**Novel H1N1 Influenza**

(a.k.a. “Swine Flu”) and Seasonal Influenza

**Recommendations from the TCRHCC Pediatricians and Epidemic Response Team**

The greater Tuba City community has been having cases of novel H1N1 influenza this past spring and summer. We may continue to see cases of novel H1N1 flu once school begins and may see an overlap between novel H1N1 flu and the seasonal flu as the year progresses. Usually, seasonal flu starts in December and lasts until April.

It is known that flu viruses are very contagious, especially since both can be spread the DAY BEFORE the person feels ill. Because the novel H1N1 flu seems to affect children and young adults more than the elderly, we would like to try to decrease the spread of flu in our community, especially at schools.

One of the big problems with the novel H1N1 flu is that it is not a rapid test (that gives us results the same day that we are seeing a patient) that can clearly tell if someone has this strain of flu. However, the signs of H1N1 (aka “swine”) flu are very similar to seasonal flu – fever, cough, runny nose, body aches, and sometimes diarrhea and vomiting. Patients with a fever over 100.0˚ and a cough or sore throat, or a body temperature of over 100.0˚ and a cough or sore throat, or a body temperature of 100.0˚ with a rash or vomiting, or with a fever over 100.0˚ and a cough or sore throat, or a body temperature of 100.0˚ with a rash or vomiting, or with a fever over 100.0˚ with a cough or sore throat, or a body temperature of 100.0˚ with a rash or vomiting, or with a fever over 100.0˚ with a cough or sore throat, or a body temperature of 100.0˚ with a rash or vomiting, or with a fever over 100.0˚ with a cough or sore throat, or a body temperature of 100.0˚ with a rash or vomiting, or with a fever over 100.0˚ with a cough or sore throat, or a body temperature of 100.0˚ with a rash or vomiting, or with a fever over 100.0˚ with a cough or sore throat, or a body temperature of 100.0˚ with a rash or vomiting, or with a fever over 100.0˚ with a cough or sore throat, or a body temperature of 100.0˚ with a rash or vomiting, or with a fever 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Novel H1N1 Influenza, Continued from page 1.

Things to make the community more healthy:
1. Students, teachers, and other staff with influenza-like illness (ILI) should stay at home and not attend school or go out into the community except to receive medical care until at least 24 hours after the fever has gone away. If your child is ill with a fever, please keep them at home and call your child’s school to let them know that your child is ill. If you are sick, PLEASE stay at home as well. This is especially true if you job puts you in close contact with other people.
2. We are asking schools to accept parent notes when their child is ill, and hope they will not require medical excuses for illnesses that do not exceed five school days of absence. If their illness has severe symptoms, especially difficulty breathing or persistant fever that does not go away, going to the clinic is the right thing to do.
3. We have asked schools to note if a child becomes sick during the school day and call your child’s school to let them know that your child is ill. If you are sick, PLEASE stay at home as well. This is especially true if you job puts you in close contact with other people.

A Parents’ Guide to the Flu

Questions/More Information
CALL THE TCRHCC
Pediatrics Clinic - 283-2679
Emergency Department
283-21661

What is the flu?
The flu (influenza) is an infection of the nose, throat, and lungs that is caused by influenza virus. The flu can spread from person to person. Most people with flu are sick for about a week, but then feel better. However, some people (especially young children, pregnant women, older people, and people with chronic health problems) can get very sick and some can die.

What are the symptoms of the flu?
Most people with the flu feel tired and have fever (usually high), headache, dry cough, and a sore throat. Some have runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Cough can last two or more weeks.

How does the flu spread?
People that have the flu usually cough, sneeze, and have a runny nose. This creates droplets with virus in them. Other people can get the flu by breathing in these droplets, getting them in their nose or mouth, or touching contaminated surfaces.

How long can a sick person spread the flu to others?
Healthy adults may be able to spread the flu from 1 day before getting sick to up to 5 days after getting sick. This can be longer in children and in people who don’t fight disease as well (people with weakened immune systems).

How can I protect my child from the flu?
A flu vaccine is the best way to protect against the flu. The CDC recommends that all children from the ages of 6 months up to their 19th birthday get a flu vaccine every fall or winter (children getting a vaccine for the first time need two doses).
• Flu shots can be given to children 6 months and older.
• A nasal-spray vaccine can be given to healthy children 2 years and older (children under 5 years old who have had wheezing in the past year or any child with chronic health problems should get the flu shot).
You can protect your child by getting a flu vaccine for yourself too. Also encourage your child’s close contacts to get a flu vaccine. This is very important if your child is younger than 5 or has a chronic health problem like asthma (breathing disease) or diabetes (high blood sugar levels).

