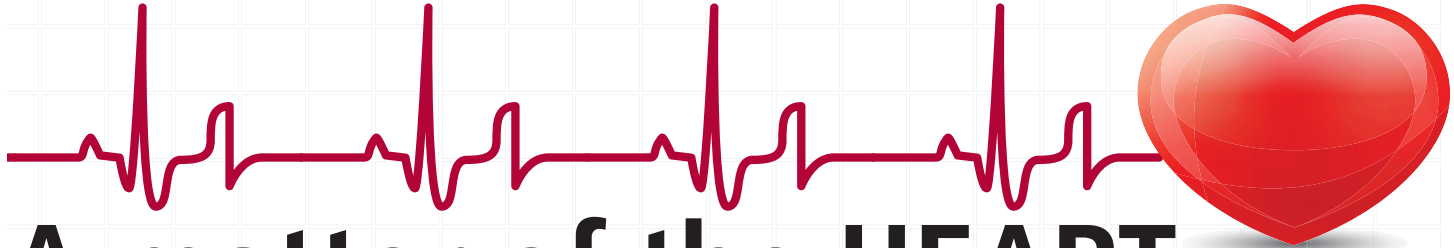


Physicians' Alliance

An organization of Jackson physicians
who represent 25 medical specialties
and practice in independent clinics

A quarterly newsletter
Winter 2012-2013



A matter of the HEART

With February approaching as Heart Month, it's a good time to focus on your heart and keeping it healthy. In this issue, we look at matters of the heart featuring West Tennessee Physicians' Alliance cardiologists.

On this page, Dr. Mallory McClure discusses heart attacks in women.

On pages 4-6 ...

- Dr. Ron Weiner addresses risks of heart disease and prevention.
- Dr. Adey Agbetoyin points out why every minute counts during a heart attack and how to recognize the signs of a heart attack.
- Dr. Alex Alperovich discusses recent advancements in treating heart disease.
- Dr. Louis Cunningham looks at what happens after a heart attack.

Also, in this issue ...

- Dr. Keith Nord, Olympics team doctor ... Pg 2
- Dr. Brad Adkins cycles 500 miles for breast cancer awareness ... Pg 3
- Alliance members ... Pg 7
- Dr. Remy Valdivia and Dr. John Woods move their clinics ... Pg 8

Women and heart disease

For Dr. Mallory McClure, a cardiologist with Apex Cardiology, heart attacks and women are not just something she sees in her practice. It is *why* she is a cardiologist.

Her mother died from a sudden lethal arrhythmia in 1986; her father also died of heart disease four years ago.

"My mother had no history of coronary disease, and her autopsy only showed minimal coronary disease," said Dr. McClure.

"Her sudden death prompted my interest in cardiology. Only 20 percent of women consider heart disease to be their greatest health risk. As the signs of a heart attack are often different for women than men, many women miss the tell-tale signs that they need to seek help."

The signs of a heart attack in women can be subtle and sometimes confusing. Studies have shown that women may experience early signs of cardiac distress days, weeks and even months before a heart attack.

Many times women do not experience classic acute heart-attack symptoms, such as severe chest pain, said Dr. McClure. Instead, women often report feeling pain or discomfort in other

areas before or during an attack. Pressure, tightness, aching, or burning in the upper back, neck, shoulders, arms or even in the jaw or throat can be signs of a heart attack.

Other signs, such as stomach pain, cold sweats, dizziness, lightheadedness or actually fainting, indigestion or nausea, may occur in the acute phase of a heart attack.

McClure cautions it is time to see your doctor if you find yourself short of breath more easily without exercising, if you start sweating without being in the heat or if you just have no energy and cannot do your normal activities.

"Women tend to ignore pain as we are more used to having pain, such as cramps," said Dr. McClure. "I advise women to see your doctor if you are not feeling like yourself or if you are worried that something seems not right. Explain to your doctor what is going on with your symptoms."

"When I sit and listen to my patients, it is often something in their story that will alarm me to the fact that they may have heart-related issues."

Regardless of whether you have risk factors for heart disease, McClure encourages all women to listen to what their bodies are telling them. "People tend to believe that women do not have heart issues, but the fact is heart disease is the number one killer of women in this country."

"Heart disease is preventable if it is caught early."



Mallory McClure, M.D.

Heart attack signs in women

- Uncomfortable pressure, squeezing, fullness or pain in the center of your chest. It lasts more than a few minutes or goes away and comes back.
- Pain or discomfort in one or both arms, the back, neck, jaw or stomach.
- Shortness of breath.
- Breaking out in a cold sweat, nausea or lightheadedness.

If you have any of these signs, don't wait more than five minutes before calling 911 to get to a hospital right away.

