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Welcome to Breathe

his 7th edition of Breathe Magazine has something for everyone. On the following pages readers will find helpful and interesting facts about diseases of the lungs. There are updates on various programs such as our Sleep Disorder Network including the financial benefits you obtain from using our sleep lab or outpatient sleep testing. Last issue we introduced the Chronic Care Management Program and after a few starts and stops we have finally gotten the formula correct so that eligible patients obtain their services with minimal or no cost.

The Lung Disease Foundation continues to grow. We had a very successful Health-O-Rama health walk

this year. Proceeds from this event will be used to help patients with COPD get some ancillary services to help with symptoms associated with their disease. The Foundation has also accepted another grant from the American Lung Association to continue our smoking cessation programs for Blair and Bedford counties. This is an important and free service that we offer to the smokers of these two counties. We are enthusiastic and ready to begin another season.

The lead article in this issue of Breathe magazine is about a disease called Sarcoidosis. This disease with a funny name is a common one we see every year and since most patients have



never heard of it we decided to feature it this year.

Take some time to notice the sponsors and supporters of our magazine. They are as interested as we are in your pulmonary health. Be sure to visit our website often at thelungspecialists. com for updates, news and special events, and follow us on Facebook and Google+. *

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leep disorders are now one of the most common afflictions of the 21st century. Over 2.5 million people in the US have problems with their sleep. The first interesting description of what we now know as sleep apnea was described by Charles Dickens in his Pickwick Paper published around 1836. In one of his installments he describes a boy named Joe who falls asleep at unusual times. The boy is obese and fits the description often looked for in patients when a sleep apnea diagnosis is being considered.

Problems with sleep apnea and other sleep disorders originally were thought

to be medical curiosities. Testing was difficult and the exact parameters to measure needed to be defined. Today, sleep laboratories are found in most medical centers and in private offices. The testing parameters have been well defined and a diagnosis of sleep apnea can be made with accuracy. Keep in mind that there are other disorders of sleep which

may be found. Modern in-house sleep laboratories are generally equipped to look for other sleep problems besides obstructive sleep apnea.

The large number of patients with potential sleep disorders means that testing for these conditions has become a common and frequent occurrence. Because of the many patients

The large number of patients with potential sleep disorders means that testing for these conditions has become a common and frequent occurrence.

needing testing and the expense incurred, insurance companies are now asking patients to have less expensive testing at home. Currently, the home testing devices have reasonable accuracy in defining obstructive sleep apnea, but other disorders may be missed.

Home sleep testing measures the oxygen level of the patient during

> the night, which can drop when obstructive sleep

> > apnea is present. The breathing pattern is also measured to see if the patient stops breathing at night. What makes in-house sleep testing superior and, indeed. the "gold standard", is the fact that brain waves are measured to define the level of sleep. Occasionally, nighttime

seizures are noted.

along with other neurologic problems. These parameters are not tested in the home sleep studies.

Equally as important in sleep testing is the interpretation of the test. Some sleep equipment provides a computerized interpretation, which is often used in geographic areas where physicians trained in sleep are not available. Obviously, these computerized readings are subject to error and are often an approximation, at best. A

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sleep test, whether a home study or an in-house study, interpreted by a physician trained in sleep disorders, is as important as any testing. The Sleep Disorder Network and its sleep laboratory provides Board Certified sleep physicians that evaluate the patient before and after sleep testing and offer the current options available for treating the specific disorder diagnosed.

The setting for a sleep study, home or laboratory, is most commonly defined by the patient's insurance. The Sleep Disorder Network provides both home and in-house testing. A sleep study at the Sleep Disorder Network is less expensive than one performed at a hospital or similar institution since the Network does not charge a facility fee. This extra fee required by other institutions for testing, and often for physician services, affects the patient's co-pay and adds additional out-of-pocket expense to the procedure. High quality service, top physician expertise, and lower cost, define the care provided at the Sleep Disorder Network in the Lung Disease Center of Central Pa.

To schedule an appointment and enjoy the benefits of talking with one of the Sleep Disorder **Network's Board Certified** sleep specialists, please call 814-946-2845.





