



# THE FORUM

July/August 2020 • Volume 19, No. 4 • The Official Magazine of Collier County Medical Society

## CCMS Physicians Care: Supporting the health of the community



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## CALENDAR OF EVENTS

Register at [www.ccmsonline.org](http://www.ccmsonline.org) or call (239) 435-7727

ALL DATES SUBJECT TO CHANGE

Saturday, July 25, 6:30pm

**CCMS Annual Meeting**

Virtual Event

Support opportunities at [ccmsonline.org](http://ccmsonline.org)

July 31-August 2

**FMA Annual Meeting**

Virtual Event

[www.flmedical.org](http://www.flmedical.org)

featuring CME & House of Delegates

Event Postponed

**CCMS & Lee County Medical Society Social**

Mercedes-Benz of Bonita Springs

(previously scheduled for August 7)

September 2, 6:00pm

**CCMS Fall General Membership Meeting**

**Panel on Medical Cannabis**

(date, venue, and format subject to change)

Saturday, September 26, 8:00am

**Foundation of CCMS "Docs & Duffers"**

**Charity Golf Tournament**

Bonita Bay Club Naples

Support opportunities at [ccmsonline.org](http://ccmsonline.org)

**Up-to-Date COVID-19 Resources:**

Visit [ccmsonline.org/resources/#covid](http://ccmsonline.org/resources/#covid)

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7<sup>th</sup> Annual Charity Golf Tournament benefiting  
scholarships for future medical professionals and  
funding to local healthcare programs in need

Saturday, September 26

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# MEMBER NEWS

## New Members:



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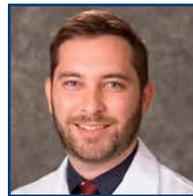
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## A Message from the Incoming President

Rebekah Bernard, M.D., 2020-2021 President, Collier County Medical Society



Over the last several years of serving on the CCMS board, I have known it would eventually be my turn to sit in the President's chair. What I could not have expected was that I would be entering the role amid two major events: a worldwide viral pandemic and a collective movement focused on addressing racial injustices. But times of great change can also provide great

opportunity. More than ever, the community is looking to physicians to provide leadership, guidance, and hope. Abraham Lincoln said, "I am a firm believer in the people. If given the truth, they can be depended upon to meet any national crisis. The great point is to bring them the real facts."

Fortunately, giving facts is an area where physicians excel. Already this year, CCMS physicians have provided calm and reasoned leadership to the community. In March, your CCMS board stood to testify before the Collier County commission and provide scientific recommendations to limit the spread of COVID19. We sent a letter to Governor Ron DeSantis, asking for his help in preparing hospitals and medical facilities to face the oncoming pandemic. We created an informational safety video for patients. We plan to continue encouraging residents of our county to take CDC-recommended precautions to decrease the spread of the virus and protect our most vulnerable patients, including physical distancing, mask-wearing while indoors, staying home while ill, and hand washing.

We also stand with the Florida Medical Association in condemning racism and "pledging to work toward a better society—by affirming our commitment to fairness and justice for all people." I encourage you to obtain resources for learning about racial disparities and healthcare. The Office of Minority Health Knowledge Center (<https://bit.ly/3hS6HkU>) and the American Medical Society's Racial Disparity Toolkit (<https://bit.ly/2V5RUJq>) are good starting points.

But doctors do not only specialize in scientific facts and data. We also provide our patients with the compassion and caring that they need during these difficult times. CCMS has been working to convey this message to the public. Our CCMS Physicians Care public relations campaign, which includes television commercials and articles ([ccmsonline.org/patientchoice](http://ccmsonline.org/patientchoice)), features the skill and caring of our community physicians. And there is no better example of this type of physician than our 2020 CCMS Physician of the Year, Dr. Raymond Phillips. Dr. Phillips combines the heart of a doctor—volunteering at the Neighborhood Health Clinic for underserved patients—with

the training and skills of a physician—bringing cutting-edge gastroenterology research to patients in Collier County.