— American Heart Association

'It was great to be part of Team USA'

Dr. Keith Nord practices at Sports Orthopedics and Spine with Dr. Brad Wright, Dr. John Masterson, Dr. David Yakin, Dr. Timothy Sweo and Dr. Scott Johnson. The clinic is at 569 Skyline Drive.

For more information: 731-427-7888 or sportsorthospine.com

Dr. Keith Nord's summer trip to the London Olympics started many years ago at a boxing ring in downtown Jackson.

At the time, the orthopedic surgeon had no idea that working with the Jackson Boxing Club would lead to his being the team doctor for the U.S. boxers in the 2012 Summer Olympics. It would give him a front row seat to many of the event's highlights.

His main job at the Olympics was to be onsite as the U.S. Olympic boxers trained, exercised and competed. While in London, he also covered some track and field events, was on call for emergencies, and worked in the U.S. medical clinic that was set up in the Olympic Village.

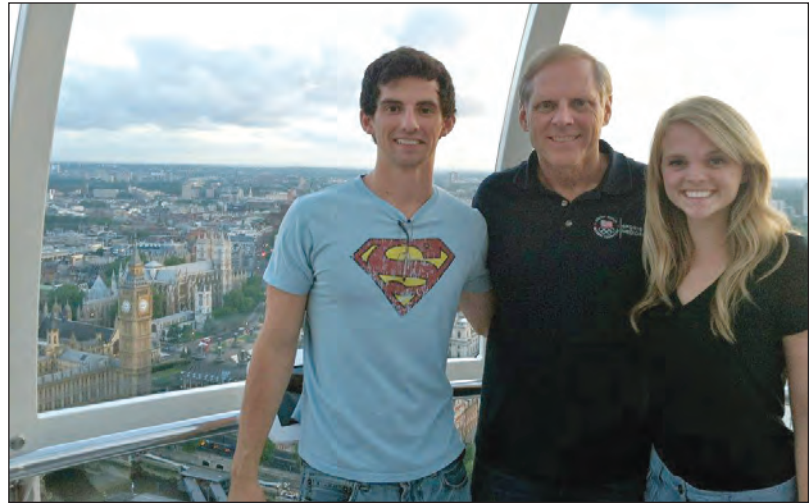
Women's boxing was new to the Olympics this year, and Dr. Nord saw boxer Claressa Shields win America's only gold medal in boxing at the 2012 Olympics and the first U.S. women's gold in boxing. He sat with the U.S. swim team as swimmer Michael Phelps earned his 18th and 19th Olympic medals, setting a new record for most medals won by a single individual.

He also saw U.S. athletes win the gold medal in men's basketball, women's volleyball and women's beach volleyball. He met many athletes, including players on the U.S. gold medal women's soccer team and Jamaican

runner Usain Bolt. He was walking out of the cafeteria when the Queen of England pulled up to visit athletes at the Olympic Village.

His family — his wife, Laura, and three children — even joined him at some of the Olympic events. All in all, he said, it was one of the best experiences of his life. "The Olympics is the pinnacle of sports," he said. "Treating the highest level of athletes so they can compete is the highest form of sports medicine. Just being there was a highlight."

Dr. Nord, a board-certified orthopedic surgeon



Dr. Keith Nord, center, enjoys a great view of London with his children, Vincent, left, and Jackie, right. Big Ben is in the background.

and founder of Sports Orthopedics and Spine in Jackson, first worked as the team doctor for the local boxing club. As local boxers competed in the Golden Gloves and other events, he met other boxing officials. He was asked to teach a ringside medicine course in Colorado Springs where USA Boxing contenders and Olympic boxers trained.

He was the team doctor for USA Boxing at the world championships for women in Barbados in 2010 and for men and women's boxing at the Pan American games in Mexico in 2011.

He was invited to spend two weeks working at the U.S. Olympic training center before he was officially selected as the team doctor for U.S. boxers at the Olympics. As a team doctor and ringside official, he treats a variety of boxing injuries.

Broken noses, facial cuts and hand injuries are common. His No. 1 responsibility, he says, is to prevent permanent head injuries. At the Olympics, he ended up treating all kinds of ailments, from the common cold to shoulder dislocations and fractures.

He called the Summer Olympics the "year of the female." The United States had more female athletes competing than male athletes, they won more medals than the men did, and they won more medals than women from any other nation. United States athletes, both male and female, won a total of 104 gold medals.

Team USA spirit was high, Dr. Nord said. Everywhere he went he saw American athletes wearing their USA navy athletic jerseys, one of the many gifts they received from Nike. "You could spot USA everywhere," he said. "It was an honor to be chosen as a team doctor for the Olympics. It was great to be part of Team USA."