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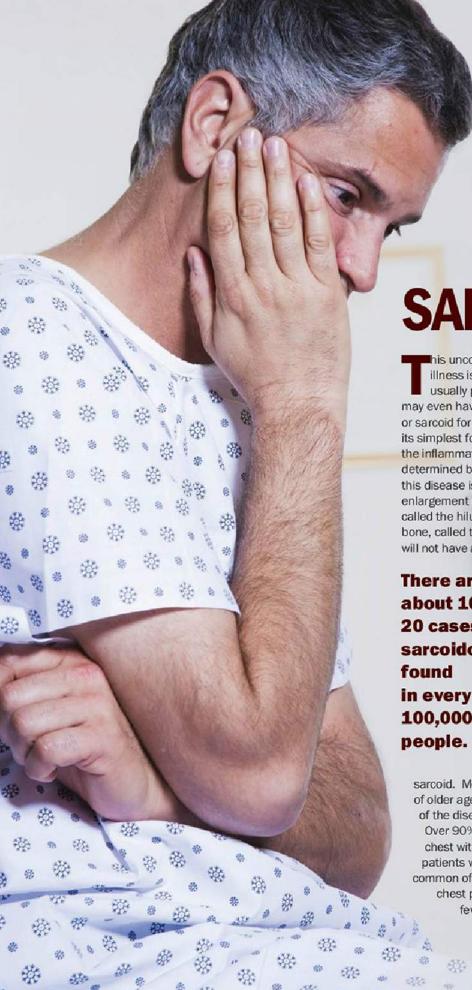






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SARCOIDOSIS

his uncommon name for a reasonably common illness is not a household word or concept. Patients usually present with an abnormal chest x-ray and may even have been told they have a cancer. Sarcoidosis, or sarcoid for short, is a disease found worldwide and in its simplest form is a disease of inflammation. However, the inflammation is rather specific and can only be determined by biopsy. The most common presentation of this disease is an x-ray or CT scan of the chest which shows enlargement of the lymph nodes at the root of the lungs, called the hilum, and in the area just beneath the breast bone, called the mediastinum. Most of the time patients will not have any symptoms but present primarily with a

There are about 10-20 cases of sarcoidosis 100,000

great deal of anxiety over their x-ray findings.

There are about 10-20 cases of sarcoidosis found in every 100,000 people. African Americans have a 3 to 4 times greater risk of having this disease than Caucasians. There also seems to be some evidence that the sarcoid may run in some families, suggesting a genetic link to the disease. There also appears to be a sex and age difference in the incidence of

sarcoid. More often the disease can be found in women of older age groups. Men have a slightly lower incidence of the disease and are younger at the time of diagnosis. Over 90% of the time there is involvement of the chest with lymph node swelling and about half of the patients will have pulmonary symptoms, the most common of which are cough, shortness of breath and chest pain. Patients may also complain of fatigue, fever and loss of appetite.

We have known about sarcoid for over one hundred years. The exact cause,

however, remains unknown. It is clear that some type of inflammation is involved. Biopsy of sarcoid lymph nodes demonstrates a type of inflammation known as non-caseating granulomas. This type of finding is microscopic and requires tissue samples for analysis. Unfortunately, these types of granulomas may be seen in several other diseases and, although consistent with sarcoid, are not specific for this disease. Sarcoid may affect any organ of the body and, although chest and lung involvement are the most common presentations, 30% of the cases have evidence of the disease in other organs or tissues outside the chest.

The diagnosis of sarcoidosis begins with a careful history including information on occupational and environmental exposures. A physical exam is usually followed by laboratory studies looking for evidence of tissue injury and any other possible reasons

for the clinical findings. Sarcoid can affect liver function, and blood tests looking for good liver function are needed. Tests for TB, as well as HIV contact, are important. Other special tests may also be needed. Sarcoid can involve the heart most commonly by interrupting the electrical transmission within the heart muscle. An electrocardiogram is needed to check for this disturbance in conduction. An echocardiogram is occasionally needed as well. Sarcoid can damage lung tissue and pulmonary function studies should be done looking for abnormalities of function. These studies should also be followed periodically during the treatment period. One of the important examinations needed early on is an ophthalmologic examination. Sarcoid can involve the eye and cause blindness, which may not be symptomatic until damage has been done.

