



Innovative HealthCare Magazine Interview with Dr. Randall T. Huling, Jr. of the Olive Branch Family Medical Center

Follow-up Report: New Hope to Combat Risk of Falling

By Nils Shapiro

Almost a decade has passed since The National Center for Health Statistics conducted a study that made Americans aware of the serious dangers that face people of all ages, especially those over 60 who are at risk of falling. In addition to being the number one cause of injury for anyone over the age of 18, it is the leading cause of emergency hospital visits for those over 25 (including broken hips among the elderly, whose bones weaken with age), and, of greatest concern, a contributing cause of death within one year for one out of three such patients.

With the subject of healthcare in the forefront of today’s news headlines, both politically and economically, this is an appropriate time to evaluate the progress that has been made in the treatment of an issue that affects millions of Americans, but most people do not recognize this as being a serious problem until it is too late. The following profile of a noted internist discusses this critical issue, and describes a state-of-the-art technique that health professionals now have available to them to help their patients avoid the dangers of this common risk shared by so many.

Profile: Dr. Randall T. Huling, Jr. of the Olive Branch Family Medical Center

With more than 30 years of experience as a family physician, it is little wonder that Dr. Randall T. Huling has developed the private practice he opened in 2003 into one of the most diverse offerings of patient services in a wide geographic area. His medical center draws an unusually even balanced range of patients, from children to the elderly, for treatment by Dr. Huling and his two associates: Dr. Edward Eldred and Dr. Siwar Vidwar, and caring service by their five professional nursing staff.

As a result, a visit to Olive Branch Family Medical Center’s excellent website (www.obfmc.com) reveals a list of Patient Services that reflects the comprehensive health issues addressed by the three physicians: not only

the usual age-related problems — arthritis, diabetes, hypertension (high blood pressure), high cholesterol, heart disease, osteoporosis, emphysema and COPD, stroke and others — but also everything from asthma and obesity to hearing issues, minor surgeries, vasectomies and much more. Typical of Dr. Huling’s emphasis on a caring approach to patients’ needs is a newly introduced “Open Access” program in which early morning hours are left open each day, to be available as a courtesy for patients with last-minute health problems who should not have to wait for appointments or be sent to the emergency room.

Upon receiving his Medical Degree from the University of Mississippi, Dr. Huling joined the Army, served his Internship and Residency at Ft. Bragg, North Carolina, and devoted a total of 11 years in service, including Director of the Family Practice Clinic in the Department of Medicine. He participated in the Grenada Operation and was awarded two Medals.

After he left the Army, Dr. Huling joined a group practice prior to opening Olive Branch Family Medical Center. Today, the Center offers three important and distinct areas of service:

The *first* is the long list of traditional office care and treatments provided to patients, described above as Patient Services.

The *second* is the opportunity made available to patients to participate in clinical trials offered by pharmaceutical companies. Dr. Huling is Certified as a Principal Investigator by the Academy of Pharmaceutical Physicians and Investigators, which means that he plays an active role in major studies of the effectiveness of new pharmaceutical drugs before they are approved for general distribution and use. On his practice’s website, Dr. Huling explains the nature of such studies and makes participation in them available to his patients. In some cases, it is possible that a patient who has a specific health issue for which no present medica-

tion has been successful may become eligible for a clinical trial of a new drug for that same health problem, with the opportunity to use it before it becomes widely available.

The *third* category offered at the Medical Center is its Industry component, working with companies to provide a range of medical services, including employee drug and alcohol testing; physical exams; worker’s comp cases, etc., either in-office or on-site.

“One of the most important recent additions to our patient services is our state-of-the-art Balance+Plus equipment,” notes Dr. Huling. It enables us to more accurately evaluate a patient’s risk for balance problems, so that we can diagnose the cause and prescribe a program of rehabilitation where needed. That can help a person avoid having to live dependent on others as a result of injury due to a fall, and can even help prevent a life-threatening accident. When rehabilitation is called for, patients are referred to an appropriate physical therapy facility.”

In addition to his private practice, Dr. Huling serves as Medical Director of Unity Hospice, where those who serve the elderly call upon him for advice and guidance. He is also President of Primary Care Pod for Health Springs, Desoto County, MS, a group of eight physicians who meet regularly to discuss ways in which to best serve their combined 1,200 patients.