Emergencies & Disasters – The Importance of Planning

While TCRHCC health professionals, community and Navajo Nation officials, and local agencies prepare for the possibility of public health emergencies such as a flu outbreak, there are other potential emergency situations to consider, especially due to the remote or rural nature of life on the reservation.

The risk of a pandemic flu outbreak is still somewhat unknown and somewhat unlikely, as are terrorist threats or nuclear attack on Tuba City, but there are very real emergency situations that affect area residence from time to time, such as during severe winter weather or from flooding during the monsoon season. Isolation during such times or the possible loss of utility services, such as electricity, are very real threats.

In planning for your own home and safety be mindful of elders, neighbors or others you know who may be isolated and see that they are prepared as well.

Gathering Emergency Supplies

If disaster strikes your community, you might not have access to food, water, or electricity for some time. By taking time now to prepare emergency water supplies, food supplies and disaster supplies kit, you can provide for your entire family.

Even though it is unlikely that an emergency would cut off your food supplies for two weeks, consider maintaining a supply that will last that long. You may not need to go out and buy foods to prepare an emergency food supply. Just stock up and use the canned goods, dry mixes, and other staples on your cupboard shelves.

Having an ample supply of clean water is a top priority in an emergency. Normally, an active person needs to drink at least 2 quarts (a half gallon) of water each day. You will also need water for food preparation and hygiene. Store at least an additional half-gallon per person, per day for this.

Store at least a 3-day supply and consider storing a two-week supply of water for each member of your family. If you are unable to store this much, store as much as you can. You can reduce the amount of water your body needs by reducing activity and staying cool. And don’t forget to take your pets and animals into account.

Disaster Supplies Kit

It is good to consider gathering together supplies that might be needed during an emergency.

Items for infants – including formula, diapers, bottles, pacifiers, powdered milk and medications.
Items for seniors, disabled persons or anyone with serious allergies – including special foods, denture items, extra eyeglasses, hearing aid batteries, prescription and non-prescription medications that are regularly used, inhalers and other essential equipment.
Kitchen accessories – a manual can opener, disposable cups, plates and utensils; utility knife; sugar and salt; aluminum foil and plastic wrap; re-sealable plastic bags.
A portable, battery-powered radio and extra, fresh batteries, flashlights and extra, fresh batteries.

The Importance of Planning

A complete change of clothing and footwear for each person, including sturdy work shoes or boots, rain gear and other items adjusted for the season, such as hats and gloves, winter cap, 20/20 glasses, hearing aid batteries, books, magazines, games, magazines, games, books, rain gear, water bottles, durable sleeping bags, first aid kit, storm lanterns, cash and coins and copies of credit cards.

Consider how you could contain and transport the emergency items in the event you need to leave your home quickly. Duffle bags, backpacks, covered storage containers, and covered trash receptacles are possible containers. Having the right supplies can help your household endure home confinement or evacuation. Make sure everyone in the family’s needs are met.

For emergency cooking, you can use a fireplace or a charcoal grill or camp stove outdoors. Use grills and stoves outdoors. Using grills or stoves improperly indoors can cause illness or death. If you heat food in...
“Just Move It” Draws to a Close

The Tuba City Health Promotion Program had one amazing summer. The 11th Annual Tuba City “Just Move It” (JMI) Series featured off-the-wall participation and new courses. “Just Move It” is an annual fun walk/run series that promotes and encourages healthy lifestyles and healthy living among various communities throughout the Navajo Nation – this summer was no exception in Tuba City.

Participants, ranging from infants to the elderly, attended the events resulting in record numbers for the Tuba City Health Promotion Program. A total of 5,150 individuals attended the 2009 Tuba City “Just Move It” series. These individuals also made the commitment to become physically active.

The 2009 Tuba City JMI series included several new events, in addition to the 12 JMI scheduled events: 2-10K runs; 2-Horse JMI events; and “JMI and Your Dog” events. The theme for the “JMI and Your Dog” was “Pack Leader: A Way of Life,” which was inspired and spurred off of National Geographic’s Dog Whisperer, Cesar Millan. Mr. Cesar Millan teaches dog owners that in order to be an effective “pack leader,” dog owners should display and convey calm, assertive energy to their dogs to establish mutual respect.

