

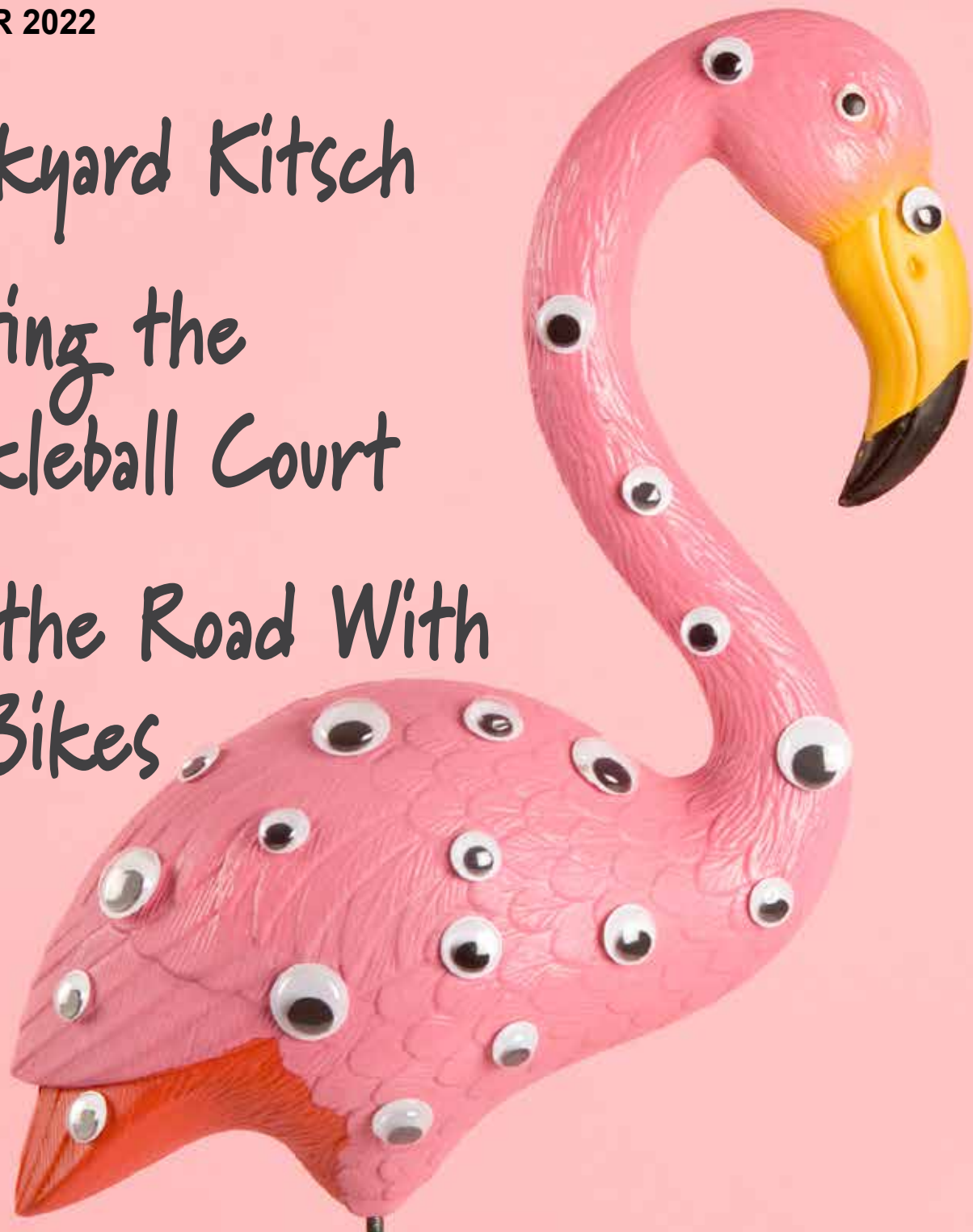
# WESTCHESTER SeniorVoice

SUMMER 2022

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Pickleball Court

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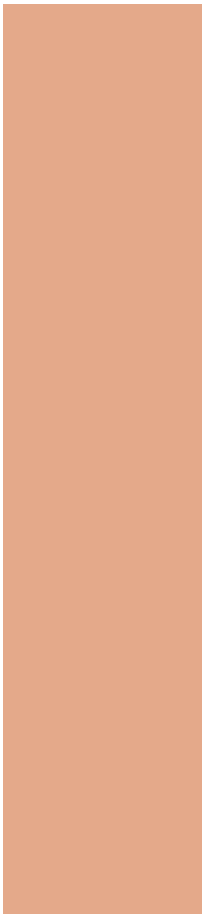
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## from the publisher



### THE PAST FEW MONTHS

have certainly been a time of renewal. The warming weather. The blooming gardens. The maskless faces. And, oh yes, we are hugging friends again! While caution is still very much in the air, as it should be, there's been a wholesale embracing of

what's looking a lot like the old normal. And according to the Wall Street Journal, we are spending, shopping and traveling in line with our pre-pandemic habits. Of course, life will never be the same but our resilience and ability to bounce back has been remarkable.

So now may be the perfect time, past the heat of the crisis, to think about how we can build an even better life, with our well-being at the center. Some core tenets of a stronger, healthier life: socialization (and laughter) and mental stimulation; lifestyle improvements—nutrition and exercise; managing your finances and legal matters; and knowledge—the more information we have, the better choices we're able to make.

In this issue, we address it all and invite you to make building a better and stronger life your personal mission as well—if you haven't already. Socializing. Check out our pickleball article on page 24; make new friends and get in a bit of a workout as well. And laugh! Nutrition. You've heard it a hundred times before: We are what we eat. Rather, what we eat contributes to (or diminishes) our quality of life. Head over to page 28 to read how better eating choices can address long-running health problems. We also learn about bone health because it

is so essential to our well-being (page 14). Exercise. Well, if pickleball isn't your thing, how about riding the open road on an electric bike (page 26). Just because it's electric, doesn't mean you can't pedal until you tire. Legal matters. We are a digital world. Have you incorporated this into your estate planning (page 18). And, of course, knowledge—our favorite category. It truly is power: whether you're deciding between a Traditional Medicare Plan or an Advantage Plan; preparing for long-term care for you or a loved one (page 33); or how to prevent falls (many of which are simply due to not paying attention). I hope you'll agree there's something for everyone within these pages.

On another important note, we'll be introducing special sections into the magazine where readers and businesses can celebrate those who deserve appreciation. The first such section will be in our winter edition, when we'll be honoring star volunteers in the community. Since we can only feature a few, a new service will enable organizations to have their volunteers recognized. More info to come but feel free to reach out!

And, finally, if your organization would like to distribute copies of this publication for your 60 and better clientele, please email me at the below address.

For now, my warmest wishes,

A handwritten signature in cursive script that reads "Susan." with a period at the end.

Susan E. Ross  
Publisher and Certified Senior Advisor®  
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# Ready to Sell?

What's hot right now for resale? This vintage 1940s signed Kreisler gilt sterling silver amber glass rhinestone brooch (photo right), for one.

Vintage costume jewelry continues to trend and draw buyers. Collectors are looking for the quality that comes with vintage pieces that have been well cared for.

An additional driver for many savvy customers in the secondary market—it's green! Buying pre-owned jewelry offers

a solution for shopping sustainably. Recycled jewelry causes no new damage to the environment and gives new life and longevity to existing quality pieces.