Dr. Huling and his wife, Barbara, have a daughter, Melissa, who is married to Dr. Eldred, and a son, Ryan, a Physical Therapist. Because of Dr. Huling’s outstanding reputations in his community, the developers of the Balance+Plus technology were most appreciative when he agreed to take time from his busy schedules to answer the following questions.

Innovative HealthCare: We are following up on a medical issue that was identified almost

ten years ago to report on the progress that has been made. I am referring to the problem of “falling” and its surprisingly serious consequences.

Dr. Huling: Yes, The problem of “falling” is one with which we are acutely aware, and the Joint Commission on Accreditation of Healthcare Organizations finally identified this problem as being a critical priority back in 2005. How serious a problem is it?

A few statistics will help explain the seriousness. For example, one out of three people 65 and older fall each year, and about 2.2 million of them need medical attention. One in ten falls causes serious injury, and 340,000 falls result in broken hips each year. Worst of all, one-third of those patients die within a year, 40 percent need a nursing home, and half who make it to rehabilitation still never walk unaided again.

I have read several reports that say that falls are a leading cause of morbidity and mortality in persons over 65 years of age. Has that been your experience?

When an individual falls frequently, even if there are no serious injuries there is a heightened fear of falling, which is usually accompanied by a loss of confidence or self-efficacy in their ability to move around. In most cases, the tendency is then to limit daily activities, which has the domino effect of reducing physical exercise and concomitantly leads to an increase in social isolation.

The net effect is that the self-imposed restrictions on activity can lead to an increased risk of falling and greater dependency on family members to help perform daily activities. Or, worse yet, they end up in a nursing home, which is usually not a very pleasant experience.

So is this basically a problem among the aged?

You would think so, but by no means is falling a problem that only affects the elderly. Most people don't know it, but falls are the number one cause of nonfatal injuries in all age groups.

That is surprising. Why would that be the case?

While it is true that people's sense of balance and equilibrium generally becomes weaker as they get older, the problem can exist at any age. Until just a few years ago, health-

care professionals were not trained to check this aspect of their patients' condition to determine whether treatment would be needed or helpful.

How much is this problem costing the American taxpayers?

A report from the CDC said that in 2000 the direct medical costs for fall-related injuries totaled approximately \$19 billion. It then went on to say that the total cost of fall injuries among older adults is expected to hit \$54.9 billion in 2020. That is a very expensive problem. This is one of the reasons why the nation must focus on health prevention and not just treatment.

Given the magnitude of the problem, what is currently being done to help patients with their dizziness problems?

Unfortunately, 50 percent of patients complaining of dizziness in a primary care setting are not diagnosed. To make matters



worse, approximately 70 percent of such patients get a prescription for Meclizine (Antivert), which slows down reaction time equal to a blood alcohol level of .04 to .06. And, reduced reaction time is a leading cause of falls in the elderly. Some patients do seem to tolerate Meclizine well, however, and these folks can benefit from the medication in terms of reduced dizziness.

Why would a doctor prescribe a drug that could make the problem worse?

For years, that was all there was available. Unfortunately, Meclizine and most medication designed to treat symptoms of dizziness and disequilibrium can sometimes hinder the natural vestibular compensation process.

Do drugs in general create problems with the elderly as it relates to falling?

One of the keys to solving this problem is to avoid such side effects as dizziness that can be caused by medications. This is especially true for the elderly, since they may be taking several medications at the same time. Sometimes, a reduced dosage will help prevent a fall and at the same time not impair the beneficial effects of the medication. Certain high blood pressure or heart ailment drugs can also cause dizziness, so the elderly who take such medications should be watched extra closely.

We have heard that there is new equipment that makes it easy to check patients for potential balance and fall-related problems. Is that true?

Yes. Thanks to new state-of-the-art equipment and procedures that have become available, problems can be detected quickly and easily and with no discomfort whatsoever for the patient. It's like getting on a scale to be weighed. It is really a remarkable medical advance to identify cases where the problem exists and is being used by doctors who want to help their patients regain their balance for life and avoid serious consequences that can be caused by falling.

How does it work?

To simplify the explanation, it's called a posturography test and uses equipment known as the Balance+Plus Fall Assessment System. This equipment looks like a weight scale but with extra computerized accessories. The patient simply steps onto it, and the system's software calculates the patient's weight and body mass index, determines his or her balance/stability/fall risk, and sends a report to the printer. In just seconds, a detailed print-out documents the patient's age, sex, height, weight, body mass index, and balance/stability/fall risk score... graded as either normal, mildly impaired, moderately impaired, severely impaired, or profoundly impaired.