We hope you will join us at our first-ever VIRTUAL Annual Meeting, where we will be honoring Dr. Phillips and installing our 2020-2021 CCMS Board of Directors. It has been frustrating to postpone and cancel several of our live meeting events, especially since difficult times call for the support of our friends and colleagues. We hope that our virtual meeting will be the next best thing to meeting face-to-face. We will have time for networking and socializing. Plan to pour yourself a cocktail and get ready to meet your incoming CCMS Board! In addition to our virtual meeting, we also invite you to connect with other members of CCMS through our private Facebook group. This forum is a great place to share information, network with your peers, and stay on top of the latest happenings in the SW Florida medical scene. Join us at [facebook.com/groups/swflphysicians](https://facebook.com/groups/swflphysicians).

Please remember that your Board works for you, the members of the medical society. Our mission is "to serve the needs of our physician members so that they can better serve the needs of the community." We welcome your input and your involvement. Please email me at [rebekahbernard@gmail.com](mailto:rebekahbernard@gmail.com), any board member, or our executive director April Donahue at [april@ccmsonline.org](mailto:april@ccmsonline.org) with suggestions/concerns, to join a committee, to submit an article, or to connect with the medical society.

We also want to remind you that your CCMS membership includes up to six FREE and completely confidential Physician Wellness sessions. If you are feeling overwhelmed with COVID-19 or just looking for an objective opinion on a life stressor, give it a try. As physicians, we are always seeking to improve our practice of medicine. The Physician Wellness Program can not only improve our own psychological state but also provide us with tools to better help our patients, practice more efficiently, or even finish your charts on time. Just call the PWP member-only appointment line at 239-208-3984 and identify yourself as a CCMS member. You will receive a same-day response during business hours or next-morning response after hours. Learn more at [ccmsonline.org/physician-wellness](http://ccmsonline.org/physician-wellness).

As our community faces the challenges that come with all change, CCMS physicians will be here to offer medical guidance with caring and compassion. We will work together to adapt, innovate, and overcome. And we will come through these crises as stronger and better physicians, with increased public confidence and trust. As Charles Darwin said, "It is not the strongest of the species that survives, nor the most intelligent that survives. It is the one that is most adaptable to change."



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# CCMS Physicians Care: Supporting the health of the community

Collier County Medical Society

At 71 years young, Mr. John Eich continues to work part-time as a professional engineer, designing major utility projects in the area. When he is not working, you might find him out riding his bicycle. He exercises 5 days a week to stay fit – though he claims to “not be an athlete.”

One of his personal goals in life is to “stay the heck out of the hospital system” as long as he can. It is that goal that drives Mr. Eich to make healthier choices about the foods he eats, manage stress levels, and maintain an exercise routine. He also credits having a long-term relationship with his primary care physician, Dr. Mark Josephson, as one of the reasons he has stayed so active.

## Retiring to Naples

Like many of Collier County’s residents, Mr. John Eich and his wife retired to Naples. Neither one had any chronic conditions, but Mr. Eich and his wife had always worked with a primary care physician (PCP) and considered them to be a part of their healthy lifestyle. Immediately after relocating to the area, Mr. Eich sought to establish a relationship with a new PCP.

Before interviewing physicians, Mr. Eich searched the internet to read profiles and doctor reviews. He knew that he wanted a doctor that prioritized prevention and wellness as a first approach. He also knew that he wanted someone who would speak authentically, without sugarcoating the truth.

“Many of our elderly patients are highly knowledgeable about their health and tech savvy. They are empowered to research their health, chronic conditions, available treatment options, and the cost of the care,” said Dr. Wilkinson, president of the CCMS board of directors.

In addition to researching physicians on WebMD, Mr. Eich listens to podcasts about our healthcare system. He is highly educated about insurance options, Medicare, and how unnecessary emergency room visits can drive up medical costs for all citizens. Because he comes from a state with multiple teaching hospitals, Mr. Eich has a greater appreciation of the value of physician-patient relationships. He recognizes how individuals contribute to the overall health of a community.