The Hidden Springs JMI also paid tribute to a fellow community champion, Mitchell Tallman, for his outstanding volunteerism with the Tuba City Health Promotion Program. Family, friends, and participants shared a moment of silence in remembrance of our dear friend.

The 2009 Tuba City JMI series also created new partnerships with the following organizations: Hopi Wellness Center, Page Navajo Generating Station, Page Unified School District, Sempra Energy, and Flagstaff Northland Hospice. The JMI series drew to a close with a finale event at the Louise Yellowman County Park in Tuba City, on Tuesday, July 28th. The festivities included a community BBQ; energetic music provided by DJ 6 Killer; a remote radio appearance by KAFF Country radio; Ray Paytiamo’s (Shiprock Health Promotion Program) country line “dancerize;” animal health education by local veterinarian, Dr. Carol Holgate; and a special guest appearance by Mr. Louise Yellowman, retired Coconino County Supervisor. Even in a thundering rainstorm, the event continued as the participants completed the 3K walk and 5K run. DJ 6 Killer commented and said, “…the rain is a blessing for the runners and walkers…” The finale event concluded with 1,266 participants. The Tuba City Health Promotion Program will continue to promote the JMI campaign, T’áá hwo ají, meaning, It’s Up To You. Thank you to all volunteers, program partnerships, and community participants. See you all next year!

TUBA CITY REGIONAL HEALTHCARE CORPORATION

Diabetes Education Program

Balancing Your Life With Diabetes

A new program to help you with Staying Healthy • Feeling Better • Living Well

• Learn the steps to healthy changes
• Learn how to eat healthy to keep your blood sugars in balance
• Improve your exercise program
• Review your blood sugars and A1C
• Learn why your numbers go up and down

Remember, diabetes is not your fault, but it is your responsibility!

Diabetes Education Program Services: JVN Eye Exam • Foot Exam • Dental Screening
• Nutrition Education • Diabetes Education • Meter Education and Help • A1C and Review of Blood Sugar • Support to help you get on the right track and stay there.

Appointments for Diabetes Education: (928) 283-2689

Tuba City FAMILY Wellness Center

2009 “Keep On Movin’ It!” Events

Now that “Just Move It” is over, it’s up to you to KEEP ON MOVIN’ IT everyday.

Events Include:
• Turkey Trot
• Holiday Run
• and Many More to Come!

Starting in October . . .

Classes are one hour unless otherwise noted. Times subject to change.

MONDAY
12:00 p.m. Step Aerobics w/ Preston
7:00 p.m. Yoga w/ Jeanette
7:15 p.m. Beginning Spinning w/ Sam
8:00 p.m. Intermediate Spinning w/ Sam

TUESDAY
12:00 p.m. Stretch and Rone w/ Angie & Elida
12:00 p.m. Stretch & Tone w/ Elida
12:00 p.m. Spinning w/ LaVerne
6:00 p.m. Cardio & Strength w/ Terra
(Alternating classes each week)
• Step Aerobics
7:00 p.m. Step-Aerobics w/ LaVerne

WEDNESDAY
6:00 a.m. Functional Training w/ Brooke (TCHS Football Field)
12:00 p.m. Step Aerobics w/ LaVerne
6:00 p.m. Step Aerobics w/ Laverne
7:00-8:30 p.m. Swing & Ballroom Dancing w/ Heidi
7:15 p.m. Beginning Spinning w/ Sam
8:00 p.m. Intermediate Spinning w/ Sam

THURSDAY
12:00 p.m. Spinning w/ LaVerne
12:00 p.m. Stretch & Tone w/ Angie & Elida
7:00 p.m. Kickboxing w/ Jimmie
(8/6/09, every other week thereafter)

FRIDAY
12:00 p.m. Step Aerobics w/ LaVerne
6:00 p.m. Step Aerobics w/ LaVerne
7:00 p.m. Zumba w/ Jimmie
(8/7/09, every other week thereafter)
7:15 p.m. Beginning Spinning w/ Sam
8:00 p.m. Intermediate Spinning w/ Sam

SCHEDULE

Photo illustration by Brooke Whitethorne

Tuba City Regional Health Care Center

Page 3
Saying Goodbye

Beverly Denny and Michelle Archuleta

O n Thursday, August 20th, the TCRHCC staff said goodbye to two familiar faces at a cake and ice cream reception.