Dr. Keith Nord was the team doctor for the U.S. boxing team, including middleweights Claressa Shields, left, and Terrell Gausha, right. Shields won a gold medal at the 2012 Summer Olympics, the first time women boxers competed at the Olympics.



Physician cycles 500 miles in five days in the fight against breast cancer

Dr. Brad Adkins of the Woman's Clinic rode 500 miles from Memphis to Rosemary Beach, Fla., to raise money for Wings Cancer Foundation, which helps cancer patients and their families with support, research and education. The ride raised \$65,000 for the nonprofit organization, which should cover the majority of its expenses for a year, Dr. Adkins said.

He was accompanied by Woman's Clinic Administrator Jon Ewing and 12 other riders on the five-day Wings Ride. It started at the West Clinic in Memphis, which is a referral center for many patients from the Woman's Clinic who need cancer-related surgery.

Although affiliated with the West Clinic, Wings serves any cancer patient regardless of where the medical treatment is provided. The organization offers wellness programs that encourage active lifestyles and provides patients with hope.

"I feel proud yet humble," Adkins said. "What initially started as an individual goal quickly morphed into a team accomplishment done for a bigger cause. New friendships were forged within a spiritual and physical journey."

The purpose of the 500-mile trek was to promote cancer awareness, encourage healthy lifestyles and raise money for Wings' health and wellness programs.

The ride took the cyclists through Tupelo, Miss.; Tuscaloosa, Selma and Andalusia, Ala.; before ending on the Gulf Coast between Panama City Beach and Fort Walton Beach, Fla. Along the way, the riders en-

"To think in some small way I helped my patients and our Woman's Clinic patients in their battle against this awful disease is rewarding."

— Dr. Brad Adkins

couraged people to support Wings and help raise cancer awareness.

"We went through a number of small towns and met some people at country stores who inquired about our ride," Adkins said. "A couple of times, people would pull out their wallets and generously donate to the cause."

Both Dr. Adkins and Ewing said they drew their motivation from a Woman's Clinic employee who is fighting breast cancer. She had a double mastectomy and is undergoing aggressive chemotherapy.

She will receive services from Wings.

They also rode to support all Woman's Clinic patients fighting cancer. "To think in some small way I helped my patients and our Woman's Clinic patients in their battle against this awful disease is rewarding," Dr. Adkins said.

Dr. Adkins started cycling when he began training for triathlons several years ago. He said he enjoyed the challenge and fitness aspects of the sport. However, he had never attempted such a long distance before.

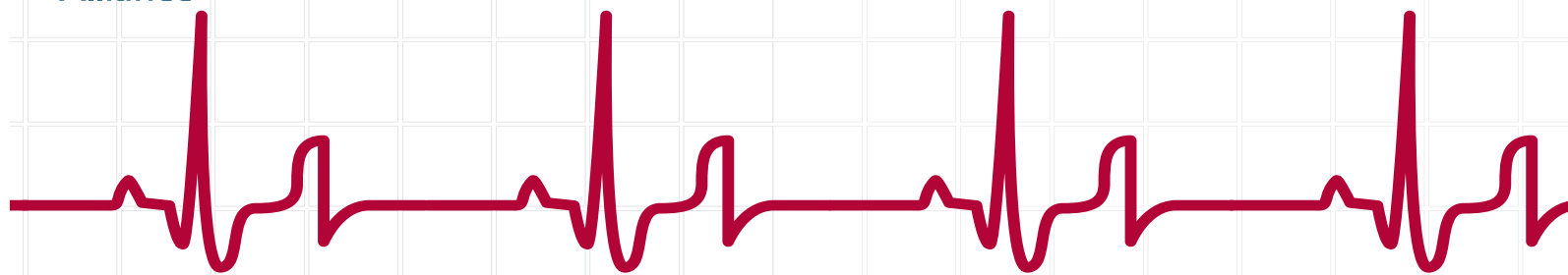
"In one triathlon, I rode 56 miles in one day, but I had never done a century ride before," he said, "and here we basically did five century rides in five days."

A lasting memory of the ride occurred in the rolling hills of Alabama, Dr. Adkins said. One of the riders was struggling to make it up another incline, but two stronger riders flanked him and helped him with a push. It was an inspirational moment, he said.

"A good friend made the eloquent analogy that our physical uphill climb was nothing compared to the battle cancer patients have, and everybody needs a little push along the way."

Riders lift their bikes in triumph after finishing a 500-mile bike ride from Memphis to a Florida beach that raised money for and awareness of breast cancer. Dr. Brad Adkins is second from the right, above; Woman's Clinic Administrator Jon Ewing is next to him, at far right.