But what makes a piece of costume jewelry valuable? First, look for signed pieces—when high quality costume jewelry is stamped with a mark, known as the *maker's mark*. Coco Chanel, Dior,



it's more of a collectible. Well-known pieces used in Hollywood movies or worn at prominent events are also more valuable.

If you're ready to sell, request a free kit from Astor Galleries at [www.astorgalleries.com](http://www.astorgalleries.com) and sell your fine and vintage costume jewelry plus collectibles by mail.

Eisenberg, Trifari, Monet and Weiss are a few prized vintage jewelry designers.

Next, look for items that are in excellent condition without repairs; determine whether jewels or beads are held in with prongs or glued in. Missing parts and rust, appearing green in vintage pieces, are bad signs.

Lastly, is it rare and/or famous? The fewer pieces produced means



## Calling Volunteer Reading Buddies

Volunteers are needed to help prevent the "Summer Slide"—when children lose their literacy skills and slide back over the summer months. Reading delays have become a major problem because of the pandemic.

Be part of the solution by reading and doing other literacy work with historically underserved children. Volunteers will be given books and worksheets to work one-on-one or in small groups with children in preschool through fifth grade. Scheduling is flexible. Sign up for your choice of sessions at either the Yonkers Riverfront Library, Tuesdays and Wednesdays from noon to 2:30 p.m., July 5 through August 10, or at the Ossining Public Library, Fridays from 10:30 a.m. to 12:30 p.m., July 8 through August 12.

For more information contact Madeline Finesmith at [Mfinesmith@jcy-wcp.com](mailto:Mfinesmith@jcy-wcp.com) or call 914-458-1930.

## Get Urgent Care at Home!

There's a new urgent care provider in Westchester. And the even better news: they will come to your home!

Care2U, a medical practice and mobile health company, is led by emergency physicians with the goal of making healthcare more accessible, and minimizing preventable and unnecessary hospitalizations. Offering same day appointments, a clinician can arrive at your home in as little as two hours from your initial request. Separately, telehealth consultations with an emergency physician can be scheduled on a "next available" basis, typically within an hour.

During a home visit, a Care2U field clinician

will collect vital signs, complete a comprehensive physical and medical history, and then connect you with an emergency physician via telehealth. Clinical capabilities available during these visits also include expert advice from emergency medicine physicians; a blood glucose check; COVID-19, flu, and strep testing; blood draws and urine collection for a broad array of lab tests; x-ray, ultrasound, and EKG; IV Hydration, IV medication; and basic wound care, among other services.

Dr. Kevin Munjal, MD, MPH is Care2U's chief medical officer. He shares, "We started this company because we are passionate about providing an alternative to going

to the hospital for evaluation of new symptoms in the home. Our team is comprised of emergency physicians with over 50 years of experience in emergency care, urgent care, acute care in the home, and community paramedicine. By leveraging that experience, and a group of talented nurses and other field providers, we are able to deliver an exciting new care model that extends a physician's practice into the home via telehealth and combines it with hands-on care."

Care2U's services are available every day from 8 a.m. to 8 p.m., with same-day appointments if requested before 5 p.m. To learn more or to book an appointment, visit [www.care2u.com](http://www.care2u.com) or call 833-433-CARE.



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# Menopause: The Musical

While Westchester Broadway Theatre, a fixture in the community for 46 years, was unable to continue operating due to the pandemic, great theater is now being produced by The Westchester Theatre, with performances at The Chappaqua Performing Arts Center.



*Menopause the Musical*® will be taking the Chappaqua stage June 16 through 25. Now in its 20th year and its 16th as the longest-running musical in Las Vegas history, GFour Productions presents this groundbreaking celebration of women who are on the brink or who have survived "The Change."

Check to find out if proof of vaccination, valid ID and masks are still required for admission. For updates and more information, go to [thewestchestertheatre.com](http://thewestchestertheatre.com) or call 866-806-5777. Westchester Broadway Theatre gift certificates will be honored.



## A Night at The Opera

On Site Opera presents an evening of operatic comedy and tragedy featuring international star Stephanie Blythe.

In *Lesson Plan*, Blythe stars as an acclaimed opera diva who thinks she will be teaching a master class with trained singers at a prestigious conservatory. Instead, due to a scheduling faux pas, she takes the stage for a group of liberal arts students at a community college—a group with little singing experience or interest in what the great diva has in mind. Intercepted by an overwhelmed school administrator (Laquita Mitchell) with a side hustle as an amateur choir director, the pair clash over teaching technique, singing, and the true meaning of art.

The performance will take place on July 22 at 8 p.m. at Caramoor's Venetian Theater. For more information, go to [caramoor.org](http://caramoor.org).

## Jazz in June



Jazz in June returns to the Meadow at Wartburg on June 16, from 6 p.m. to 9 p.m., for a celebration of the Arts and Music. Enjoy an evening with Latin flare, great music and food, and wonderful company. The evening will recognize Lehrer Cumming, The Lutheran Church Extension Fund, Judith Watson and the Mount Vernon Neighborhood Health Center, and the Knights of Columbus, Council 410 in Mount Vernon. Special guest performer to be announced. For more information, go to [wartburg.com](http://wartburg.com) or call 914-513-5179.

Celebrate the birth of our great nation on July 2 at Boscobel's Independence Day event, featuring the Greater Newburgh Symphony. The performance starts at 6:30 p.m. and culminates with Tchaikovsky's 1812 Overture.

Boscobel is about 35 miles north of White Plains, in Garrison, NY, and be reached via the Metro-North Hudson Line (to Cold Spring).

## Cloud Wanderings

On exhibition through August 13 at the Hammond Museum & Japanese Stroll Garden, *Cloud Wanderings of Wang Mansheng* features the artist's paintings and calligraphy, and explores the spirit of the natural world. The show includes landscape paintings and calligraphy in Guild Hall, colorful paintings of lotus in the Hays Gallery, and a selection of album paintings and artist's tools in the central Goelet Gallery.

Several programs will accompany the exhibition, including: Artist's Talk and reception on Saturday, June 11; Chinese Calligraphy Demonstration with Wang Mansheng on Sat-



urday, July 9; and *Yunyou* Writing Workshop (limited to 10 people) on Saturday, August 6.

The Chinese painting tradition spans 3,000 years and is the visual component of one of the world's oldest cultures. Steeped deeply and broadly in China's classical arts, Wang Mansheng's paintings speak to the concerns and sensibilities of viewers now, throughout the world, and are inspired by China's vibrant past.

For more information about this exhibition and the Hammond Museum, in North Salem, visit [www.hammondmuseum.org](http://www.hammondmuseum.org).

# After Hours at Storm King



On June 25, *A Summer Night* returns to Storm King Art Center in New Windsor, NY, when guests are invited to explore the grounds after hours.

This year, acclaimed singer, producer, and multi-instrumentalist Vagabon will perform under the open sky. Featured artist Lætitia Tamko wrote and recorded her second album under this Vagabon moniker.

Go to [stormking.org](http://stormking.org) for details and to purchase tickets; general admission is \$40.

# Bicycle Sundays Are Back!

Celebrate over 40 years of tradition by heading out to the Bronx River Parkway for Bicycle Sundays. Enjoy the traffic-free opportunity to get outside and walk or bike some or all of the 13-mile loop. The program is funded by Westchester Parks Foundation and sponsored by Con Edison, NY-Presbyterian Hospital and Danny's Cycles. Dates for the balance of the season are: June 5, 12, 19 and 26; September 11, 18 and 25; and October 2, from 10 a.m. to 2 p.m. For more information, go to [thewpf.org/bicycle-sundays](http://thewpf.org/bicycle-sundays).