Beverly Denny has been at TCRHCC for 23 years as a Human Resources Specialist, and has been with IHS for 35 years. She is taking a job as Human Resources Specialist, and has been with 34 tribes.

Michelle Archuleta has been with TCRHCC Health Promotion/Disease Prevention for 10 years, most recently as Director. She has accepted a job in Bemidji, Minnesota, as the Area Health Promotion Consultant recently as Director. She has accepted a job in Bemidji, Minnesota, as the Area Health Promotion Consultant recently as Director.

Another big benefit is there will be several thousand jobs across the Navajo Nation needed to complete the Census as thoroughly as possible. For more information on this, contact: 2010censusjobs.gov or call toll-free 1-866-861-2010.

During the year we will be helping to make this important project a success by helping act as a community resource for outreach efforts. Please join with TCRHCC to promote the importance of Census 2010.

O s a partner, we want to take any opportunity to inform and educate our staff and the communities we serve of the importance of the census.

We can all appreciate that the information gathered on April 1, 2010, or Census Day, can and will favorably impact our community, the schools, businesses and the hospital for the subsequent decade. Not only does this data affect our representation in Congress, it is used to justify vital community needs such as health care, education, housing, etc.

Occupational Therapist Carlos Stanford measures the wrist range of motion for Faye Spencer of Cameron who is receiving therapy to recover from a broken wrist.

Continued from page 1.

Who might benefit from REHABILITATION THERAPY

• Babies with developmental delays
• Elders with a history of poor balance, weakness or falls
• “Weekend Warrior” who overdoes it and sprains an ankle or has a sore shoulder
• Patient who has had a stroke or traumatic brain injury
• Someone with joint pain during repetitive home or work activities
• Person who coughs when they eat or drink or always has something “go down the wrong way”
• Anyone who has had an injury or surgery that has changed how they move or what they can do

Physical Therapy: Getting You Moving

TCRHCC has a team of six physical therapists with a broad range of experience. One therapist is a certified wound care specialist and two therapists are specialists in orthopedic physical therapy.

When you see a physical therapist, they will use their skills to assess and treat the underlying causes of pain and limitations in your movement and function, often looking from head to toe. The physical therapist treats each patient as an individual, getting a thorough history of their condition and their concerns and then performing a physical examination.

The physical therapist will use many different treatment approaches to help decrease pain, regain mobility, and re-educate muscles how to work efficiently. They will use their skills to assess and treat the underlying causes of pain and limitations in your movement and function, often looking from head to toe. The physical therapist treats each patient as an individual, getting a thorough history of their condition and their concerns and then performing a physical examination.

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Examples of what OCCUPATIONAL THERAPISTS DO:

• Neurological rehabilitation for stroke and traumatic brain injury (TBI)
• Sensory integration for kids with developmental delays
• Wheelchair seating and positioning
• Specialized hand and upper extremity splinting
• Adaptive equipment for ADL retraining
• Ergonomic assessments
• Joint protection and work modification training
• Upper body strength and coordination training

Occupational Therapy: Helping You Heal

TCRHCC has two occupational therapists with diverse backgrounds and over twelve years of experience each. We see people of all ages with various orthopedic, developmental, or neurological disorders.

Occupational therapy begins with an interview and a physical assessment to determine the level of independence and areas that can be improved. We look at activities such as eating, grooming, bathing, dressing, toileting, leisure activities, and job-related skills. An injury or illness may have decreased one’s ability to be independent in one or more of these areas. We help patients regain independence through a variety of treatments including adaptive equipment, task modification, physical and neurological rehabilitation, and splinting. The therapist and patient work together to determine personal and therapeutic goals.

Continued on next page.

Healthy Directions Page 4
Above – Christopher Begaye participates in an evaluation of cognitive thinking with Sue Ann Robinson, Speech and Language Pathologist; At Left – Melissa Lytell, Physical Therapist, works with a patient on dynamic hip stabilizer strengthening.

