and the Surgery Center in Paris.

"Both practices are very successful historically, but the opportunities for growth are simply greater now as one physician group," said Donna Klutts, CEO of West Tennessee Bone & Joint Clinic.

Physicians at West Tennessee Bone & Joint Clinic include Drs. Lowell Stonecipher, Michael Cobb, David Johnson, Kelly Pucek, Harold Antwine III, David Pearce, Jason Hutchison, Adam Smith, Doug Haltom, Michael Dolan, Eric Homberg and John Everett.

Besides Jackson, Paris and Union City, West Tennessee Bone & Joint has satellite clinics in Brownsville, Selmer, Lexington, Parsons, Dyersburg, Ripley and Bolivar.

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Physicians at West Tennessee Bone & Joint Clinic include Drs. Lowell Stonecipher, Michael Cobb, David Johnson, Kelly Pucek, Harold Antwine III, David Pearce, Jason Hutchison, Adam Smith, Doug Haltom, Michael Dolan, Eric Homberg and John Everett.

Besides Jackson, Paris and Union City, West Tennessee Bone & Joint has satellite clinics in Brownsville, Selmer, Lexington, Parsons, Dyersburg, Ripley and Bolivar.



*Dr. Blake Chandler*