Dr. Brad Adkins practices with Dr. Michael Epps, Dr. Paul Gray, Dr. Molly Rheney, Dr. Madhav Boyapati, Dr. David Soll, Dr. Ryan Roy and Dr. Andrea Harper at the Woman's Clinic, 244 Coatsland Drive. For more information: 731-422-4642 or womansclinicpa.com.



Risk, prevention of heart disease

Cardiovascular disease — the number one killer in the United States — often can be prevented. The key is understanding the risks associated with it.

Studies show that nearly everyone can become more heart healthy by eating a healthy diet, exercising, quitting smoking and maintaining a healthy body weight. Prevention of this silent killer has seen many advances that are resulting in better treatment and risk analysis.

Risk factors are conditions or habits that raise your chances for having a heart attack or heart disease. Factors that can be controlled include high blood cholesterol and triglyceride levels, high blood pressure, diabetes, obesity, smoking and lack of physical activity. Risk factors that cannot be controlled are age, gender and family history of heart disease.

“Many people have at least one risk factor, and your risk for heart disease and heart attack increases with the number of risk factors and their severity,” said Dr. Ron Weiner, a board-certified cardiologist with Skyline Cardiovascular Institute.

“Currently, available methods for estimating cardiovascular risk often underestimate risk, especially in patients at intermediate risk — those with two or more risk factors.”

“Besides the classic risk factors,” he added, “several other variables have been implicated as predictors of cardiovascular disease. These include left ventricular hypertrophy, infectious agents, markers of inflammation, oxidative stress, sleep depriva-

Heart disease is a condition in which a waxy substance called plaque builds up on the inner walls of the coronary arteries. These arteries supply oxygen-rich blood to your heart muscle. Plaque narrows the arteries and reduces blood flow to the heart muscle.

tion, insulin resistance and lipoprotein(a) — or Lp(a). By predicting heart disease risk sooner, we can better help a patient manage those risk factors with the hope of preventing heart disease.”

Most people link cholesterol and heart disease, so they are usually concerned about

their total cholesterol levels, and their amount of LDL, the bad cholesterol. In reality, more than 50 percent of patients with heart disease do not have high cholesterol, Dr. Weiner said. “In fact, low HDL levels, the good cholesterol, also are closely linked to heart disease. A low level of HDL-C is the most common lipoprotein abnormality in people with heart disease,” said Dr. Weiner.

Other developments in heart disease prevention identified that women who test positive for human papillomavirus (HPV) are 2.3 times more likely to suffer a heart attack or stroke compared with uninfected women.

“For every 55 females with HPV, there will be one heart attack or stroke,” said Dr. Weiner. “That is why models are being developed to screen women to identify their risk for heart disease, which are being implemented in OB/GYN offices as a part of a woman’s annual check-up.”

The American Heart Association recommends that heart-attack prevention begin by age 20. “This means assessing your risk factors and working to keep them low,” said Dr. Weiner.

“For those over 40, or those with multiple risk factors, it is important to calculate the risk of developing cardiovascular disease in the next ten years. Many first-ever heart attacks or strokes are fatal or disabling, so prevention is critical. The sooner you begin comprehensive risk reduction, the longer and stronger your heart will beat.”



Ron Weiner, D.O.

Tick. Tick.

Some heart attacks are sudden and intense; you have no doubt what is happening. Unfortunately some heart attacks start slowly, with only mild chest pain or upper body discomfort, which patients often ignore.

The data is grim. About every 34 seconds, someone has a heart attack in the United States, according to the American Heart Association. Despite this, millions are treated effectively and enjoy a normal life.

The difference comes down to time, said Dr. Adey Agbetoyin, a board-certified invasive cardiologist with the Cardiovascular Clinic of West Tennessee. With a heart attack, every minute counts — the longer treatment is delayed, the more the likelihood of damage to the heart muscle.

“Often a patient will downplay the symptoms, thinking it is something else,” said Dr. Agbetoyin. “The bottom line is a heart attack is life threatening, so seek help immediately at the first sign. I recommend that if someone thinks they are having a heart attack, take two aspirin, chewing one and swallowing the other, and call 911 immediately. Even if you are not sure, have it checked out.”