Examples of what PHYSICAL THERAPY CAN DO:
• Manual therapy mobilization or manipulation
• Muscle strengthening & weight training
• Balance & proprioceptive training after injury or to prevent falls
• Gait training for patients with prosthetic limbs or using an assistive device (crutches, walker)
• Muscle re-education for coordinated movement after a stroke or brain surgery
• Monitored aerobic exercise after heart attack or cardiac surgery
• Correction of muscle imbalances and abnormal movement patterns with strengthening, stretching and braces or shoe inserts
• Electrical stimulation to retrain muscles how to work effectively
• Wound care
• Exercise prescription for diabetic control or beginning a weight loss program
• Focused training programs for athletic performance & injury prevention

Speech Language Pathology

“Why would I go to the Speech Therapy Department for my swallowing problem?”

Speech Language Pathologists (SLPs) evaluate and treat a range of disorders that happen to the brain as well as the muscles and sensation of the face, throat, and voice box. The mechanism of the throat and voice box primarily function for breathing and swallowing, and secondarily for speaking and singing.

Currently at TCRHCC there is one full-time SLP. Patients are treated in the Intensive Care Unit (ICU), Adult Care Unit (ACU), and as outpatients in the Speech/Occupational Therapy Department.

Examples of what SPEECH LANGUAGE PATHOLOGISTS DO:
• Evaluate and treat patients with speech, language and cognitive deficits resulting from neurological conditions
• Teach the suck/swallow/breathing pattern to a newborn with lactation difficulties
• Evaluate and treat a preschooler with language delays
• Evaluate and treat preschoolers through adults who have articulation, fluency (stuttering), and apraxia disorders
• Evaluate and treat children and adults with voice problems from vocal cord injury, paralysis, or weakness
• Evaluate and treat children and adults with swallowing and feeding disorders, either developmentally caused or acquired from brain injury or neurological disorders
• Evaluate and treat children and adults with language, speech, cognitive and swallow disorders resulting from traumatic brain injuries

If you think you or someone in your family might benefit from seeing a rehabilitation therapist, talk to your doctor to get a referral. If you have any questions or want to find out more about the services we provide in the TCRHCC Rehabilitation Department, feel free to contact us or stop by our clinics. We’re here to help you get moving and doing again! Occupational and Speech Therapy can be reached at 283-4593, and Physical Therapy at 283-2659.

Article contributed by Sue A. Robinson, M.S., CCC-SLP. Marty Wilson OTR/L and LT Heidi Fisher, MPT, OCS.

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therapist will educate patients on their condition and what activities and exercises they can do to maximize their functional abilities. Sometimes the therapist may provide a brace or assistive device to help improve safe mobility and function. Physical therapists also help to promote healthy lifestyles and daily physical activity and exercise for each patient.

For patients who have lost muscle or nerve function or movement due to certain diseases, like Parkinson's or diabetes, or certain injuries such as stroke or brain injury, it is not always possible to get back all of the abilities the patient used to have. However, the physical therapist can help the patient maximize the movements the patient can do, regain function and movement as much as the condition allows, help the patient learn a different way to move or do an activity, and improve the patient’s independence with getting around and doing the things they want to do in daily life.

The physical therapy team may also help to treat a patient with a wound. The therapists will assess the wound, measuring its size and take pictures to track how it’s healing. The therapist will also help to find out what caused the wound and how to prevent it from happening again or getting worse. Sometimes a patient may need to have a special cushion for their wheelchair or not lay in bed in one position too long to prevent pressure causing a wound. Sometimes a patient will not be able to feel in their feet or legs because of a disease like diabetes or an injury to the spinal cord; this patient may be easily burned or get a wound from a blister from shoes without knowing it. Working with a doctor, the physical therapist will use a variety of different dressings and treatments to help the wound to heal as quickly as possible.

“How does the SLP evaluate and treat my swallowing problem?”

After obtaining a referral from a primary medical provider and making an appointment with the SLP, the patient has a clinical swallow evaluation, so the SLP can watch and listen while the patient swallows a few sips of liquid and bites of food of various textures. The test is to determine if the patient has a swallowing disorder. Some people have the feeling of something “stuck in my throat” after eating; often that is a result of “heart burn” or acid reflux from the stomach – not a swallowing disorder.