## Personal connections are critical to success

While Mr. Eich found positive reviews about Dr. Josephson, he still wanted to make sure they would connect on a personal level so that he could trust his physician had the same values. During his initial visit, he found Dr. Josephson’s direct, authentic approach refreshing.

“We just hit it off and I trust him. Anything Dr. Josephson has ever recommended, I’ve done,” said Mr. Eich.



As a former military doctor, Dr. Josephson has a direct personality. Behind the gruff exterior beats the heart of a true physician that thrives on the building lifelong relationships with his patients. His passion for health began at an early age when he used to attend conferences with his father, who was a chiropractor. Dr. Josephson’s family took a holistic approach to their health by focusing on eating a healthy diet, exercising consistently, and maintaining a relationship with their primary care physician. Another important lesson he learned from his father was compassion in caring for his patients and taking the time to build relationships.

“My dad was a real strong proponent of the relationship you build with your patient. I still vividly remember him telling me you always strive to treat your patients like you would want a member of your family treated. That is an important core foundation in my relationships with patients,” said Dr. Josephson.

The sentiment of treating patients like family is a philosophy that Dr. Josephson also instills in his nurses, medical assistants, and receptionists. He asks them to think about every step on this journey to health, what if you were standing on the other side of the counter? How would you like to be treated?

## Primary care physicians are the gateway to the right specialists

When Mr. Eich moved to Naples, he needed an ophthalmologist, a gastroenterologist, and a dermatologist for routine care. In establishing a relationship with his primary care physician, Mr. Eich was able to gain trusted referrals. While there are hundreds of highly trained specialists in Collier County, PCPs can make more personalized recommendations to make sure there is a good personality fit as well.

Beyond personality, having a PCP with a network of specialist relationships is proven to enhance the continuum of care that patients receive. Through these referral networks, primary care physicians and specialists can gain deeper insights into a patient’s history to either rule out unnecessary procedures or recognize if there is an increased risk factor that the patient

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overlooks. Additionally, with this shared knowledge, the patient's primary physician can support follow up screenings and ongoing treatment for chronic conditions.

#### Some patients need more encouragement

While Mr. Eich and his wife had an inherent respect and trust for the guidance of their PCP, not all patients are the same. Some of them need more encouragement to get the necessary tests. When we asked Dr. Josephson what was one of his greatest patient outcomes was, his face softened as he shared a story about a patient that was being treated for colon cancer.

This patient had gastrointestinal symptoms. With his training and expertise, Dr. Josephson suspected cancer could be a possibility and he recommended she get a colonoscopy. The patient was uncomfortable talking about the procedure and put it off a few times. She continued to have suspicious symptoms, so Dr. Josephson had to be very direct. He told her that he would rather her get the test now than have it develop into a large tumor that required much more extensive treatment.

The colonoscopy confirmed the diagnosis that Dr. Josephson feared, his patient had colon cancer. Fortunately, it was a small mass that was treatable, and her prognosis looked good. When she got her colonoscopy done, it also inspired her husband and son to do the same.

#### The heart of a physician can impact their health

Physicians are often drawn to medicine because of the joy they get from building lifelong relationships with their patients. Many physicians share in the philosophy of treating their patients like family. It is rewarding to see their extended family have positive outcomes, especially with patients that are committed to living a healthy lifestyle. It is equally painful to go through the difficult times with patients, where compassion and care means telling them what they do not want to hear.

Going through the emotional highs and lows with patients, on top of the normal stressors of long-hours, endless paperwork, and the new normal that the pandemic has brought can take a significant toll on a physician's health. To support our local physicians, the Collier County Medical Society offers a complimentary wellness program. Through this program, physicians can access confidential mentoring or counseling.

"The health of our community rests in the heart of our physicians, who care for patients day-in and day-out and often neglect their own needs. Part of our mission is to give our physicians the tools and resources to stay healthy physically and mentally," said Dr. Wilkinson, president of the CCMS board of directors.

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"Thank you for risking your lives to save ours during this pandemic."