Continued on Page 8



Sarcoid may affect any organ of the body and, although chest and lung involvement are the most common presentations, 30% of the cases have evidence of the disease in other organs or tissues outside the chest.



Continued from Page 7

After all the routine evaluations are completed it is often necessary to biopsy some tissue, usually lymph nodes, to confirm the diagnosis of sarcoid. Unfortunately, there is no one test that can be done to make the diagnosis. The most common site of lymph node involvement is in the chest which is a difficult area to biopsy. The body is constructed in a way that protects the vital organs such as the heart and lungs in the chest cavity making a biopsy in this area very challenging. In the past, invasive surgical procedures were needed to get tissue from the lymph nodes in the chest. Today, a more sophisticated and minimally invasive technique called endobronchial ultrasound, or EBUS, can be used to get the tissue samples needed for analysis. This endobronchial ultrasound, or EBUS, technique looks in airways of the lung while the patient is anesthetized and can see and biopsy lymph nodes that are hidden from view on the other side of the bronchial walls. Confirming the diagnosis of sarcoid

with a biopsy is important because one other possibility of enlarged lymph nodes is cancer, particularly a cancer of the lymphatic tissue called a lymphoma.

Following the confirmation of the diagnosis of sarcoid and an evaluation of the extent of disease, it is helpful to define the stage of the disease. The stage of disease is defined by radiologic findings and goes from Stage 1 thru Stage 4 depending primarily on lung involvement. Staging also provides some help in deciding on the treatment options for the patient. Stage 1 involves just the finding of swollen lymph nodes. Scarring called fibrosis can be brought on by sarcoid and progresses thru the stages until, in Stage 4 only scarring of the lung tissue is seen on x-ray or CT scan. The scarring can be severe and lead to significant symptoms for the patient. Disease outside the chest is also a factor in determining the appropriate treatment strategy. There is no real "cookbook" method of treatment and all patients are individual. Treatment depends on the severity of disease but also on the

patient's symptoms and the physician's general medical experience.

Because we know the disease of sarcoid is tied to inflammation, the most common therapies have been those that reduce and quiet down the inflammatory process in the body generally. The family of drugs most used is corticosteroids of which prednisone is the most commonly prescribed. The course of treatment, including dosage and length of time on treatment, is variable depending on the severity and extent of disease. Various dosage schedules have been advised for initial therapy. The prednisone dosages begin at a higher level and are decreased over time based on the patient's symptom response. It is important to note that patient's without symptoms and without evidence of organ damage need not have any treatment but do need to be watched for advancing disease. Some patients will need more aggressive therapy with medications such as drugs used in cancer therapy. Both prednisone and these other therapies have a significant potential for side effects and need to be monitored closely.



Although lung involvement is the most common manifestation of sarcoid, patients may present with joint discomfort which can be severe and mimic osteoarthritis or rheumatoid arthritis.

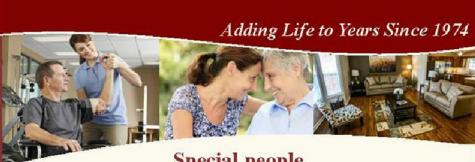
Patients may relapse after their initial therapy and checks on their CT scans and pulmonary function studies along with other blood test would be necessary to see if their symptoms are related to a relapse or due to other problems. Some of the most severe manifestations of sarcoid is neurologic involvement. Sarcoidosis involving the brain may evolve into a chronic condition requiring long term therapy. Most sarcoid patients resolve their symptoms on x-ray findings over a 24 month period. Treatment may not be required for all of this time, but careful follow up is needed. If scarring has occurred in the lungs or if other organ damage has occurred, these findings are likely permanent.

Although lung involvement is the most common manifestation of sarcoid, patients may present with joint discomfort which can be severe and mimic osteoarthritis or rheumatoid arthritis. The gastrointestinal tract can be affected. Liver dysfunction is fairly common and would necessitate treatment. The bowel itself can be involved with sarcoid and create symptoms that mimic irritable bowel syndrome. Other than the eye one of the most dreaded areas of involvement for sarcoidosis is the central nervous system, the brain. Serious complications and difficulty treating central nervous system involvement often results in chronic and sometimes fatal outcomes.