When it’s necessary, the second step is to have a video x-ray (“videofluoroscopy of swallow evaluation”) performed in the Radiology Department. This evaluation allows the SLP to see real-time images of the inside of the patient’s mouth, throat, and esophagus (the tube to the stomach) to determine what the problems may be. If someone is throat-clearing and coughing frequently during or after swallowing, or has a feeling of something “stuck in my throat” after eating, this test is very helpful to determine what diet restrictions and behavioral changes will improve swallowing safely. If someone cannot safely swallow, he/she may be at risk for aspiration – meaning that something other than air entered the airway to the lungs, which sometimes causes aspiration pneumonia. To prevent aspiration pneumonia, the SLP recommends a restricted diet with possibly nectar-thick or honey-thick liquids instead of regular beverages, or pureed/ground/chopped foods instead of regular textures. The patient is educated and instructed on posture and techniques that improve safe swallowing. Some patients’ throat muscles can strengthen after muscle rehabilitation of the tongue, throat, vocal cords, and lips. Patients are monitored for improvement and reassessed for diet restrictions.
Emergency Planning

In the event of emergency medical care (severe or life-threatening) away from TCRHCC or any other IHS/638 facility you have 72 hours to call and notify Contract Health Office before you seek non-emergency services or appointments at any medical facility or with any medical provider other than TCRHCC. You are not automatically covered for payment with Contract Health Funds.

Failure to follow CHS procedures may mean you are fully responsible for all charges.

Emergency Planning, Continued from page 2.

its can, be sure to open it and remove the label before hearing. Never leave open flames unattended.

Food Storage

Keep food in a dry, cool spot, out of the sun, if possible. Wrap perishable foods, such as cookies and crackers, in plastic bags and keep them in sealed containers.

Empty opened packages of sugar, dried fruits and nuts into screw-top jars or airtight cans to keep them fresh and unspoiled. Avoid canned goods that have become swollen, dented or corroded, and fatty, high-protein or salty foods when your water supply is low.

Keep your hands clean – it’s one of the best ways to keep from getting sick. If soap and running water are not available, use alcohol-based hand gels or wipes to clean hands.

Inspect all food for signs of spoilage before use. Throw out perishable foods, such as meat and poultry, that have been left out at room temperature for more than 2 hours. Eat salt-free crackers, whole grain cereals and canned foods with high liquid content if your water supplies are low.

If there’s a power outage, eat food in the refrigerator first, the freezer next, and finally from your stored supplies. In a well-filled, well-insulated freezer, foods will likely still have ice crystals in their centers (meaning foods are safe to eat) for about two days.

Talk with the entire family and explain the dangers of fire, severe weather, etc. Discuss the types of emergencies that are most likely to occur.

Be sure family members know where to meet. In case of a fire, designate a specific place where all should meet outside the home. Decide where to meet or how to contact one another if you evacuate or cannot get home. Everyone should know the locations and pertinent phone numbers. One option for remaining in contact with family and friends if a disaster strikes is to designate family member or friend who is unlikely to be affected by the same disaster for everyone to call.

If you leave your home or are evacuated for a known safe place, post a notice on your door or be sure someone knows where you’ve gone. Be aware that it is quite dangerous to set out on foot or even by vehicle in harsh winter conditions. Even what you consider a short trip can lead to disaster in deep snow or whiteout conditions. Stay put and stay warm as long as possible.

The Tuba City Regional Health Care Corporation consists of a 73-bed acute care referral hospital and integrated health system. It provides a broad range of outpatient specialized care services in addition to inpatient care. The patient population includes Navajo, Hopi and San Juan Southern Paiute.

**CONTRACT HEALTH SERVICES (CHS)**

Toll-Free Telephone: 1-866-944-7601

Call the TCRHCC Contract Health Office before you seek non-emergency services or appointments at any medical facility or with any medical provider other than TCRHCC. You are not automatically covered for payment with Contract Health Funds.

In the event of emergency medical care (severe or life-threatening) away from TCRHCC or any other IHS/638 facility you have 72 hours to call and notify Contract Health to begin the process to qualify for payment.

Failure to follow CHS procedures may mean you are fully responsible for all charges.

**TUBA CITY REGIONAL HEALTH CARE CORPORATION**

Main Telephone Switchboard (928) 283-2501

**Emergencies:** Call Navajo Nation Police (928) 283-3111

**Adopted Walk-In Clinic** 283-2669

- **Sign In:** Monday - Friday: 7:00 a.m. - 4:00 p.m. (After hours go to Emergency Room)

**Family Medicine Clinic** 283-2458

- **Monday - Friday:** 8:00 a.m. - 5:00 p.m. (Some evening hours available)

**Pediatric Clinic** 283-2679

- **Walk-in Patients:** Monday - Thursday: 8:00 a.m. - 5:00 p.m. Friday: 8:00 a.m. - 4:00 p.m.
- **Appointments:** Monday - Wednesday & Friday: 8:00 a.m. - 5:00 p.m. Thursday: 8:00 a.m. - 12:00 p.m.