## COVID-19 Ears, Nose, Fingers & Toes

Brandon Kirsch, MD, FAAD



### Capsule Summary:

1. Symptomatic pernio-like acral skin changes have been observed in COVID-19 and are more specific to the disease than signs of viral exanthem.
2. The pernio-like skin changes in COVID-19 are associated with younger patients and a benign prognosis.
3. These skin manifestations tend to be self-limited and on average resolve in 1-2 weeks.

There is **growing evidence that COVID-19 can present with skin changes**. The incidence of rashes in patients with COVID-19 has been estimated from 0.2% to 20.4% in various cohorts.

**COVID-19 manifestations of the skin are highly variable** and include eruptions that are petechial, erythematous, urticarial, vesicular, and annular. They can be divided between 2 major groups: (1) clinical features similar to viral exanthems, an immune response to viral nucleotides; and (2) cutaneous eruptions secondary to systemic consequences caused by COVID-19, especially vasculitis and thrombotic vasculopathy.

The cutaneous findings of COVID-19 that are similar to other viral exanthems, such as morbilliform eruption, are nonspecific as they can be found in the context of numerous pathogens. By contrast, those changes secondary to the systemic consequences of COVID-19 can be far more specific. **Skin changes consistent with vasculitis and thrombotic vasculopathy, without another explanation, may suggest COVID-19 infection and warrant confirmatory testing.**

The cutaneous eruptions secondary to the systemic consequences of COVID-19 present with **erythematous to violaceous papules over acral surfaces** similar to pernio. The lesions are often **painful and itchy, and like pernio, are made worse following exposure to cold**. The eruption has been reported to occur before (13%), at the same time (15%), or after (54%) other COVID-19 symptoms (e.g. cough, headache, sore throat and fever). Blistering, crusting and ulceration can occur in severe cases. Interestingly, **these skin changes are associated with younger patients and a more benign prognosis**.

Further workup beyond testing for COVID-19 by PCR or IgM/IgG antibodies is generally unnecessary. However, in the case of severe pernio or associated livedoid changes, the

following studies may be warranted: CBC with differential, ANA, RF, cold agglutinins, cryoglobulins, C3, C4, CH50, CRP, ESR, D-dimer, fibrinogen, antiphospholipid antibodies.

Pernio-like skin changes are generally **self-limited and on average resolve in 1-2 weeks**. Nevertheless, as some of these patients might be infectious, isolation should be considered. Possible treatment recommendations include **cold avoidance, topical steroids, aspirin, calcium-channel blockers and pentoxifylline**. It should be recalled that **aspirin must be used with caution in the pediatric population** given the risk of Reye's syndrome.

There is still much to learn about COVID-19, and in particular, the cutaneous manifestations of the disease. To that end, the American Academy of Dermatology has established a Dermatology COVID-19 Registry so that dermatologists, physicians and other healthcare providers worldwide can report findings (<https://redcap.partners.org/redcap/surveys/index.php?s=YJWAJCX7TY>).

*Dr. Kirsch is the founder of Kirsch Dermatology in Naples, Florida. As of July 1, 2020, he will assume the role of subsection Chief of Dermatology for the Naples Community Hospital. [www.kirschderm.com](http://www.kirschderm.com)*

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Confluent erythematous-violaceous diffuse plaques sparing some toes and the dorsal feet. (Photo courtesy: Fernandez-Nieto, D., et al. "Characterization of acute acro-ischemic lesions in non-hospitalized patients: a case series of 132 patients during the COVID-19 outbreak." *Journal of the American Academy of Dermatology* (2020).)

*If what you believe to be true about money turned out not to be true, when would you like to know?*



(back) Evan Slepceвич; Bill Slepceвич, ChFC; CLU; Will Slepceвич  
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# Reopening Your Practice: Avoid Risks when Treating Stressed Patients during COVID-19

The Doctors Company

While most resources are directed at screening for COVID-19 and treating affected patients, there is another important aspect of the pandemic: the impact on your patients' mental health. Fear and uncertainty are driving the dramatic increase in stress, anxiety, and depression. While your patient's immediate physical well-being is the primary concern, you also must consider the potential legal liability that can come from failing to adequately screen patients for suicide risk and taking the proper steps when needed.