Sarcoidosis is a common, little known disease, with the potential

for multiple presentations. Not having a specific test for the disease can result in a delay in diagnosis. It is usually the combination of symptoms, x-ray findings, and clinical suspicion that leads the physician to the diagnosis. Biopsy material is often needed to confirm any suspicion of disease but several other diseases may have similar biopsy findings, which is why a combination of clinical and radiologic findings are needed for confirmation.

If you, a family member or friend has been diagnosed with sarcoid, the outlook for an uneventful recovery is good. However, because this disease can involve any organ and because it may have a variety of initial presentations a variety of tests including biopsy may be needed. Follow your physician's recommendations, be sure to get an eye exam and don't panic. *



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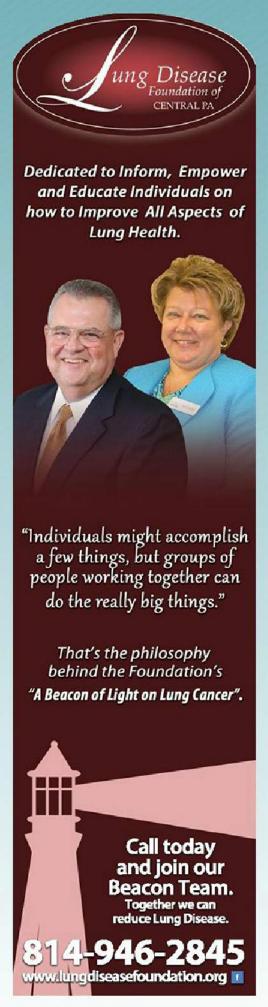
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The Lung Disease Foundation of Central PA

hen asked "What does the Lung Disease Foundation do?" the response is not short and sweet. We can recite the Mission Statement which is that the Lung Disease Foundation is dedicated to inform, empower and educate individuals on how to improve all aspects of lung health. However, that really doesn't begin to describe what we

The need for educating the public relative to lung disease and lung cancer is extremely important. Lung cancer is the second most common cancer in both men and women. About 14% of all new cancers are lung cancers. Estimates for 2018 are as follows:

- About 234,030 new cases of lung cancer (121,680 in men and 112,350 in women)
- About 154,050 deaths from lung cancer (83,550 in men and 70,500 in women)

Lung cancer is, by far, the leading cause of cancer death among both men and women. Each year, more people die of lung cancer than of colon, breast, and prostate cancers combined.

Did you know that your body starts benefiting from tobacco cessation just 20 minutes after quitting? 20 minutes after quitting is when your heart rate drops to a normal level; 3 months after quitting, an individual's risk of heart attack begins to drop and lung function begins to improve: 1 year after quitting coronary artery disease is half that of a smoker, and 15 years after quitting an individual's risk of coronary heart disease is the same as that of a nonsmoker.

In 2017 the Lung Disease Foundation continued its partnership with the American Lung Association from whom the Foundation received the Tobacco Control Service Provider Grant for Blair and Bedford Counties. Freedom From Smoking classes were held at regular intervals at the Lung Disease Center, as well as in Bedford and at various business and community locations in Blair County. We continue to be in a position to provide additional resources in the community as a result of this grant. The grant was once again awarded to the Foundation in late 2017 for the 2017-2018 year.

The Foundation participates in numerous health fairs in the community and works with the Healthy Blair County Coalition and its Tobacco-Free Work Group to promote policies and programs that encourage smoke-free communities (workplaces, clean air ordinances, and smoking cessation programs to name a few). The Tobacco-Free Work Group and

the American Lung Association grant are both a great fit for the Foundation and each has many similar goals.