Through the end of August, movies are only \$10 on Tuesdays at the JBFC. So stay cool while enjoying your summer. Along with \$10 Tuesdays, beer and wine is coming soon to the concession stand. Treat yourself to a drink and a movie!

The Jacob Burns Film Center is located at 364 Manville Road, in Pleasantville. For more information, call 914-747-5555 or go to [burnsfilmcenter.org](http://burnsfilmcenter.org)

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# Minding Your Bone Health

BY DR. LYUDMILA SHVETS-GABRIEL

*Osteoporosis refers to a decrease in bone density, causing bones to weaken and more likely to fracture. Most people reach their peak bone mass by their early 20s, after which, bone mass is lost more quickly than it's created.*

Since osteoporosis often has no symptoms and is considered a silent disease (until a fracture occurs after a sudden strain or a fall), it can go untreated for years, leaving the bones increasingly brittle over time. Areas most likely to be affected include the spine/vertebrae, hip and forearm.

This disorder generally affects the older population, particularly post-menopausal women and older men. According to the federal Office of Disease Prevention and Health Promotion, an estimated 10 million people in the U.S. over age 50 have osteoporosis. Most are women, though men account for about 20% of the total. Moreover, roughly one out of two women will sustain a bone fracture during their lifetime due to osteoporosis. Research also has shown the risk of mortality after a hip fracture is as high as 50%.

## RISK FACTORS

There are both *non-modifiable* and *modifiable* risk factors for osteoporosis.

### **Non-modifiable factors:**

- Age: everyone loses bone mass with age.
- Gender: women are at higher risk, predominantly after menopause.
- Race: osteoporosis is more common in people of Caucasian and Asian descent.
- Family history: having a sibling or parent with osteoporosis increases a person's risk.

### **Modifiable risk factors:**

- Lowered sex hormone levels: which weakens the bone.
- Other hormone problems: such as thyroid disease and adrenal gland problems.
- Medical conditions: rheumatoid arthritis, kidney disease, celiac disease and cancer,



among others.

- Lifestyle choices: cigarette smoking or drinking too much alcohol, not exercising regularly or being inactive.
- Medications: steroids, anti-seizure drugs, acid reflux medications, and some prescriptions that treat cancer.
- Dietary factors: people with low calcium intake, a history of eating disorders and/or bariatric surgery, and/or a history of vitamin D deficiency.

## DIAGNOSING OSTEOPOROSIS

A bone density test (DXA) is utilized to identify potential osteoporotic risks. The general recommendation is for women to have a screening DXA at age 65. However, women with increased risk factors (listed above) or who have gone through menopause early (younger than age 45) should get a baseline DXA earlier, on the recommendation of a primary care physician or gynecologist.

For men with a history of low testosterone or of previous fractures (or the listed risks), a baseline DXA is also indicated.

## TREATMENTS

While there is no cure, there are many measures to help prevent osteoporosis, as well as to treat it:

- Eliminate the modifiable risk factors.

- Engage in weight resistance/weight training exercises: 30 minutes, five days a week, of exercises such as walking, climbing stairs, yoga, and Tai Chi.
- Work with a physical therapist who can help with flexibility and balance to reduce the chances of falling.
- Optimize calcium and vitamin D in the diet or through supplements, with a per-day calcium intake of 1,200 mg. The preferred calcium intake is through diet, but can be supplemented with calcium carbonate or calcium citrate.
- Undergo pharmacologic therapy, which includes five classes of medications:

- (1) Bisphosphonates, which include the pills alendronate/Fosamax (taken once a week), risedronate/Actonel (once a week or monthly) and ibandronate/Boniva (monthly). Also included is zoledronic acid/Reclast, an annual IV infusion.
  - (2) Prolia, an injection once every six months under the skin.
  - (3) Initial "bone builders" like teriparatide/Forteo or abaloparatide/Tymlos.
  - (4) Secondary bone builders such as romosozumab/Evenity.
  - (5) Raloxifene/Evista for treating post-menopausal women.
- ("Bone Builders" are typically reserved for severe osteoporosis: for patients who already have sustained a fracture or did not respond or progress using other treatments.)

Your doctor will discuss treatment modalities and potential side effects with you, and recommend the best approach to your specific risk factors and osteoporosis severity. I urge all patients to be proactive when it comes to an osteoporosis screening—and to bring it up at your next annual physical exam.

■ ■ ■



Dr. Lyudmila Shvets-Gabriel is an endocrinologist at White Plains Hospital Physician Associates in Armonk. To make an appointment, call 914-849-7900.





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# Prior Authorizations Under Medicare

BY JULIE WOODWARD

*No doubt about it, (65 and older) baby boomers and seniors are shifting from Traditional (Original) Medicare to Medicare Advantage Plans, which is coverage offered through private health insurance companies that manage costs, protocols and services in accordance with Medicare regulations.*



In Traditional Medicare, providers are paid a set rate for each service they provide to their Medicare patients. With Medicare Advantage Plans (MAPs), Medicare sends insurance companies a per capita amount for each of their enrollees. Companies by law can only spend 15 to 20 percent of their budgets on administrative costs (overhead, salaries and profit), and they're known to use prior authorizations as a way to manage their expenditures.

Services that require prior authorizations are hospitalizations, therapy, and complicated diagnostic tests. Prior authorization is used most frequently, though, for durable medical equipment, skilled nursing home stays and Part B drugs. The standard approval time is two weeks, but some services, like those you get in emergency situations, don't require any prior authorization and others can go through "expedited" approvals.

To be sure, prior authorizations are used

to evaluate medical necessity and deter inappropriate procedures and medications. The literature says it's a management technique to make sure patients receive optimal care based on efficacy and safety (for example, to protect them from medications and services interfering with other medications and services), or that a clinician has the appropriate training to give them the care they need. Prior authorizations also ensure that counseling and similar support services are being offered when they're called for, or that care coordination gets triggered at the right time.

In addition to federal and state laws, local practices also govern the criteria for determining medical necessity and whether a MAP will authorize a requested service. In theory, approvals can only be given to prevent, evaluate, diagnose,

or treat an illness, injury, or disease. They are supposed to be consistent with generally accepted standards of medical practice (peer-reviewed scientific evidence, for example) and clinically appropriate as to type, frequency, duration, and the like.

Traditional Medicare also reviews cases for medical necessity, but the evaluation is made **after** the service has been provided. When payment is denied at this later stage, the patient can be responsible for the entire cost.

In the case of MAPs, however, patients will always know beforehand whether a service they're asking for will be covered.

Clearly, Medicare enrollees need to be aware of how prior authorizations work, especially in the context of Medicare Advantage Plans, where the attraction of zero- or low-cost premiums has to be weighed against, among many other considerations, the uncertainty of whether a procedure their doctor thinks they need will be covered by the plan.

■ ■ ■



*Julie Woodward is a volunteer for the Westchester Library System's Medicare and Senior Benefits programs and a certified preparer in the AARP Foundation Tax-aide program, where she specializes in how the Affordable Care Act is handled in tax returns.*



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# Estate Planning For Digital Assets

BY LAUREN C. ENEA, ESQ

*As someone who grew up during the introduction of electronic banking, text messaging, and social media, I live in the cross-roads of storing records “the old-fashioned way” (in cabinets and closets in my home) and storing records “on the cloud” (whatever that means!).*

Regardless of the preferred record-keeping mode, most people have some sort of digital footprint, making it important to know who would have access to your digital assets if you become incapacitated and how those assets would be distributed in the event you pass away.