Anxiety is being exacerbated by patients' mistrust of the healthcare system and fear that they or their loved ones will contract the virus. A recent survey indicated that 67 percent of people have increased levels of stress since the start of the COVID-19 outbreak, 54 percent are emotionally exhausted and feel increasing sadness day to day, 50 percent are more irritable, and 42 percent have an overall decline in their mental health.

As the sense of loss of control—fed by the daily news cycle—escalates, mental health concerns may intensify or reoccur if the patient has a prior history. Some reports suggest the greatest fallout from the COVID-19 virus may be the impact on mental health. Children may be even more affected than adults. (See the CDC article “Talking with children about Coronavirus Disease 2019,” <https://bit.ly/3fvyQw5>) Elderly patients living alone or otherwise isolated may suffer significant problems with depression.

What are some warning signs or cues that show a patient is in emotional distress? Watch for the following signs when seeing a patient onsite or via telehealth:

- Changes in appetite, sleep, and/or behavior, including impulsive and dangerous behaviors.
- Nonverbal cues during an interview, such as an inability to sit still, often shifting weight in a chair, lack of eye contact, or wringing hands.
- Decreased or no energy.
- Changes in cognition, such as decreased focus or memory, or difficulty holding a conversation.
- Feelings of hopelessness/helplessness, being overwhelmed, irritability, fear/worry.
- Withdrawal from friends/family and activities.
- Increased conflict within relationships.
- Lack of follow-through with seeing therapist and/or psychiatrist (if patient has a mental health diagnosis / history / prescribed psychiatric medications).
- New somatic complaints.
- Excessive smoking, drinking, or using drugs, including prescription medications.

If these warning signs are missed and an adverse event—such as suicide—occurs, the healthcare provider may face the risk

of a medical malpractice claim. Phillip J. Resnick, MD, in a presentation at the 2017 US Psychiatric and Mental Health Congress Conference, emphasized the importance of obtaining sufficient data for a thorough suicide assessment. Errors in the process of gathering assessment data through careful questioning may make it more difficult to successfully defend the care.

Evaluating suicide potential is a considerable challenge. Many who entertain thoughts of suicide may not follow through. A report from the Substance Abuse and Mental Health Services Administration (SAMHSA) showed that “almost 10 million U.S. adults seriously thought about committing suicide” during the year prior to the study.

Using telemedicine during the pandemic makes it even more challenging to detect whether a patient is so stressed that they may harm themselves. The subtleties of body language may be difficult to discern. Especially in a telehealth session, it is important to probe further when you have a patient who has some history of depression, mood disorder, or suicidal ideation. Posing questions carefully may yield better information, e.g., not “Are you considering suicide?” but “Have you ever had thoughts about suicide?” While the vast majority of your patients who are anxious and stressed about the COVID-19 virus are not suicidal, it is important to keep in mind the possibility of suicide as you complete your assessment. A helpful resource is the Suicide Prevention Toolkit for Primary Care Practices from the Suicide Prevention Resource Center and the Western Interstate Commission for Higher Education Mental Health Program. ([sprc.org/settings/primary-care/toolkit](http://sprc.org/settings/primary-care/toolkit))

The following key elements of the Stress First Aid peer support model have been linked to better functioning during times of ongoing stress and should be used in discussion with patients showing signs of anxiety:

- **COVER:** Restore and support a sense of safety by asking:
  - o Has the pandemic affected your sense of safety?
  - o Are you safe at home?
  - o Are you currently able to meet your needs?
  - o What would help you feel safe?
- **CALM:** Calm and orient distressed persons by asking:
  - o Have you experienced any changes in sleep, appetite, mood, relationships, energy level, or activities?
  - o What are you doing to maintain a sense of calm?
- **CONNECT:** Connect in a helpful and respectful manner by asking:
  - o Have you been able to stay connected with others?
  - o Do you have a good support system?
  - o Are you taking breaks from the media?
  - o Have you known anyone that has done or said something that has helped?
- **COMPETENCE:** Remind them of skills that have worked in the past for them. Ask them:

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- o Do you have any concerns about handling what is going on in your life today?
- o What things have you been able to do during this pandemic?
- **CONFIDENCE:** Foster a sense of hope, limit self-doubt and guilt, and help patients concentrate on strengths by asking:
  - o Have you noticed any change in confidence in your ability to accomplish your daily tasks?
  - o Are you feeling overwhelmed?