The Foundation held its annual "Beacon of Light on Lung Cancer Walk" at Health-O-Rama at the Logan Valley Mall in August, where \$1,603 was raised to support the Mission of the Lung Disease Foundation. Prizes are awarded to participants of the walk for the most money raised and the most laps walked. The Walk's success is thanks to the continued support of Select Specialty Hospital through its sponsorship, and through the participation of YTI Career Institute and its students, instructors, and

November of each year brings Lung Cancer Awareness Month, which was an extremely busy month for the Foundation in 2017, with the publication of a full page poster in the Altoona Mirror promoting education and prevention; a partnership with Applebee's in the Logan Valley Mall where each Tuesday of the month of November Applebee's allowed us to hold a "Dining to Donate" event where they generously donated 15% of the diners' meal checks to the Foundation; and this year we participated in the inaugural Healthy Resolutions Expo encouraging participants to think about and make healthy resolutions, not only for the New Year, but throughout the year, including tobacco cessation, better sleep, and exercising to promote healthier lungs.

The Foundation recently hosted a meeting at the Lung Disease Center, in coordination with the Tobacco-Free Work Group of the Healthy Blair County Coalition, where we met with several multi-unit housing organizations from Blair County to determine how we might help them to educate their tenants, create a smoke-free environment, and strengthen or create policies for smoke-free multi-unit housing facilities.

The Lung Disease Foundation is a 501(c)(3) nonprofit foundation, which was founded by Dr. George M. Zlupko, and is located in the Lung Disease Center of Central Pennsylvania, at 800 Chestnut Avenue, Altoona,

Keep up-to-date on the education, events, and promotions of the Lung Disease Foundation by visiting our new website which was launched this year at www.lungdiseasefoundation.org or by liking our Facebook page. For more information on our services and programs. contact Sherri Stayer, Executive Director, at 814-946-2845 ext. 200 or by email at sherris@altoonalungspecialists.com. *

ALTOONA LUNG SPECIALISTS

2018 Reflections

his year the Altoona Lung Specialists celebrates their 41st birthday. Begun in 1977 the Altoona Lung Specialists have grown from a single physician to 4 top quality pulmonary specialists serving a population base within a 30-50 mile radius. The range of services that can be provided by the Altoona Lung Specialists has been greatly enhanced by the development of the Lung Disease Center of Central Pa. located at 800 Chestnut Ave., in Altoona.

There are many things to look to with pride when considering the many years of service the Altoona Lung Specialists have provided to the Central Pennsylvania community. The Altoona Lung Specialists were associated with many "firsts". It was the first subspecialty group to focus exclusively on lung disease. Assistance with the upgrading and development of the Respiratory Care Department at the then Altoona Hospital was accompanied by the first credible focus on critical care and ventilator management. For many years the Altoona Lung Specialists directed the Respiratory Care Department, assisted in the development of an in-house training program for respiratory therapists and were on call 24/7 for all critical care patients and ventilator management. The practice has continued to add additional state-of-the-art services. We were the first to provide fiberoptic bronchoscopy services and more recently added university level services in navigational bronchoscopy and endobronchial ultrasound. The latter service brought to the area by Dr. Michael C. Zlupko from his training at the Cleveland Clinic. The convenience of our in-house pulmonary function labs, providing standard studies as well as special evaluations, such as provocholine bronchoprovocation testing, impulse oscillometry and cardiopulmonary exercise studies. along with in-house CT scanner

services means that patients need not travel far to other institutions for these necessary and frequently used services.

In recent years the need for knowledge and expertise focused on sleep disorders became apparent. When the Lung Disease Center was constructed it was decided to meet this need and a state-of-the-art sleep lab became part of the construction plan. Like most projects it is not important to just build a lab or a building, but to have the proper people in place that can use the facility to help solve the many problems sleep patients may have. Dr. Lucas and Dr. Kanouff, both experienced and certified sleep specialists, are responsible for all sleep patients. They have added needed and timely expertise for one of the most important afflictions of our time, sleep apnea. However, sleep apnea is not the only sleep disorder affecting patients. Having the ability to monitor brain wave activity along with obstructive episodes and having the medical experience and training to understand and treat these problems puts the Sleep Disorder Network and sleep studies done there on par with any university center.

Patients of the Altoona Lung Specialist coming to Center want to see the physician specialists and have their problem diagnosed, treated, and managed by them. And that is exactly what happens. In fact, many of the patients have been with the practice for decades and have developed a close relationship with their pulmonary specialist.