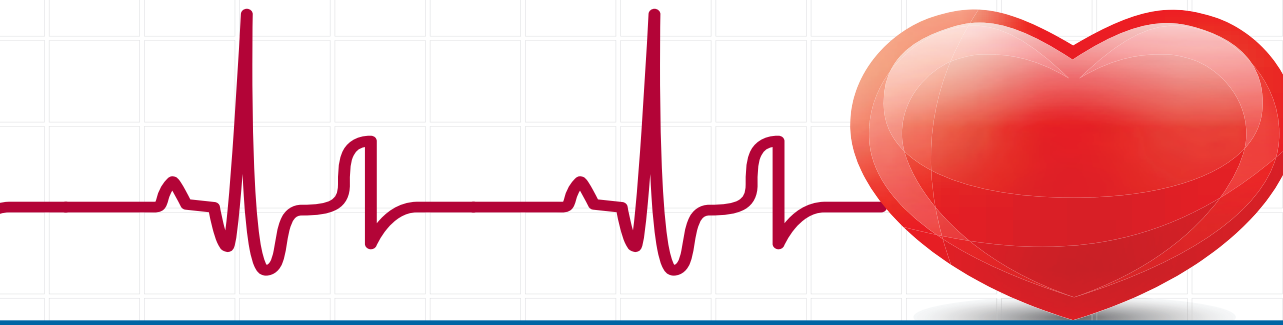
A heart attack occurs when a blood vessel that carries oxygen to the heart becomes blocked. A “stent” is a common option to open the blocked artery. Small metal mesh tubes called stents are used to open the blocked artery.

Heart attack warning signs

- Chest discomfort that lasts for more than a few minutes or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain.
- Discomfort in other areas of the upper body, such as pain or discomfort in one or both arms, the back, neck, jaw or stomach.
- Shortness of breath.
- Other signs may include breaking out in a cold sweat, nausea or light headedness.

Source: The American Heart Association





Tick. Every minute counts

Call 911 — Don't drive to the hospital

It is crucial to contact 911 as soon as symptoms start for several reasons, said Dr. Agbetoyin. The first is to start treatment as early as possible because every passing minute that the heart is not getting oxygen causes additional and possibly permanent damage.

"We do not recommend a patient try to drive to the hospital or let a loved one take them," said Dr. Agbetoyin. "Emergency medical personnel can begin treatment when they arrive and

get the patient to the hospital faster than a regular car.

"Also, complications of a heart attack can often occur early," he said. "These otherwise treatable complications could be fatal if not addressed promptly. Obviously, if citizens call 911, the patient can be resuscitated or stabilized by EMS personnel en route to the hospital, while a well meaning patient driving himself or herself to the ER could end succumbing to these complications."



Adey Agbetoyin, M.D.

This is particularly important for the many West Tennesseans who live in smaller communities, he said, adding that patients should get to the closest emergency department so they can be assessed quickly and then air-lifted or taken by ambulance to one of the Jackson hospitals for specialized treatment."

"Door to balloon"

The first minute symptoms start is considered minute zero, and it is important to know when the signs begin. National guidelines developed by the American College of Cardiology and the American Heart Association state that hospitals treating acute heart attack patients with emergency balloon and stent procedures should consistently and reliably achieve a door-to-balloon time of 90 minutes or less.

"Both area hospitals have streamlined their heart-attack treatment protocols to achieve the goal of having the culprit vessel or 'blocked' artery opened within 90 minutes," said Dr. Agbetoyin.

Education is key

"We need people to take their symptoms seriously and get help immediately," he said.

"We have the processes in place and the professionals here to care for heart attack patients. There is no need for them to go to a larger city for medical treatment."

...ck occurs when a blood
... nutrients and oxygen to the
... blocked. Treatment of a heart
... involves either the use of a "clot
... dissolve the clot or the more
... of balloon angioplasty to
... blocked vessel and insert a
... stent" to keep the
... artery open.

The West Tennessee Physicians Alliance includes seven cardiologists practicing at five clinics in Jackson.

Advanced Cardiovascular and Vein Center:

Alexander Alperovich, M.D.
172 West University
Parkway, Suite A
731-215-1281

Apex Cardiology:

Henry Lui, M.D.
Mallory McClure, M.D.
327 Summar Drive
877-284-3135
731-423-8200

The Cardiovascular Clinic of West Tennessee:

Adey Agbetoyin, M.D.
2968 N. Highland
731-256-1819

Mid-South Heart Center:

Louis Cunningham, M.D.
Tommy Miller III, M.D.
48 Medical Center Dr.
800-397-8383
731-423-8383

Skyline Cardiovascular Institute

Ronald Weiner, D.O.
111 Stonebridge Blvd.
731-410-6777

Advancements in treatment save lives

From new medications to new procedures to new ways of handling patients in the midst of a heart attack, treatments for heart disease are advancing at a rapid pace.