During these discussions, explain to patients the importance of self-care during times of stress and the importance of staying connected to their support system. Provide positive encouragement and reinforcement.

You may want to develop a handout for patients, including key websites that provide ideas on overcoming negative feelings. The following are some tips you may want to include:

- Limit consumption of news and social media.
- Focus on things you can control: “You can take care of yourself.”
- Stay busy.
- Keep in contact with friends.
- Identify a friend you can talk to in order to vent your negative feelings.
- Seek out local resources such as churches, online support groups, and counselors.

- Consider apps like COVID Coach (Apple) or Sleep Sounds (Android). There are many others on meditation or mindfulness, like Chill.
- Set daily goals.

Additional websites you might find useful in communicating with stressed patients are:

- [theschwartzcenter.org/programs/compassion-in-action-webinars/compassion-in-action-archive](https://theschwartzcenter.org/programs/compassion-in-action-webinars/compassion-in-action-archive)
- [samhsa.gov/find-help/disaster-distress-helpline/warning-signs-risk-factors](https://samhsa.gov/find-help/disaster-distress-helpline/warning-signs-risk-factors)
- [screening.mhanational.org/screening-tools?ref=Covid](https://screening.mhanational.org/screening-tools?ref=Covid)

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<sup>2</sup> Qualtrics. The other COVID-19 crisis: Mental health. Published April 2020. Accessed May 19, 2020. <https://www.qualtrics.com/blog/confronting-mental-health/>

<sup>3</sup> Dallas ME. 10 million U.S. adults seriously considered suicide last year. CBS News. Published September 15, 2016. Accessed May 19, 2020.

<sup>4</sup> National Center for PTSD. For Leaders: Supporting Your Staff During the Coronavirus (COVID-19) Pandemic. Published April 9, 2020. Accessed May 18, 2020. [https://www.ptsd.va.gov/covid/COVID\\_leaders\\_support\\_staff.asp](https://www.ptsd.va.gov/covid/COVID_leaders_support_staff.asp)



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## Local Surgeon Participates in “Once-in-a-Lifetime” Assignment as Member of U.S. Medical Team at 2020 Youth Olympic Games

When the Olympic Games were broadcast on television during his youth, Dr. Patrick Joyner said, “everything came to a halt in our house.” A self-proclaimed Olympic nerd, the Naples-based board certified Orthopaedic Sports Medicine physician, said his memories of watching the Olympic Games with his family were one of the most enjoyable moments of his childhood growing up in Naples. So when the phone call came last August requesting he be part of the U.S. medical team at the 2020 Youth Olympics Games, Dr. Joyner didn’t hesitate with his answer.

“It’s a one-in-a-lifetime opportunity,” said the former military-trained physician who later became the head doctor for Seal Teams 2 and 4. “There’s something unique about the Olympics, it has a vibe that you can’t obtain from anything else in the world, and I wasn’t going to miss my chance to be in the middle of it.”

Unfortunately, the opportunity meant he wouldn’t be available for surgeries during two weeks in January through his Naples-based office OrthoCollier, a division of Neuroscience & Spine Associates. “I knew it would affect the practice. But my colleagues, Drs. Havig and Patel, supported my decision fully because they knew I’d do the same for them.”

He landed in Lausanne, Switzerland, on January 7th and, despite jet lag, quickly got to work over the next two weeks. The medical team was overseen by the chief medical officer for the United States Olympic Committee. Dr. Joyner, along with a gentle 60-year old primary care physician from Alabama, resided in official Olympic village housing where he was on-call 24/7 to attend to the medical needs of a team of 100 youth athletes from the United States.