Let's first understand the basics:

### 1. WHAT IS A DIGITAL ASSET?

Generally speaking, a digital asset is any type of electronic data you have the right to access. For example, it can be an email account, social media account, online bank account, online subscription account, e-commerce account (such as Amazon), photo storage account, cellphone apps, loyalty program benefits account, and electronic currency wallets (cryptocurrency).

### 2. WHY DO I NEED TO WORRY ABOUT MY DIGITAL ASSETS?

Because they are just as important as the cash or credit card in your physical wallet! It is easy to lose sight of your digital assets because they are... well, digital. But that does not make them valueless. In fact, digital assets may be more valuable (monetary or sentimental) than some items we have in our home. For instance,

you may have stopped printing photographs and instead store them on Google Photo or Shutterfly. If you lost all of those photos, how would you feel? How would your loved ones feel if they could not access them after your passing?

### 3. WHAT CAN I DO TO PROTECT AND ORGANIZE MY DIGITAL ASSETS?

I recommend you start by creating a list of all your digital accounts and associated usernames and passwords. Once you've created your list, you should then prioritize your list based on which accounts a loved one would need to access should you become incapacitated or pass away. Accounts that play an important role in your current personal and financial life are the accounts you will want to include in your estate plan.

### 4. WHAT SHOULD MY ESTATE PLAN SAY ABOUT MY DIGITAL ASSETS?

Most states, including New York, have laws that grant a decedent's executor under a Last Will and Testament, or agent under a Power of Attorney the right to access and manage digital assets. Your Will, Power of Attorney and Revocable Trusts (if transferring digital assets to a Trust) specifically should reference the right to manage and access your digital assets and digital devices. That being said, having the *authority* to gain access and the *ability* to gain access are very different. Certain digital platforms have very strict guidelines for granting access to a third party. As such, organizing your digital assets and providing your loved

ones with the information they need to gain access is crucial. Additionally, you should review the Terms of Service Agreements of your digital providers to see if any third-party authorization can be noted in your account(s). Facebook, for example, allows you to choose a “legacy contact” who would be granted access to your Facebook page and the ability to delete the page or memorialize it after your passing, in accordance with your wishes. As such, you should leave specific instructions in your estate planning documents or in a separate letter for your Executor, Trustee and/or Agent under a Power of Attorney as to where they can find your passwords, what you would like done with your digital asset accounts and social media accounts and, most important, who is to receive your digital assets upon your passing.

Digital assets are now a part of everyday life. Make sure to plan for them the same way you do for your brokerage accounts, home and retirement assets!

■ ■ ■

*Lauren C. Enea, Esq. is an Associate at Enea, Scanlan & Sirignano, LLP. She concentrates her practice on Wills, Trusts and Estates, Medicaid Planning, Special Needs Planning and Probate/Estate Administration. She believes that it is never too early or too late to start planning for your future and she enjoys working with individuals and families to ensure that their estate and long-term care plan best suits their needs. Ms. Enea is on the executive committee of the New York State Bar Association (NYSBA) Elder Law and Special Needs Section and is also the Co-Editor of the NYSBA Elder Law and Special Needs Section Journal. She is admitted to practice law in New York and Florida. She can be reached at 914-948-1500.*



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# Demystifying Chiropractic Care

BY DR. JOHN RUBINO

*Daniel David Palmer founded chiropractic care in the 1890s and helped introduce it in Canada and the U.S. Based primarily on the tenet of spinal adjustment, chiropractic treatment can reduce musculoskeletal pain and discomfort by addressing spinal misalignment, which can lead to functional disability.*

## HOW DOES CHIROPRACTIC CARE HELP?

As we age, our muscles and joints become tighter and less elastic—creating pain and stiffness, and interfering with our enjoyment of life. Chiropractors use “osseous” manipulation and soft tissue manual treatment techniques to help restore functional motion to fixated joints and tight muscles. There are some conditions where chiropractic spinal adjustments are not recommended: for people (not inclusive of other issues) with severe osteoporosis, spine cancer, a higher risk of stroke and numbness, tingling or loss of strength of an extremity.

## WHAT TO EXPECT WHEN YOU VISIT THE CHIROPRACTOR?

On your first visit, the chiropractor will seek an in depth understanding of your chief complaint. After taking a detailed history, a physical exam will assess range of motion by identifying any limitations to joint movement. Orthopedic tests may be done to verify and confirm musculoskeletal and neurological issues. Palpation skills are used to identify tenderness, muscle spasms, or any joint fixations. If the chiropractor determines that you can benefit from the stretching and manipulation of the restricted area of the spine, informed consent would be obtained from the patient to proceed with treatment.

## IS THERE ANYTHING TO FEAR?

Many patients say they are afraid of chiropractic treatment because a cracking noise occurs when the joints are manipulated.



Dr. John Rubino with a patient

That popping sound indicates pressure being released by gaseous fluid in the synovial joints of the spine when it's manipulated; it does **not** mean a bone has been cracked.

## HOW SHOULD I PREPARE FOR A CHIROPRACTIC VISIT?

There is no special preparation for a visit though you may not want to go on a full stomach.

## HOW MANY VISITS ARE NEEDED?

Regular spinal adjustment can help keep your body well aligned and reduce diseases that originate in the spine. However, each practitioner will guide his/her patients to the appropriate number of treatments.

## ARE THERE SIDE EFFECTS TO CHIROPRACTIC CARE?

Chiropractic spinal adjustments are safe if done by a licensed and experienced pro-

fessional chiropractor. In rare cases, there can be pain at the site of adjustment or pain in another area, as well as the possibility of a headache or nausea.

## HOW WILL YOU FEEL AFTER A SESSION?

You may have immediate relief and even feel like you can move your joints more easily than before treatment. This may not occur right away but with regular chiropractic adjustments, you should have an improved feeling of well-being and the ability to move your spine more easily.

Pursuing a multi-pronged approach to your care including chiropractic, physical therapy and acupuncture will help your overall musculoskeletal problems and pain.

## DO I NEED A PRESCRIPTION FOR CHIROPRACTIC CARE LIKE PT?

Unlike physical therapy, a prescription for chiropractic care is usually not necessary though some insurances may require prior authorization for visits.

## DOES INSURANCE COVER CHIROPRACTIC CARE?

Yes, most insurances including Medicare do cover chiropractic care. Each insurance carrier offers a different number of annual visits, based on medical necessity. Sometimes, additional care can be obtained if you are benefitting from treatment.

■ ■ ■

*Dr. John Rubino is a licensed Chiropractor, practicing at Millennium Medical Physical Therapy and Rehab, a comprehensive rehabilitation facility located at 1075 Central Park Ave. in Scarsdale; 914-472-2700; www.mmrcclinic.com*





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# Backyard Kitsch

BY KIM KOVACH

*It's fun to add whimsical accent pieces to a garden, deck, patio or terrace. From colorful garden gnomes to pink flamingos, quirkiness on display brings a sense of humor to outdoor spaces.*

## RISE OF THE PINK FLAMINGO

The definition of the word “kitsch” refers to something that has “broad popular appeal with little aesthetic merit.” Pink plastic flamingos come to mind when we think of backyard kitsch.

The original pink flamingo was designed in 1957 by Don Featherstone while working for a plastics company in Massachusetts. The bright pink polyethylene injection-molded lawn ornament caught on as a fun way to add a splash of color to small yards in bland newly-constructed housing developments and trailer parks.