The Altoona Lung Specialists are honored to provide the best pulmonary services possible to our patients. We are committed to, and look forward to, achieving "new firsts", helping to grow our communities and the Lung Disease Foundation. Watch for more updates on our website at thelungspecialists.com. *

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The Lung Disease Foundation of Central Pennsylvania, in collaboration with the American Lung Association in Pennsylvania, offers resources and programs related to tobacco control.



We'll give you the tools:

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 Multi-Unit Housing
 - Municipalities
- Information for career-services personnel to educate students.
- · Freedom From Smoking Classes at your workplace, community partners and the Lung Disease Center of Central PA
- · PA Free Quitline

- American Lung Association's N-O-T (Not on Tobacco) Teen Cessation Program
- Advocacy with local legislators for stronger tobacco control in Pennsylvania
- · Resources available to educators through TRU (Tobacco Resistance Unit) and
- TATU (Teens Against Tobacco Use) *Many of these programs are free of charge and offer the tools necessary to assist in the effort to quit tobacco use.



AMERICAN LUNG ASSOCIATION.

For more information contact: Sherri L. Stayer, Executive Director of the Lung Disease Foundation at 814-946-2845 or www.lungdiseasefoundation.org

This project was funded through a grant from the Pa. Department of Health



onvenience and Customer Service are not words commonly associated with health care in this day and age. Receiving specialty care, in areas like Central Pennsylvania that are far removed from large university-based medical centers, has become anything but convenient for most patients.

That is why it is the mission of Altoona Lung Specialists to offer our patients convenience and customer service as a

Altoona Lung Specialists' provide of a wide range of services to our patients in the Lung Disease Center, which provides them with state-of-the-art care, including testing, diagnosis, and treatment in one location within their own community, allowing them to remain local.

Altoona Lung Specialists' also offer customer service initiatives not normally received in a healthcare setting. Our telephones are answered Monday through Friday by a live receptionist who is able to speak with the caller and direct them to the appropriate staff to assist them with their need. Upon referral to our specialty practice, the patients are promptly scheduled for necessary testing and an appointment with one of our physicians. Each of our patients are seen by a physician with ties to the local community, to whom they are assigned and whom they see in the office and the hospital setting, as necessary.

Altoona Lung Specialists' patients enjoy the opportunity to be seen by our caring and experienced medical staff whose main goal is to help our patients control their condition and return to a healthy, active lifestyle.

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g our doctors



George M. Zlupko, M.D., FCCP

Dr. George M. Zlupko is the senior partner and founder of Altoona Lung Specialists. He is the Director of the Lung Disease Center of Central Pennsylvania, which he founded in 2011. He also founded the Lung Disease Foundation of Central PA. Many of the current advanced procedures used locally in pulmonary medicine had their beginnings more than thirty years ago when Dr. Zlupko arrived in Altoona to add knowledge, direction, and expertise to the critical care unit and respiratory care department of the, then, Altoona Hospital. He brought with him the techniques of fiber optic bronchoscopy, followed by navigational bronchoscopy, and the new technique of Endobronchial Ultrasound most recently introduced by his son, Dr. Michael Zlupko. Dr. Zlupko's mission has been to provide high quality pulmonary medicine services which would rival tertiary care facilities, close to home for more convenient patient care. *



Timothy A. Lucas, M.D., FCCP

Dr. Timothy Lucas joined Altoona Lung Specialists in 2000. He received a Bachelor of Science Degree in Biology from the University of Pittsburgh. Dr. Lucas attended medical school, performed his internship, residency, and fellowship training, all at The Pennsylvania State University College of Medicine in Hershey. Pennsylvania.

Dr. Lucas is certified by the American Board of Internal Medicine in Internal Medicine, Pulmonary Disease, and Critical Care Medicine, as well as the American Board of Sleep Medicine. He enjoys the distinction of being a Fellow of the American College of Chest Physicians.