“It was a huge honor to lead the volunteer medical team to make sure these kids stayed healthy and were cared for during their competitive performances,” said Dr. Joyner. “Being able to help these kids fulfill their Olympic dreams was amazing.”

His mornings often started at 5:00 a.m., when athletes required Kenesio taping, and ended at 11:00 p.m., when the medical team finished discussing the day’s health issues. “At one point, several athletes and trainers came down with a terrible stomach virus and we had to act fast to temporarily quarantine them.”

The assignment meant Dr. Joyner had to be physically present, typically on the slopes in freezing weather, during daily competitions. By his estimates, at least five athletes with injuries were airlifted by helicopter off the slopes each day.

“One American skier broke a small bone in her leg, but she was able to make it down to the bottom of the mountain on just one ski. Instead of being air lifted, she chose to endure a slow two-hour ambulance ride to a nearby hospital. The physicians at the local hospital were very professional, but the athlete’s parents turned to me for assistance because they were worried about travel mobility and her recovery when they returned to America.



After discussing their concerns with the Swiss hospital staff, she was fitted with a temporary boot and given crutches so her journey home would be more comfortable.”

Another U.S. athlete had appendicitis and had to have an appendectomy in a local Swiss hospital. “To miss your chance to compete is devastating – but in this case, it was unavoidable,” said Dr. Joyner.

In another case, Dr. Joyner had to follow a medal winner around for hours because the athlete’s pre-screening drug test was inconclusive. “Climate adjustments can cause complications for some athletes. In this case, the athlete was overhydrated, which cause the urine sample to be too dilute for the test to produce results. In the end, the athlete passed the test before attending the medal ceremony that evening.”

Every day the medical team addressed complaints of nausea or headache. They also checked athletes for signs of concussion, but most of the injuries were simply minor bumps and bruises.

Dr. Joyner’s journey to the 2020 Youth Olympic Games was preceded by his participation as a volunteer doctor at the Olympic Training Center in Colorado Springs in October 2018. Prior to moving back to Naples where he started his current practice, Dr. Joyner taught orthopedic surgery as an academic Naval officer which led to his position as head physician for Seal Teams 2 and 4. Eventually, he would become the military’s international sports competition team medical doctor. This military-only athletic group, known as the CISM, is the second largest international sports organization next to the International Olympic Committee (IOC).

Dr. Joyner is one of three doctors in his family. One sibling is an orthopedic surgeon and another is a primary care physician. But it is his dad that holds the highest achievement in the family.

“I was a late-in-life addition,” said Dr. Joyner, who admitted that he was awkwardly small for his age when he chose to join the high school wrestling team. “When I started wrestling in high school my dad offered to train me.”

His father, a WWII veteran, had his leg amputated when Dr. Joyner was just eight years old. Complications from war injuries took his leg, but Dr. Joyner remembers his dad would run 10K marathons on crutches.

“We were in the weight room one day and my dad looks at me and says, ‘I wonder how much I can bench press?’ Turns out it was a record-breaking amount!”

continued from page 12



Dr. Joyner's father, who weighed about 185 pounds at the time, set the world record in bench pressing in his 70s, lifting 250 pounds. The current record had been 165 pounds. After that he went on a power lifting kick. Then, and after quadruple bypass heart surgery, his father beat his existing record when he bench pressed 315 pounds at 75 years old.

While in Switzerland, Dr. Joyner also visited the official Olympic museum where he learned about Olympic history. One of the more interested facts he discovered was that, in ancient Greek times, there was a truce between countries wherein they agreed to stop all hostilities during the games. The truce continued over the centuries until the General Assembly made a resolution in 1993 requesting all Member States abide by the Olympic Truce. The idea is that fair competition in the spirit of sportsmanship will foster mutual respect that excludes discrimination based on race, religion, gender, or nationality, and serve to deepen mutual goodwill.

Dr. Joyner said the Korean women's hockey team reflected this truce in practice perfectly as it was made up of athletes from both South and North Korea. "No diplomat or politician has

been able to affect peace between these two countries. But the Olympics brought them together," he exclaimed. "The Olympic vibe is real. It can bring peace and camaraderie to families and countries!"