## HISTORY OF THE GARDEN GNOME

Garden gnomes are considered symbols of good luck and protection. First produced in 19th century Germany by sculptor Philip Griebel, the garden dwarfs or *Gartenzwerg* were made of clay. Statues of these strange little men with red pointed hats, round bellies and white beards were used in gardens to protect against evil spirits, animals and pests.

The popularity of garden gnomes expanded after travelers to Germany brought the little clay creatures home to their gardens in France and England in the 1840s. Playful versions of garden gnomes were welcomed into American yards following the release of the ani-



imated 1937 Disney movie *Snow White and the Seven Dwarfs*. Garden gnomes are now produced in brighter, longer lasting colors made of plastic or resin, some even dressed in jeans and sunglasses!

## PERSONALITY IN THE GARDEN

Virginia Bulzacchelli, an avid gardener at her Pound Ridge home for the past 43 years, enjoys creating outdoor “garden rooms.” Two decorative sheep “graze” in a patch of pachysandra under a red maple tree. A sweet statue of a young girl with a birdbath shell at her feet stands among the pink roses in the rose garden. Virginia even acquired a garden gnome a few years ago. “When I see something I like, I add it to the garden,” she laughs. The gnome is sitting on a rock in a semi-

circle of boxwood and hellebore.

It's easy to add a personal vibe to any small yard or garden space. Terra-cotta rabbits and frogs can peek out from under an azalea or rhododendron bush. Solar powered lawn ornaments shaped like butterflies provide illumination among the flowers. Decorative flags and garden signs (chipmunk crossing!) add playfulness to outdoor spaces.

Fairy homes bring a touch of magic to any garden. Encourage grandchildren to craft a fairy house out of twigs and bark at the base of a tree. Set up a ceramic toad house in a shady part of the yard. Sea shells and painted rocks make interesting borders around flower beds.

One summer, my dad arrived for a weekend visit with an old birdcage. I placed small herb pots inside the cage and set the “kitschy” plant stand on the back deck. The next summer, I positioned two wrought iron chairs at a “conversational angle” in the vegetable garden for fun.

The following summer, I noticed evidence of deer jumping over the garden fence and stepping on my almost-ripe cantaloupes. I put up a hastily-crafted homemade scarecrow dressed in a pink Club Med T-shirt with a paper plate head and yarn hair flying in the breeze. The deer got a good laugh!

■ ■ ■



*Kim Kovach enjoys a whimsical garden! Kim teaches fiction writing and personal story writing for adults via Zoom. [www.kimkovachwrites.com](http://www.kimkovachwrites.com)*





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# Pickleball

## The Sport of Choice for Baby Boomers

BY ROSEMARY BLACK

*John and Linda Zeiss didn't know what pickleball was when they moved to Heritage Hills in Somers in August of 2020. "It sounded like something only elderly people played if they needed an activity to keep busy," John recalls. Nearly two years later, the couple plays pickleball as often as five days a week.*

John, 66, a retired nursing home administrator, does it, in part, to get some exercise. "It's not necessarily cardio but you're moving when you play, and it's fun," he says. "We've made a lot of friends. When Linda and I play, we laugh, we support each other." He says he's happy that he and Linda, 61, have found a sport they both like to play. "It's really great when you find an activity that you can do together," he says.

Pickleball, a racquet sport that is played on a badminton-sized court with a plastic ball (similar to a whiffle ball) and wooden or composite paddles, is easy to learn. It can be played outdoors or inside, and once players are experienced, it can segue into a competitive and fast-paced game, says USA Pickleball's Director of Media Relations Laura Gainor. And, it's exploding in popularity.

"We are now at 4.8 million players across the country," Gainor marvels. "That's a growth of more than 39% in just the last two years."

Baby boomers and seniors make up a good percentage of the number of players, she says. Pickleball is accessible, helps you bond with others in your community, and has multi-generational appeal, Gainor comments.

The game can be played as singles or doubles, and it's possible for a newbie to learn the basic rules in just a single session. You don't need any special clothing and you can wear whatever feels comfortable. Moreover, the pickleball equip-

ment is inexpensive and easy to carry around. A paddle may set you back about \$40 and the balls are a few dollars.

At Heritage Hills, Denise Elliott is in charge of pickleball. She started playing

about two years ago, traveling around with friends to play. Homeowners at Heritage Hills were interested in getting a court set up on their premises; ultimately, this was approved.

"Now, 12 people can play at a time when we play indoors in the gym," Denise says. "It's more fun to play outside, though, and now that the weather is nice, more people are doing so."

While injuries are possible, as with most sports, they are less likely if you are careful. "I recommend that people go in and watch first," Denise advises.

Paul Senderoff, 76, had never played tennis or racquetball. Retired for almost 20 years, he owned an appliance store in the Bronx. He says Barbara, his wife of 53 years, is not athletic and doesn't like to do anything much outside. "But we play pickleball together and I enjoy it because I'm happy she is out there playing," Paul says, noting that she likes the camaraderie of the game. With regard to his own interest in the sport, Paul notes, "It is good cardio for me and gives me a sport to play. And I've met a lot of people who are very friendly."

Paul plays about three times a week, even when he's vacationing in Florida. "I enjoy winning, but really, I just enjoy playing," he says.

The sport is governed by the USA Pickleball Association (USAPickleball.org), which maintains the rules, promotes the sport, and provides player ratings. To find a local "ambassador" who can help find you games, check out their website.

■ ■ ■



*Rosemary Black, a mom of seven and a resident of Pleasantville, writes frequently on health, nutrition, parenting and food. She is author of six cookbooks including The Marley Coffee Cookbook.*

Mel Siegel, owner of Sportech in Rye Brook, has witnessed "an explosion" in pickleball over the last few years. He credits the growth to a number of factors. First, the game is very accessible. "It's much easier to learn than tennis or golf. Within an hour, you can feel competent." Even if you're a bit out of shape, it's easy to play at a beginner or intermediate level.

Mel also notes, "It's a very social game." People play in close proximity to each other, making it easier than other sports to socialize. Finally, pickleball is not an expensive sport. Tennis sneakers, a paddle and a ball are all you need to get going. Mel points out, "You won't be spending hundreds of dollars like in other sports." A pickleball racquet can be had for as little as \$40.

Local venues are getting in on the game. The Westchester JCC, for example, recently started an indoor pickleball program. The cost for non-members is \$20 for three hours of play. Municipal recreation departments, including those in White Plains and Rye Brook, have recognized pickleball as a new and permanent part of their programming.

And if you don't belong to a country club or other organization with pickleball courts, Mel encourages you to set up your own court in your driveway. Some chalk lines and a net, which can be set up and taken down quickly, will do the trick.

The tennis magazines have moved from limited handling of the sport to more regular coverage. What's more, says Mel, tennis pros are getting certified to teach pickleball—a true sign the tide has turned with this sport.







# Riding Far and Free on E-Bikes

BY DONNA MORIARTY

*E-bikes are taking off. Generically known as an electric bicycle with pedal assist, an e-bike powers up a traditional bicycle with an electric motor and battery, providing the rider with varying levels of assistance. Hills are a breeze. Long distances are no longer an impediment. And the battery recharges simply by plugging it in.*

Enthusiasts tout the superiority of e-bikes over traditional bicycles for the moderate cardio and the freedom to ride further without fatigue. Best of all, say e-bike owners, they're a lot of fun.