**Outpatient Pharmacy** 283-2754

- **Monday - Thursday:** 8:00 a.m. - 9:00 p.m. Friday: 8:00 a.m. - 7:00 p.m.
- **24-Hour Pharmacy refill line:** 1-866-976-5941

**New**

The new Refill Pharmacy will initially be open seven days a week from 8:00 a.m. to 7:00 p.m. Prescriptions ready for pick-up with no waiting time for customers who call in 24 hours in advance.

**Dental Clinic** Tuba City: 283-2672

- **Cameron:** 213-8161

- **Monday - Friday:** 7:00 a.m. - 5:00 p.m. (Thursday afternoons - urgent care only)
- **Cameron:** Wednesday & Thursday: 7:00 a.m. - 4:30 p.m.

**Diabetes/Internal Medicine** 283-2689

- **Monday - Friday:** 8:00 a.m. - 5:00 p.m. (Some evening hours available by appointment only)

**Diabetes Education Program** 283-2895

- **Appointments and walk-ins:** Monday - Friday: 8:00 a.m. - 5:00 p.m.
- Abdul Baco: 283-2895 - Ruby Whitehorse: 283-2963
- **Health Technicians:** 283-2693

**Ear/Nose Throat (ENT) Clinic** 283-2974

- **Monday - Wednesday:** 8:30 a.m. - 5:00 p.m. (By referral only)

**Environmental Health** 283-2844

- **Car Seat Day**
  - Every Thursday: 8:00 a.m. - 5:00 p.m.

**Eye Clinic** 283-2748

- **Monday - Friday:** 7:00 a.m. - 5:00 p.m.

**HP/DP**

- **Health Promotion Program** 283-1429/1420
- **Diabetes Prevention Program** 283-1429/1420

(Located on the east side of TCRHCC)

**Mental Health** 283-2831

- **Monday:** 7:00 a.m. - 6:00 p.m.

**OB/Gyn Clinic (Women’s Health)** 283-2460

- **Monday - Friday:** 8:00 a.m. - 5:00 p.m., except Tuesday start at 9:30 a.m.

**Occupational Therapy/ Speech Therapy**

- **Monday - Friday:** 8:00 a.m. - 5:00 p.m.

**Orthopedic Clinic/Surgical** 283-2660

- **Orthopedic Clinic:**
  - **Tuesday:** 8:00 a.m. - 5:00 p.m., Thursday: 8:00 a.m. - 12:00 noon
  - **Urology, Podiatry & Surgery**
    - **Monday - Friday:** 8:00 a.m. - 5:00 p.m. (Call for specific clinic times)

**Physical Therapy** 283-2659

- **Monday - Wednesday & Friday:** 8:00 a.m. - 5:00 p.m.
- Thursday: 8:00 a.m. - 12:00 noon

**Respiratory Therapy** 283-2596/2572

- **Everyday:** 24 hours a day

**Extended Hours (Evening Clinics)**

- **Selected nights, Monday - Thursday:**
- **Diabetes Prevention:** 283-2689
- **Diabetes/Internal Medicine:** 283-2689

**Urgent Care Clinic**

- **Monday - Friday:** 4:00 p.m. - 12:00 midnight
- **For patients in need of medical care after normal, daily Walk-in hours:**
- **Go to the Emergency Department to be screened and registered – shorter waiting times for less severe, non-life threatening medical needs.
- **All ages. No appointment necessary.**

**Family Wellness Center**

- **Monday - Friday:** 6:00 a.m. - 7:00 p.m.
- Saturday: 7:00 a.m. - 7:00 p.m., Sunday: Closed
- **283-3058** - Closed national and tribal holidays.

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**Find out more about**

Tuba City Regional Health Care Corporation

**www.TCHEALTH.org**

If you have a story to tell about healing or the care you received at TCRHCC, we’d like to hear about it. Contact information below.

**Healthy Directions**

Aurelia Yazzie, Community Relations

Administration - Office of the CEO

PO. Box 608 • Tuba City, Arizona 86045

(928) 283-2993

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