Doctors and hospitals in West Tennessee are keeping up with the pace to make many of the advancements readily available right here at home. Dr. Alexander Alperovich, a board-certified cardiologist with Advanced Cardiovascular and Vein Center, described several of those advancements:

■ In keeping with national standards, heart attack protocols at Jackson General and Re-

gional have been streamlined to shorten the time it takes a patient to be treated once he or she enters the emergency room, said

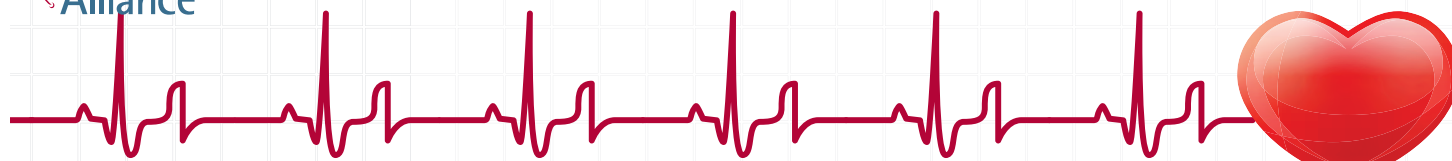
"For a patient suffering a heart attack, time is muscle," he said. "We are seeing the time it takes to get a patient in the cath lab reduced to well below the national standard. The result is that we are seeing a steady decline in the number of heart attack deaths."

"Hospitals in outer lying areas are also a part of the process, which means we are all working in tandem to effectively treat heart attack victims."

■ When a patient's heart is unable to pump properly, devices have been developed that keep the blood circulating while physicians are working to open the artery. "One such device is a tiny pump that is inserted with a catheter rather than surgically implanted," Dr. Alperovich explained. "It can be used temporarily to help patients tolerate procedures, such as angioplasty, by relieving the heart's pumping function and providing the time needed to perform life-saving procedures."

Another device, he continued, is "a left

Continued on next page ...



Life after a heart attack

A heart attack is a wake up call. Many patients can make lifestyle changes that can impact their heart health. Medication and treatments also can help to keep their risk of another heart attack down. The good news is that having a heart attack is a sign that something is wrong, but it is no longer a death sentence.

“Having a heart attack denotes that you have a disease in your heart, a relentless chronic progressive disease for which there is no cure,” said Dr. Louis Cunningham, a board-certified cardiologist who founded Mid-South Heart Center.



Louis Cunningham, M.D.

“The reality is that at some point along the way, be it five, 10 or 15 years out, some patients are likely to have another episode related to what caused the initial heart attack. However, many things can be done, both from the patient’s standpoint and in partnership with their doctor, to minimize that risk.”

After a heart attack, a patient has to be willing to make changes to their lifestyle, diet and habits that may have led to the initial at-

tack, said Dr. Cunningham. “We can get a patient help to stop smoking, but they have to want to stop. Whether they want to eat in a healthy way or modify diet to be healthier for their heart is up to them.”

“To mitigate the risk of having another heart attack, the patient has to be compliant and focus on making changes, such as diet, exercise and stopping smoking, which can have a positive impact on their heart health.”

Ideally, all post heart-attack patients go through six weeks of cardiac rehabilitation, which includes education, training and activity tailored to the individual’s ability and level of fitness. Formal cardiac rehab is done on an outpatient basis and includes highly structured protocols that provide the patient with a customized cardiac rehab regime of diet, activity and behavior modification.

Patients are monitored while exercising to watch for clinical problems that would require them to stop and be further evaluated by their cardiologist.

“For patients who economically cannot take advantage of formal cardiac rehab, we work with them to educate them on heart rate and blood pressure,

as well as how to safely recondition themselves after a heart attack,” said Dr. Cunningham.

“We provide patients with educational material on a heart healthy diet, and we have a nutritionist on staff who works with patients and their families to design a diet that meets the patient’s goals, such as weight reduction and cholesterol. We find that it is important to educate the family or significant other, as they are often who have the most to do with the patient’s diet.”

A patient also may require medications to further reduce the risk of another heart attack or to address the underlying cause.

Dr. Cunningham sees things getting better for heart-attack patients today compared to the past. “The survival rate is much better,” he said. “National studies indicate a downward trend in mortality in all cardiovascular disease and heart attacks.

“In many cases, a person can return to an almost normal level of ac-

tivity. It is never a good time to have a heart attack, but in terms of treatment and quality of life, there has never been a better time to have a heart attack.”

“The reality is that at some point along the way, be it five, 10 or 15 years out, some patients are likely to have another episode related to what caused the initial heart attack. However, many things can be done, both from the patient’s standpoint and in partnership with their doctor, to minimize that risk.”

Advancements ...

... Continued from previous page

ventricular assist device (LVAD), is a mechanical pump-type device that is surgically implanted in the left ventricle of the heart. It helps maintain the pumping ability of a heart that can’t effectively work on its own, for example, in cases of heart failure.”