For years, Debbie Reichig and her husband David Weinman, both in their 60s, have enjoyed bike riding together. Living in hilly Irvington, the pair always needed to plan their outings with an eye to more hospitable terrain. "We couldn't just hop on the bikes and go. We'd have to load them on the car, drive to a bike path and find parking. Then we'd have to conserve our energy for the return trip," Reichig explains.

Their e-bikes changed all that. After a test spin at Bicycle World in Mount Kisco, the couple purchased a pair of recreational "cruiser" models with five levels of power assistance. They pimped out their rides with rear-view mirrors, saddle bags, and colorful bells. "We went for name-brand quality and reliability," Reichig says. "We didn't want the motor breaking down or the battery catching fire," hazards that rarely, if ever, happen when purchasing from a reputable dealer.

Sleek E-Bikes in Tarrytown stocks e-bikes for sale, service and rental. "In our first year, the average customer was about 70," says owner Edward Busk. "That age has been declining ever since." Many customers are avid cyclists who want the power boost to help them keep up with younger family members or friends and are comfortable paying be-

tween \$1,500 and \$7,500.

Busk speaks rhapsodically about the e-bike experience, calling it "a Zen-like high." The assistive motor "silently enhances your stamina," he says, while the comfortable upright position encourages enjoyment of the surroundings. It all adds up to a pleasurable ride and a mild workout that leaves you feeling "like you're 20 years younger and super-fit."

Electric bikes are divided into three classes. Both Class 1 bikes, which require pedaling to engage the motor, and Class 2, which have a throttle for boost without pedaling, max out at 20 mph. They are permitted anywhere a traditional bicycle can go. Class 3 models, which can travel at faster speeds, are more regulated. The rider increases the power boost by tapping a data screen mounted on the handlebars.

Some models sport complex data screens and USB ports for charging your phone

or using various apps, like *Track My Ride* or your phone's GPS. "We just clamp our phones to the handlebars," Reichig says.

The appetite for e-bikes has led to a plethora of direct-to-consumer sellers who will happily take your online order and ship your e-bike with assembly instructions. Several of Busk's customers have come to him after their bargain e-bikes fell apart. "Buy nice or buy it twice," he advises.

Bicycle World Co-Owner Ilene Marcos cautions, "People come in asking us to assemble their e-bike that's been delivered in pieces," she says, although in some cases that may void the warranty. Likewise, Marcos is leery of any battery that isn't manufactured by one of the top three: Bosch, Shimano and Hyena. Finally, if something goes wrong with your online purchase, you'll be sent to a local shop for repair or asked to ship it back to the manufacturer.

A few direct-to-consumer companies have figured out how to reduce the risk of buying an e-bike sight unseen. The Better Business Bureau-rated company Evelo offers U.S.-based support for sizing, assembly and troubleshooting, as well as a 21-day risk-free trial period with free returns.

If you decide to buy, don't delay. Supply chain issues and increased demand have pushed deliveries from weeks to months. Leaving a deposit will secure your dream e-bike more reliably than putting your name on a waiting list.

■ ■ ■



*Donna Moriarty is a lifelong writer, editor and author who writes about education, wellness, and personal development. She and her husband are Ossining residents, with three grown children and two elderly dachshunds. Learn (and read) more at [www.silversmithwriting.com](http://www.silversmithwriting.com)*

## E-Bike Purchase Considerations

**WEIGHT.** Most e-bikes weigh anywhere from 40 to 80 pounds, so you if you need a bike rack, choose a model that uses hydraulics or a ramp to lift the bike on to your car. Rule of thumb: choose a bike no more than half your body weight. If you run out the charge and have to pedal home, you'll never forget to charge it again.

**REGULATIONS.** In Westchester, only Class 1 bikes (pedal-assisted, no throttle) are allowed on bike paths and roads. Riders must be at least 16 years old; helmets are recommended but not required.

**SPEED.** By state law, Class 1 e-bikes are not allowed to exceed 20 mph, and most models cut off the motor at that speed.

# Trust Your Gut

A Holistic Approach to a Healthy Digestive System

BY DONNA MORIARTY



Dr. Heather L. Klavan of Northwell Health Physician Partners

## ***If you're suffering from digestive issues, maybe it's time to relax.***

What is commonly labeled a “holistic” or “whole patient” method of treating problems with initials like IBS, IBD or GERD is gradually becoming more mainstream. And for many people, an integrated approach that incorporates both medical and lifestyle solutions can lead to greater wellness and fewer problems with the gut.

Heather L. Klavan, MD, is a board-certified gastroenterologist at Northwell Health Physician Partners, and practices out of their White Plains office. Aside from regular screenings for colon cancer (recommended for anyone age 45 or older), most of her patients arrive in her waiting room with one of three major complaints: functional bowel disorders with symptoms that may suggest irritable bowel syndrome (IBS), presenting with constipation, diarrhea, bloating or abdominal pain; persistent heartburn that may have advanced to gastroesophageal reflux disease (GERD); or symptoms that may indicate inflammatory bowel disease (IBD), such as Crohn's disease or ulcerative colitis.

Gastrointestinal complaints have become all too common in adults. A 2017 study published in the *Journal of Clinical Medicine* found that functional gastrointestinal disorders (FGIDs)—defined as persistent and recurring GI symptoms not caused by tumors, masses or biochemical abnormalities, account for at least 40 percent of referrals to gastroenterologists. Klavan says there's little evidence that GI problems go hand in hand with aging—something to be tolerated. “If an older person suddenly displays symptoms of IBS for the first time, it could be cause for concern,” she says. “Don't blame it on age.”

To arrive at a diagnosis, Klavan relies on

blood work, stool testing, imaging tests, and procedures such as endoscopy or colonoscopy. Once she's pinpointed the pathology, treatment follows a three-pronged approach that incorporates medication, diet and lifestyle. She screens her patients for life stressors that may be causing anxiety or depression, and the interplay among them that can cause or exacerbate symptoms in the gut. Klavan sometimes prescribes low dose antidepressants to treat certain cases of IBS and functional bowel disorders. “There's definitely a mind-body connection at work,” she says. Not that such disorders are psychosomatic. “If you're having diarrhea 25 times a day, it's not ‘all in your head.’ You're not making it up.”

Asked to identify the single most important action a person can take to prevent or alleviate GI issues, Klavan answers without hesitation: “Improve your diet.” She ticks off strategies that will surprise no one: reducing fats, sugars and processed foods; eating less red meat and more plant-based proteins; and consuming plenty of fresh fruits, vegetables and whole grains. Before patients leave her office, Klavan often refers them to a registered dietitian to help navigate the recommended diet, address specific challenges, and adapt it to their lifestyle.

Jennifer Fox, RD, CDN, CDCES, a senior registered dietitian at Northwell Health Physician Partners, with offices in Sleepy Hollow and Katonah, frequently counsels patients referred by Klavan and other medical practices. “They'll arrive at my office holding a paper handout from their doctor, not knowing how or where to begin,” she says. “They may have tried a thing or two but many feel overwhelmed.”

Fox takes her time with each patient,

reviewing their diagnosis, medical history and lifestyle. First, she asks them to keep a diary of everything they've eaten for the past several days. With that, she can pinpoint areas for improvement and walk them through recommended steps. With those who balk—who wants to give up their favorite comfort foods?—she explains cause and effect between their diet and their current condition. She has seen remarkable improvements, such as the alleviation of constant diarrhea in one patient, and the reversal of unintentional weight loss in another.

Fox typically devotes several visits to each patient, sometimes working with them for up to a year or more. She helps them ease into healthier habits by introducing new products and meal ideas that help motivate commitment. “I try to find the least restrictive, most effective diet for each individual patient,” she says. “It has to be something they can sustain for the long-term.”