In response to the IOC's decision in March to postpone the summer games to 2021 because of the COVID-19 epidemic, Dr. Joyner said, "I think they are doing the right thing for the athletes, spectators, and host nation. This must have been an unbelievably difficult decision as many athletes that qualified for the games this year may not make the team next year. My heart goes out to those athletes; but in the end, we have to do what's right for the health and safety of everyone. I'm just glad they postponed the games for just a year instead of cancelling them altogether. The 2021 games should be more unifying than ever!"

Dr. Joyner knew in college that a future in sports medicine would allow him to help athletes stay competitive and healthy. Today, he volunteers as the on-site physician at many Barron Collier, Immokalee, and Palmetto Ridge high school football and baseball games. He's also looking into developing a Saturday assessment program for local student athletes who may have been injured during recent competitive play.

*Dr. Patrick Joyner practices sports medicine and is an orthopedic surgeon at OrthoCollier, a division of Neuroscience & Spine Associates. For more information, visit [www.orthocollier.com](http://www.orthocollier.com).*



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## NCH Residents Graduate & New Residents Welcomed

Congratulations to both the newly graduated resident physicians in the NCH Internal Medicine Residency Program, and to the new residents who joined the program this June. Please join us in wishing the best to our graduate resident members, and welcome our new resident members!

### **Graduating Residents:**

Nachelle Aurelien M.D.  
 Matthew Dorman D.O.  
 Alison Fernandes M.D.  
 Teng Hui M.D.  
 Eric Micallef M.D.  
 Rachel Miranda M.D.  
 Ellen Mooney D.O.  
 Daniel Morales M.D.  
 Zakia Rauf M.D.  
 Jared Schprechman M.D.  
 Lesly Silva M.D.  
 Julia Skettini D.O.



Graduating Residents

### **New Residents:**

Amr Abdelmohsen D.O.  
 Batool Zehra MBBS  
 Blirjon Baxhija M.D.  
 Breana Carroll D.O.  
 Farnaz Abbasimoradi M.D.  
 Keegan Plowman M.D.  
 Laura Muller MBBS  
 Michael Witte D.O.

Nicholas McDonald D.O.  
 Peter Abader Senada MBBS  
 Ryan Holbrook M.D.  
 Sankalp Patel D.O.

### **New Chief Residents:**

Nachelle Aurelien M.D.  
 Rachel Miranda M.D.  
 Ammar Abu Sulb M.D.



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*Carolyn Bare of Suncoast Credit Union (second from far left in first row) and John Largent of Members Trust Company (right of center in second row) joined representatives from Blackrock and other ETF managers on the podium to ring the closing bell on February 28, 2019.*



For more information contact Carolyn Bare at 866.300.9382 ext. 86757 or via email at [Carolyn.Bare@SuncoastCreditUnion.com](mailto:Carolyn.Bare@SuncoastCreditUnion.com).



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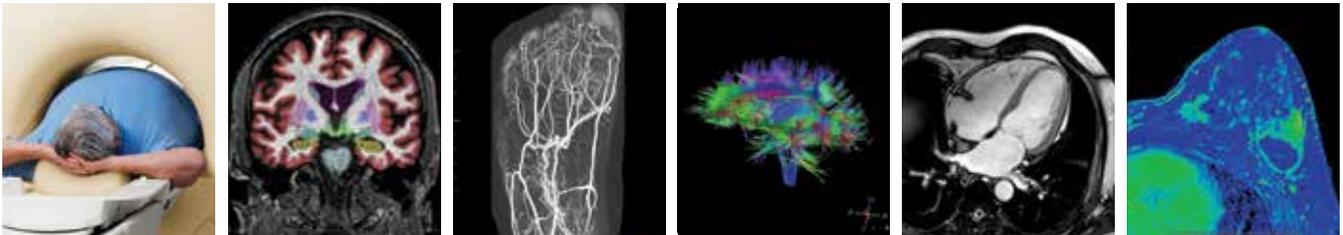
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