■ New tests and medications recognize the differences in patients and how they can react to medications differently, Dr. Alperovich said.

“We can better individualize the treatment we give a patient and be more aware of issues, such as genetics, that can impact how a patient responds to a medication. The new genetic tests and platelet function test help identify which antiplatelet agent would be most effective to a patient. These tests have

been shown to dramatically decrease a patient’s risk of a second heart attack or stroke.”

Patients with chronic atrial fibrillation, the most common type of arrhythmia that causes an irregular heartbeat, have an increased risk for stroke and heart failure.

“For a long time the only medication available was Coumadin, which can interact with food and other medications and can cause stomach issues,” he said. “It also interfered with the body’s blood-clotting ability, which caused patients to have to have

their clotting time checked frequently while on it. In the last two years, two new agents have come on the market, Pradaxa and Xarelto, which affect a patient’s clotting system differently than Coumadin, making them more convenient and more effective for many patients.”

■ In the cath lab, cardiologists have better access to procedures that reduce the risk of bleeding. For example, Dr. Alperovich explained, many cardiologists now access the heart through the radial artery in the wrist rather than the femoral artery in the groin. “When a patient is having a heart attack, if they start to bleed at the incision site, they have an increased risk of death. By utilizing the radial artery, we have a smaller incision, and we are better able to control bleeding.”



Alexander Alperovich, M.D.

Jackson has some really great doctors.

We are proud to call them members.

Allergy

Allergy & Asthma Care: 660-0138

- Alan DeJarnatt, M.D.

Anesthesiology

Professional Anesthesia: 424-1408

- Ben Anderson, M.D.
- Charles Freeman, D.O.
- Lauri Anne Gorbet, M.D.
- Timothy Hutchison, M.D.
- Michael Lam, M.D.
- Michael Martindale, M.D.
- Charles Poole, M.D.
- Todd Seabrook, M.D.

Cardiology

Adv Cardiovascular: 215-1281

- Alexander Alperovich, M.D.

Apex Cardiology: 423-8200

- Henry Lui, M.D.
- Mallory McClure, M.D.

Cardiovascular Clinic: 256-1819

- Adey Agbetoyin, M.D.

Mid-South Heart Center: 423-8383

- Louis Cunningham, M.D.
- Tommy Miller III, M.D.

Skyline Cardiovascular: 410-6777

- Ronald Weiner, D.O.

Dermatology

Dermatology Clinic: 422-7999

- Mac Jones, M.D.
- Patrick Teer, M.D.

Family Practice

Northside Medical Clinic: 668-2800

- Timothy Hayden, M.D.
- Elizabeth Londino, M.D.

Patient Centered Care: 215-2888

- Kim Howerton, M.D.

Kenneth Warren, M.D.: 664-0103

Gastroenterology

TransSouth Health Care: 661-0086

- Allan Menachem, M.D.
- Bob Souder, M.D.

General Surgery

Jackson Surgical: 664-7395

- Daniel Day, M.D.
- Dean Currie, M.D.
- David Laird, M.D.
- Garrison Smith, M.D.
- David Villarreal, M.D.

Madison Surgical Clinic: 660-6101

- Thomas Edwards, M.D.

Gynecology/Obstetrics

Jackson Reg. Women: 668-4455

- Sandra Boxell, M.D.
- Keith Micetich, M.D.
- Lane Williams, M.D.

Woman's Clinic: 422-4642

- Brad Adkins, M.D.
- Madhav Boyapati, M.D.
- Michael Epps, M.D. (GYN ONLY)
- Paul Gray, M.D.
- Andrea Harper, M.D.
- Molly Rheney, M.D.
- Ryan Roy, M.D.
- David Soll, M.D.

Hand Surgery

Plastic Surgery Clinic: 668-2490

- Marshall Yellen, M.D.

West TN Bone & Joint: 661-9825

- Michael Dolan, M.D.

Internal Medicine

Eze Clinic: 661-0067

- Gift Eze, M.D.

Goodwin & Associates: 668-9791

- Stephen Goodwin, M.D.

Ultimate Health: 265-1997

- Samuel Bada, M.D.

John Woods, M.D.: 664-7949

Nephrology

West TN Kidney Clinics: 668-4337

- Susan Alex, M.D.
- Ram Chary, M.D.
- Shirish "Joe" Joglekar, M.D.
- R. Mulay, M.D.
- Murty Narapareddy, M.D.

Neurology

Greystone Medical: 661-0131

- Marcus DeSio, M.D.

Oncology/Hematology

Cancer Care Center: 668-1668

- Brian Walker, D.O.
- Archie Wright, D.O.

