

HEALTH

Life easier for disabled workers

Like most managers, Nita Weil spends her work day talking on the phone, typing on the computer and supervising staff. But unlike most managers, she does it all from a wheelchair, with the use of only one arm supported by an orthosis.

"New understanding of biomechanics, lighter plastics and stronger materials have led to orthoses that make life easier for patients with disabilities," said Thomas Lunsford, an assistant professor in the department of physical medicine and rehabilitation at Baylor College of Medicine in Houston. "We've come a long way from bulky steel braces and heavy leather shoes."

Unlike prosthetics, which involves the artificial replacement of a missing body part, orthotics refers to a mechanical device designed to restore function or to prevent or correct deformities.

Over the past 30 years, there have been major advances in the field of orthotics that have allowed patients with spinal-cord and brain injuries and those afflicted with muscular dystrophy and post-polio syndrome to become more active and independent.

Upper-body supports are more streamlined, orthoses (braces and splints) and walking shoes are lighter and upper-limb orthoses allow for greater range of motion.

"I've been working at The Institute for Rehabilitation and Research (TIIR) for 38 years now," said Weil. "But I couldn't have worked a day without my mobile arm support unit."

The unit, powered by carbon dioxide inflation of an artificial muscle, represents one of the significant advances in the field of orthotics.

Weil has been paralyzed since being stricken with polio at the age of 22. But that has not prevented her from becoming the director of volunteer services at TIIR. She oversees a team of 200 volunteers at the hospital, and orthotic technology makes it possible.

With the help of the mobile arm unit, which supports and guides her left arm, Weil is able to use the working muscles in her arm. Without the unit, she would not be able to type on a keyboard or dial a telephone.

"When you get an orthosis that helps you write your name, work on the computer or drive a car, it opens up a whole new world for you," Weil said.

STRATEGIES

FOR SURVIVING THE '90s

What is a cataract

■ **Cloudiness** on the lens of the eye caused by protein buildup.

Causes

- **Aging**, the primary cause.
- **Congenital**, present at birth.
- **Result** from infection, head trauma, diabetes, or as a side effect of certain medications, like steroids.

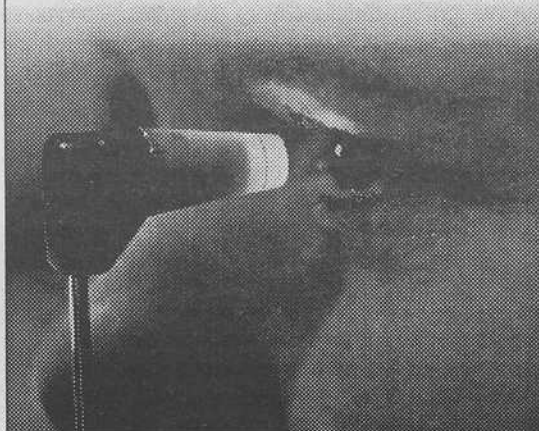
Warning signs

- **Increased** nearsightedness.
- **Frequent** change in eyeglass prescription.
- **Cloudy** or fuzzy vision.
- **Seeing** circles of light as headlights come toward you at night, glare during day.

SOURCE: Center for Corporate Health

About cataracts

About half of all Americans age 65 to 74 have a cataract.



Prevention

- **Wear** sunglasses
- **Eat** foods – broccoli, carrots, sweet potatoes, kale, spinach – and take vitamin E, vitamin A and beta carotene – all high in antioxidants.
- **Don't** smoke.

Treatment

- **Surgery** is the only way to remove a cataract. The lens material is removed and replaced with an artificial lens implant.

For more information:
Talk with your family doctor or ophthalmologist

TIPS TO BE FIT

Ex-smokers express concerns about caffeine

By Vince and Yolanda

"I've just stopped smoking and I feel great. My problem is caffeine, I'm drinking more coffee. Will this new habit be as

bad as smoking?"

Jerry, Tampa FL

Cigarette smokers metabolize caffeine more rapidly than nonsmokers. This means that smokers have to drink more coffee to get the same level of caffeine in their blood. This difference can cause problems for those who have just quit smoking.

Researchers have found that when ex-smokers drank their usual amount of coffee, the levels of caffeine in their blood rose 250 percent over previous levels because they were metabolizing it more slowly. These high levels could cause some ex-smokers to start smoking again. Higher levels of caffeine can make a person jittery causing an ex-smoker to use a cigarette to calm

his/her nerves. Here are some tips that will help to quit smoking and stay off the caffeine.

1. Keep a positive attitude. Believe that you can quit.
2. Get rid of all cigarettes and matches and have your teeth cleaned.
3. Change your habits. After a meal go for a walk. When you want to go out, go to places that prohibit smoking.
4. When the urge hits do something else. Pre-plan several activities that you can do every time you get the urge.
5. Tell others that you've quit. They'll be glad to remind you that you want to stop smoking.
6. Get more information about the hazards of smoking. The more you know, the better prepared you'll be to deal with

not smoking.

Caffeine is a psychoactive stimulant. It increases alertness, decreases fatigue, gives euphoria and elevates your mood. Bad effects can include sleeplessness, irritability, anxiety and depression. A person can suffer adverse affects from drinking as little as one or two cups of coffee a day.

If you drink more than 2500 mg. of caffeine a day, which is about two and a half cups, you can suffer from caffeine intoxication. The symptoms include restlessness, nervousness, excitement, excessive urination, insomnia, heartburn, muscle twitching and rambling thought and speech.

There are some withdrawal symptoms when you try to break the caffeine habit. They can include depression, constipation, runny nose, nausea, headaches and a craving for caffeine. To quit it's best to gradually reduce your caffeine intake. Try to reduce your daily intake of caffeine by 100 mg. each week. 100 mg. is about one cup of coffee. Continue decreasing your consumption until you're down to a safe level which is about one cup a day. Your plan should also include relaxation, stress reduction, good nutrition and exercise.

Before starting your fitness program consult your physician.

If you have a fitness question or concern, write to "Tips to be Fit," c/o Las Vegas Sentinel-Voice, 900 E. Charleston Blvd., Las Vegas, NV 89104, or fax (702)380-8102.

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