Both practitioners approach the role of stress in their patients' lives in similar ways. Klavan recommends wellness practices and other integrative approaches that can benefit many functional GI disorders—from meditation to breathwork to mental health counseling. Fox encourages patients to re-examine any excessive demands being made on them: be it family, volunteering, work or other pressures that might be compromising their health.

“Once a patient commits to change, they start feeling so much better, both mentally and physically. They want to continue,” Fox says. “I have a lot of patients tell me they wish they'd come to see me years ago.”

■ ■ ■



# Simple Tips To Prevent Falls at Home

BY JIM MILLER

*Falls are a big concern for many elderly seniors and their families. Each year, more than one in four older Americans fall, making it the leading cause of both fatal and nonfatal injuries for those age 65 and older. But many falls can be prevented. Depending on what's causing the fall, here are some things to consider.*

## **YOUR EXERCISE ROUTINE**

Weak leg muscles and poor balance are two of the biggest risk factors that cause older adults to fall. Walking, strength training and tai chi are all good for improving balance and strength, as are a number of balance exercises, like standing on one foot for 30 seconds then switching to the other foot, and walking heel-to-toe across the room.

(For additional balance and leg strengthening exercises, see the National Institute on Aging's Exercise and Physical Activity website at [NIA.NIH.gov/health/exercise-physical-activity](https://www.nia.nih.gov/health/exercise-physical-activity).)

## **YOUR MEDICATIONS**

Be aware of any medications or combination of medicines that cause you to become dizzy, sleepy or lightheaded. If any do, contact your doctor or pharmacist for a drug review and adjustment.

## **YOUR VISION**

Poor vision can be another contributor



Practicing tai chi for better balance

to falls, so get your eyes checked every year and replace your eyeglasses as needed. Also, be aware that bifocals or progressive lenses can be a hazard, especially when walking outside or going down steps. These lenses can affect depth perception, so consider getting a pair of glasses with only your distance prescription for outdoor activities.

## **HOME MODIFICATIONS**

There are a number of simple household modifications you can do to make your living area safer. Start by arranging or moving the furniture to create clear pathways. Pick up items on the floor that may cause tripping, like newspapers, shoes, clothing, and electrical or phone cords.

If you have throw rugs, remove them or use double-sided tape to secure them.

In the bathroom, place non-skid rugs on the floor and a rubber suction-grip mat or adhesive non-skid tape for the floor of the tub or shower. Also, install grab bars in and around the tub/shower for support.

Make sure the lighting throughout your home is good; purchase some plug-in nightlights for the bathrooms and hallways.

If you have stairs, put hand rails on both sides.

(For more tips, see the NIA Fall-Proofing Your Home web

page at [NIA.NIH.gov/health/fall-proofing-your-home](https://www.nia.nih.gov/health/fall-proofing-your-home).)

## **YOUR FOOTWEAR**

Going barefoot or wearing slippers or socks at home can also cause falls, as can wearing backless shoes, high heels, and shoes with smooth leather soles. The safest option is rubber-sole, low-heel shoes.

## **OTHER HELPFUL AIDS**

For extra peace of mind, get a wearable medical alert device that comes with an emergency button so if that fall does happen, you can get the needed assistance.

■ ■ ■



Jim Miller is a contributor to the NBC Today show and author of *The Savvy Senior* book.

# Westchester's Bee-Line Bus System

## *Bee prepared for driving retirement!*



**What offers safe, reliable and economical transportation in and around Westchester, and is a fully accessible bus service with senior reduced fares and free transfers?**

If you said the Westchester Bee-Line System, you're correct! With over 3,300 bus stops and close to 60 routes, the Bee-Line bus offers passengers the freedom and independence to explore and enjoy many destinations in and around Westchester County. Yet, many older adults are not familiar with how to ride the Bee-Line and overlook the bus as a viable transportation option.

So, here are some helpful facts you should know about the Bee-Line System:

### **FULLY ACCESSIBLE SERVICE:**

Why take a bigger step than you need to? The Bee-Line System offers fully accessible bus service, making it easier for you to board and exit the bus. Every Bee-Line bus can "kneel," which means that the entrance can be lowered to shorten the distance you have to step to board the bus. Each bus is also equipped with a wheelchair lift or ramp. The driver will be happy to kneel the bus for you and make

it much easier to step on board. If you cannot use stairs, the Bee-Line bus driver can easily deploy a ramp or lift to help you on board. You must ask the driver to use the lift or ramp. If you're standing, using a wheelchair or in a scooter, the driver will tell you how to use the lift, based on your needs. For your safety, always remember to hold the handrails.

### **PAYING YOUR FARE:**

If you are at least 65 years old, you pay a reduced fare of \$1.35 per ride. For easier travel, apply for a Reduced Fare MetroCard that is personalized with your name and photograph. To apply for a Reduced Fare MetroCard visit the MetroCard van when it's in Westchester, the third week of every month. All you need to do is fill out an application and show a photo ID with your date of birth. Call the Westchester SMART commute program at 914-995-4444 for additional information or to confirm fares and the MetroCard van schedule.

### **USING YOUR REDUCED FARE METROCARD:**

There are three ways you can use your Reduced Fare MetroCard:

1. Show it to your bus driver as your ID

2. Add money to your Reduced Fare MetroCard and use it as a debit card.
3. Sign up for the EasyPay automatic refill payment option using your debit or credit card.

Please have your Reduced Fare MetroCard out and ready before you board the bus.

### **USING COINS TO PAY YOUR FARE:**

Dollar bills and pennies cannot be used in the fare box. If using coins, please have exact change ready when boarding the bus, as bus drivers are unable to make change.

### **FREE TRANSFERS:**

Your bus fare includes one free transfer to other Bee-Line buses and to MTA subways and local buses in the Bronx. If paying with coins, ask the driver for your transfer ticket as you board. Paper transfers can only be used for bus to bus transfers. If you are using a MetroCard, your transfer will register electronically when you dip your card into the fare box.



### **GETTING INFORMATION:**

For individuals who enjoy using a computer, you can visit the Bee-Line online at [www.westchestergov.com/beelinebus](http://www.westchestergov.com/beelinebus) to access bus schedules, maps and general bus information. To get real-time Bee-Line information, visit GOOGLE MAPS online. If a phone call is more your style, a dedicated, live Information agent is a phone call away, at 914-813-7777, Monday through Friday from 8 a.m. to 4 p.m. An automated phone system is also available 24 hours per day.



# The Connection Between Covid and Shingles

BY JIM MILLER

*If you haven't already gotten the shingles vaccine, you may want to reconsider. We now know that getting COVID-19 can increase your chances of developing shingles. And the more severe case of COVID you get, the greater your risk for shingles.*

The reason for this is because when you contract COVID-19, your immune system becomes compromised fighting off the virus which gives shingles—a virus that already exists in your body if you've had chickenpox—a chance to reactivate.

## WHAT ARE SHINGLES?

Shingles, also known as herpes zoster, is a burning, blistering skin rash that affects

around one million Americans each year. The same virus that causes chickenpox causes shingles. The chickenpox virus that most people get as kids never actually leaves the body. It hides in the nerve cells near the spinal cord and, for some people, emerges later in the form of shingles.

In the U.S., about one out of every three people will develop shingles during their lifetime. While anyone who's had chickenpox can get shingles, it most commonly occurs in people over age 50, along with those who have weakened immune systems. Unlike chickenpox, you cannot catch shingles from someone else.