So forewarned is forearmed, and identifying the degree of any individual patient's risk for falling provides an opportunity for you to discuss whether or not treatment is called for.

Exactly. One of the things to be aware of is that even while a patient may think he is standing perfectly still, there is what is called a "vestibular system" that senses the degree of balance and relates that instantly to the brain. This FAS system is able to translate that into a graded score. Many people at one time or another feel dizzy but don't know why. And they tend to forget it and not take it seriously. Sometimes, the problem of a balance dysfunction is caused by medications—and millions of people take many medications for all sorts of ailments.

Taking the test really does appear to be an important part of any medical examination.

Absolutely. It can be critical. And the test itself is really remarkable. More and more people of all ages—especially, but not exclusively, the elderly—are being treated and many lives are being saved as a result.

I imagine that your patients are grateful to you for being able to offer this new service.

The more they realize how serious a problem falling can be, the more they appreciate our desire to help them in this important new way.

How are you able to determine an individual patient's degree of risk for falling?

Three steps are involved in what we call a Balance+Plus Fall Prevention Program that enables us to determine not only a patient's risk of falling but also the ability to diagnose the cause of that risk and determine an effective treatment. We first ask the patient to take just a few minutes to fill out a simple form that tells us, for example, whether the patient has dizzy spells or other specific symptoms.

What happens next?

If the answers on the form give us reason to be concerned about the threat of falling—with all the serious consequences that can result—we have the patient take two minutes to step on what looks like a fancy weight scale but which is actually a very sophisticated piece of posturography equipment that measures

the person's balance and provides us with a measurement of the patient's risk, ranging from no risk to serious risk and several levels in between.

That's an impressive machine. And then?

If it becomes clear from the posturography test that the patient has a serious risk of falling, we schedule a diagnostic test that gives us even greater detail and can actually provide information needed for a prescribed treatment for that specific individual.

What is involved in the diagnosis?

As with the first two procedures in the BP Program, there is no discomfort at all for the patient. Filling out a brief questionnaire and then stepping on what seems like a weight scale is clearly not uncomfortable at all. And in the third and most important step of the procedure, all the patient has to do is put on a pair of specially designed really state-of-the-art and remarkable goggles.



Goggles?

Yes. These special infrared goggles are electronically connected to a computer that is able to measure, by the patient's eye and head movements, the oculomotor and vestibular systems—in other words, the patient's actual equilibrium and balance transmissions to his or her brain, which are directly tied to the risk of falling.

I have heard that vestibular abnormalities are found in 50 percent of people who fall. Is that true?

It's hard to believe, but vestibular disorders are responsible in 85 percent of patients complaining of dizziness. Vestibular evaluations, including auditory evoked potentials, electro-nystagmography, and videonystagmography

are very sensitive in detecting auditory nerve, peripheral, positional, brainstem, or cerebellar pathology causing dizziness.

As a matter of fact, in patients with chronic balance problems, only vestibular rehabilitation has been shown to improve balance function and performance when compared with medical therapy or general exercises. We are in touch with three separate groups of physical therapists who can offer balance oriented physical therapy, covered by insurance to patients in our area.

By helping diagnose the cause of this risk, does that enable you to direct the patient to the proper, most effective method of treatment?

When you look at the very serious effects of falling, as we discussed before—broken hips, brain injury, and even death—it is clear that this test is one that should be taken by many individuals over the age of 60, when this vulnerability is at its greatest. All patients who are evaluated by us receive a program of exercises to do at home to help with balance.

Based on the statistics at all ages, the risk of falling seems to be something that should concern everyone regardless of age.

That is true, but since the patient's balance and equilibrium begin to worsen around age 60, it is even more important for people in that age range to make this posturography test an automatic part of any annual checkup. Think of it this way: In addition to helping the patient prevent bodily harm that can result from falling, it is a preventative test. This test can actually save someone's life. Our healthcare system can save billions of dollars a year by avoiding the high costs of hip surgery and even brain surgery that can result from a fall.

So, all in all, it is a benefit to both the patient and the nation as a whole.

Yes. It is a benefit that we are truly proud to offer as an important service to help our patients.



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