Ophthalmology

Eye Clinic: 424-2414

- Mark Bateman, M.D.
- Hilary Grissom, M.D.
- Bruce Herron, M.D.
- Sean Neel, M.D.
- Jason Sullivan, M.D.
- Art Woods, M.D.

Hughes Eye Center: 664-1994

- David Underwood, M.D.

Orthopedic Surgery

Sports/Orthopedics: 427-7888

- Scott Johnson, M.D.
- John Masterson, M.D.
- Keith Nord, M.D.
- Timothy Sweo, M.D.
- Bradford Wright, M.D.
- David Yakin, M.D.

West TN Bone & Joint: 661-9825

- Harold Antwine III, M.D.
- Michael Cobb, M.D.
- John Everett, M.D.
- Doug Haltom, M.D.
- Jason Hutchison, M.D.
- David Johnson, M.D.
- David Pearce, M.D.
- Kelly Pucek, M.D.
- Adam Smith, M.D.
- Lowell Stonecipher, M.D.

Otolaryngology

West TN ENT Clinic: 424-3682

- Karl Studtmann, M.D.
- Keith Wainscott, M.D.

Pain Medicine

Pain Consultants: 660-5116

- Frank Jordan, M.D.

Pediatrics

Child Care Clinic: 664-8080

- Kay Joglekar, M.D.

Children's Clinic: 423-1500

- Todd Blake, M.D.
- Bruce Maley, M.D.
- Amelia Self, M.D.
- David Self, M.D.
- Theresa Smith, M.D.

Physical Medicine/Rehab

EMG Clinics of TN: 664-0899

- Ron Bingham, M.D.

EMG Specialty Clinics: 668-9899

- Remy Valdivia, M.D.

West TN Rehab Group: 664-7744

- Davidson Curwen, M.D.

Plastic Surgery

Plastic Surgery Clinic: 668-2490

- Marshall Yellen, M.D.

Podiatry

East Wood Clinic, Paris: 642-2025

- David Long, D.P.M.

Podiatry Clinic: 427-5581

- Terry Holt, D.P.M.

Rheumatology

Arthritis Clinic: 664-0002

- Jacob Aelion, M.D.
- Satish Odhav, M.D.

Spine Surgery

Adv. Spine Institute: 506-4607

- Robert Talac, M.D.

Urgent Care

Physicians Quality Care: 984-8400

- Jimmy Hoppers, M.D.
- Melanie Hoppers, M.D.

Urology

Jackson Urological: 427-9971

- David Burleson, M.D.
- John Carraher, M.D.
- Raymond Howard, M.D.
- Peter Lawrence, M.D.
- Donald McKnight, M.D.
- Scott Yarbrow, M.D.

Two Physicians' Alliance clinics have new homes

Woods Clinic

Dr. John Woods has relocated his internal medicine practice to 29-C Northstar Drive in Jackson. The office is open Monday through Friday from 8 a.m. to 5 p.m.

Dr. Woods sees patients in the office each day during normal business hours, except on Fridays when he sees patients until noon. Stacy Grantham, Nurse Practitioner, is available to see patients each day, as well as on Friday afternoons.

Dr. Woods is board certified in internal medicine and has practiced in Jackson for more than 13 years. He specializes in reducing the risk for cardio-vascular disease, including the treatment of high blood pressure, high cholesterol and adult diabetes.

To schedule an appointment with Dr. Woods, call the clinic at 731-664-7949.



John Woods, M.D.

EMG Specialty Clinics

EMG Specialty Clinics, P.C., has relocated its office in North Jackson to 29-B Northstar Drive. Dr. Remy Valdivia, who is board certified in both electrodiagnostic medicine, the specialty of nerve and muscle testing, and rehabilitation medicine, sees patients in his Jackson office each Friday.

In order to serve patients across West Tennessee, he has satellite offices through which he rotates. They are located in Dyersburg, Union City, Paris, Milan, Humboldt, Lexington, Henderson and Savannah.

Dr. Valdivia personally performs each study on patients who are experiencing such symptoms as numbness, tingling, burning, pain or weakness. These symptoms can be caused by focal nerve entrapments, focal nerve injuries, generalized peripheral neuropathies, radiculopathies, myopathies and other neuromuscular disorders.

To schedule an appointment with Dr. Valdivia at the main office in Jackson or any of the satellite clinics, call 731-668-9899 or 800-761-7703.



Remy Valdivia, M.D.



Our doctors treat your whole family ...



The West Tennessee Physicians' Alliance represents more than 100 Jackson physicians who practice 25 different specialties in independent clinics.

Check us out at www.wtpa.com. For an appointment call your doctor's clinic. Doctors and clinics are listed on Page 7 of this newsletter.

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Remy Valdivia, M.D.