Early signs of the disease include pain, itching or tingling before a blistering rash appears

several days later. The rash, which can last up to four weeks, typically occurs on one side of the body, often as a band of blisters that extends from the middle of your back around to the breastbone. It can also appear above an eye or on the side of the face or neck.

In addition to the rash, about 20 to 25 percent of those who get shingles go on to develop severe nerve pain (postherpetic neuralgia or PHN) that can last for months or even years. And in rare cases, shingles can also cause strokes, encephalitis, spinal cord damage and vision loss.

## THE SHINGLES VACCINE

The vaccine for shingles called Shingrix (see [Shingrix.com](http://Shingrix.com)) provides much better protection than the old shingles vaccine Zostavax.

Manufactured by GlaxoSmithKline, Shingrix is 97 percent effective in preventing shingles in people 50 to 69 years old, and 91 percent effective in those 70 and older. Shingrix also does a terrific job of preventing nerve pain that continues after a shingles rash has cleared: about 90 percent effective.

Because of this protection, the CDC recommends that everyone age 50 and older, receive the Shingrix vaccine, which is given in two doses, separated by two to six months.

Even if you've already had shingles, you still need these vaccinations because re-occurring cases are possible. The CDC also recommends that anyone previously vaccinated with Zostavax be revaccinated with Shingrix. Shingrix can cause some adverse side effects for some people, including muscle pain, fatigue, headache, fever and upset stomach.

Shingrix, which averages around \$205 for both doses, is covered by most private health insurance plans including Medicare Part D prescription drug plans, but there may be a cost to you depending on your plan. Contact your insurer to find out.





# Long-Term Planning: A Difficult Conversation

BY COLIN SANDLER

*Discussing long-term care needs with a loved one can be difficult; unfortunately, many people wait until there's a crisis.*

Ideally, we have this conversation while our parents or loved ones are still healthy: to discuss their vision of the future if they come to need some sort of care.

## TOPICS TO TACKLE:

### 1) WHERE DO THEY WANT TO AGE?

While it's not always realistic (i.e., a home with many levels), most people want to age in place. Can their current home be adapted and can they afford that? Would they be willing to scale down to a smaller space, go to an assisted living, or even discuss the possibility of a nursing home?

### 2) WHAT IS AFFORDABLE?

Find out if they have long-term care insurance. Just as important is to know the benefits and possible limitations. What assets do they have and where are they held? This needs to be reviewed in depth and include checking and savings; stocks, bonds, and investments; retirement accounts; and life insurance policies. At least one family member should know the details of where all assets are held.

### 3) POWER OF ATTORNEY.

A POA is crucial; it allows you to appoint someone to make financial decisions for you if you do not have capacity. You cannot appoint a POA after you

have lost capacity to make decisions. People are often resistant to the idea of a POA, viewing it as relinquishing control. I view it as taking control and making sure the most trusted person will be able to make tough decisions for you if you no longer can do so yourself. If you become incapacitated and don't have a POA, your family must go to court to get a guardian appointed. This can be costly, with **no** guarantee the appointed guardian will be a family member. The person appointed can make decisions impacting your future but it may not be the person you had in mind.

### 4) HEALTH CARE PROXY.

This allows another person to make health care decisions if you are no longer able to. It is a tough conversation but important to know what heroic measures (such as resuscitation or feeding tubes) your loved one wants or does not want.

### 5) PLANNING FOR THE PROTECTION OF ASSETS.

The benefit of having this conversation early is that it allows you to implement some financial strategies which could protect your assets in the long term.

The importance of early planning is now compounded by the changes coming in New York to the Community Medicaid rules. Currently, there is no penalty for transferring assets to qualify for Medicaid if you are seeking long term care at home. This is

slated to change as of October 1, 2022. This change has been postponed many times since first announced in April of 2020. When the change is implemented, all financial statements from the date of application back to October of 2020 (after April 2023, it will be 30 months) will be reviewed, making Medicaid eligibility much more difficult and the application process much more arduous.

Sometimes the conversation is easier and better received when a neutral party participates. We

call this type of meeting a **pre-emptive consultation**. We sit down with the family and the aging loved one to discuss all the options for long-term care, medically as well as options for protecting assets. This enables them to make arrangements while they can.

■ ■ ■

*Colin Sandler, LCSW, CCM, is the owner of Medicaid Solutions and has been providing advice on aging to seniors and their families for over 20 years. Call 914-924-2566 or email Colin@MedicaidSolutions.com; 2127 Crompond Rd, Cortlandt Manor, NY.*

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# 5 COOKING SWAPS To Help Manage Cholesterol

When cooking, keep in mind small changes can make a big impact on your heart health.

High cholesterol is one of the major controllable risk factors for heart disease and stroke, with about 38 percent of American adults diagnosed with high cholesterol, according to the American Heart Association. It can be managed by getting levels regularly tested and making lifestyle changes like eating a heart-healthy diet:

## 1. REDUCE SATURATED FAT.

Select lean cuts of meat or opt for plant protein, limit processed meats, broil or bake rather than pan-fry meats and remove skin from poultry before cooking.

## 2. EAT MORE FISH.

Fish can be fatty or lean, but it's still low in saturated fat. Choose oily fish like salmon or trout, which are high in omega-3 fatty acids.

## 3. USE LIQUID OILS IN PLACE OF SOLID FATS.

For roasting and sautéing, use non-tropical liquid vegetable oils like canola, safflower, soybean or olive instead of butter, lard or shortening.

## 4. LOWER DAIRY FATS.

Use low-fat, fat-free or non-dairy milk in lieu of whole milk or half-and-half.

## 5. INCREASE FIBER AND WHOLE GRAINS.

Add high-fiber vegetables to meals, serve fruit instead of juice, and try brown rice instead of white.



flattened to 1/4-inch thickness, patted dry with paper towels  
Nonstick cooking spray

### DIRECTIONS:

Preheat air fryer to 390°F.

In a shallow dish or pie pan, whisk flour, parsley, oregano, pepper and cayenne together.

In a separate shallow dish or pie pan, whisk together buttermilk and hot sauce.

In a third shallow dish or pie pan, mix panko

and Parmesan together.

Place dishes and large plate in a row. Dip chicken in flour mixture then buttermilk mixture then panko mixture, turning to coat at each step and gently shaking off excess. Using fingertips, gently press panko mixture so it adheres. Place chicken on plate. Cover and refrigerate 30 minutes.

Lightly spray chicken with nonstick cooking spray. Arrange chicken in single layer in air fryer basket, working in batches if needed. Cook 10 to 15 minutes, or until chicken is no longer pink in center and coating is golden brown, turning once halfway through and lightly spraying with nonstick cooking spray.

(Sponsored by the American Heart Association)

Try the following (Un)Fried Chicken recipe and taste how these simple tips can help you eat healthfully without sacrificing taste:

## AIR FRYER CRISPY (UN)FRIED CHICKEN

*(Courtesy of the American Heart Association)*

Servings: 4

### INGREDIENTS:

1/2 cup all-purpose flour  
2 Tbsp minced fresh parsley  
1/2 tspn ground oregano  
1/4 tspn pepper  
1/4 tspn cayenne pepper (optional)  
1/2-1 cup low-fat buttermilk  
1/2 Tbsp hot pepper sauce (optional)  
1/3 cup whole-wheat panko breadcrumbs  
1/3 cup grated Parmesan cheese  
4 boneless, skinless chicken breasts (about 4 ounces each), visible fat discarded,

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