Dr. Lucas has privileges at UPMC Altoona and is the Medical Director of the Sleep Disorder Network in the Lung Disease Center of Central Pennsylvania *



Alan J. Kanouff, D.O., FCCP

Dr. Kanouff received his education at the Pennsylvania State University spending his first two years in Altoona before finishing up at University Park. He completed his medical education at the Philadelphia College of Osteopathic Medicine. He performed his residency at Conemaugh Valley Memorial Hospital in Johnstown, Pennsylvania, and underwent his pulmonary training at Allegheny General Hospital in Pittsburgh, Pennsylvania. He joined the Lung Disease Center of Central Pennsylvania in 2009. Dr. Kanouff is certified by the American Board of Internal Medicine in Sleep Medicine and Pulmonary Diseases. He is also certified in Critical Care Medicine and Internal Medicine. and is licensed by the State of Pennsylvania as a Doctor of Osteopathy. Dr. Kanouff has the distinction of being a Fellow of the American College of Chest Physicians. *



Michael C. Zlupko, M.D.

Dr. Michael C. Zlupko joined the Altoona Lung Specialists in 2013. He graduated summa cum laude with a Bachelor of Arts in Biology from Franklin and Marshall College in Lancaster, PA. Dr. Zlupko received his medical degree from the University of Pennsylvania School of Medicine in Philadelphia, PA. He performed his internal medicine residency at the University of Virginia in Charlottesville, VA and completed his pulmonary and critical care training at the Cleveland Clinic Foundation in Cleveland, OH. Dr. Michael C. Zlupko is Board Certified by the American Board of Internal Medicine in Internal Medicine, Pulmonary Disease, and Critical Care Medicine. He is licensed to practice medicine by the State of Pennsylvania with privileges at UPMC Altoona, Tyrone Hospital, HealthSouth Rehabilitation Hospital of Altoona, and the James E. VanZandt Veteran's Memorial

Hospital. *



he experienced and caring team of professionals who care for our patients at Altoona Lung Specialists consists of a diverse group of trained Receptionists, Medical Secretaries, Certified Medical Assistants. Radiology Technicians,

and Registered Polysomnographers (Sleep Technicians). Each member of our team is dedicated to being compassionate and providing excellence in their effort to insure that each and every patient of Altoona Lung Specialists receives the best care and customer service available

in the staff member's given field of expertise.

We would like to thank each member of the Altoona Lung Specialists' team for their loyalty and dedication to the needs of our patients. It is our team members who play an integral part in the success of the practice. Thank you! *

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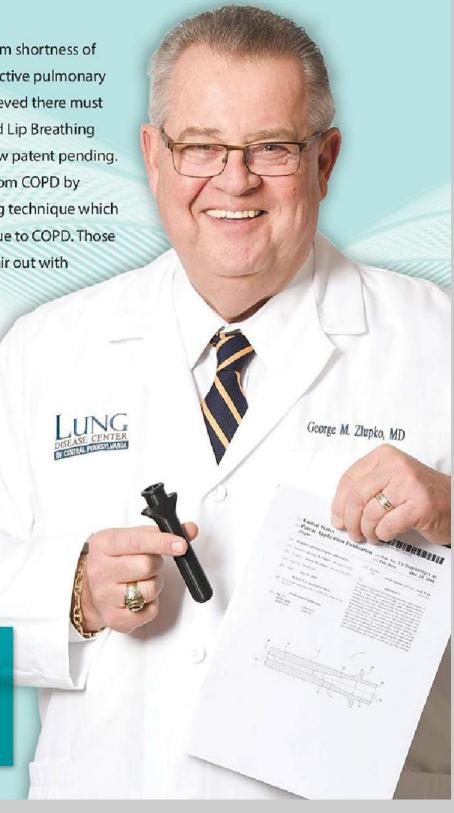
After years of watching his patients suffer from shortness of breath, most commonly due to chronic obstructive pulmonary disease (COPD), Doctor George M. Zlupko believed there must be a way to help relieve discomfort. The Pursed Lip Breathing Device was developed by Dr. Zlupko and is now patent pending. This tool is designed to aid those who suffer from COPD by helping them perform the pursed lip breathing technique which offers instant relief from shortness of breath due to COPD. Those who suffer from COPD are instructed to blow air out with their lips tightly pursed together. For some, performing this exercise can be difficult or stressful.

The Pursed Lip Breathing Device is compact and can be carried in a purse or worn around the neck on a lanyard. This affordable device can help people perform the pursed lip breathing technique to find relief from shortness of breath.



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Helping people Breathe is what we do.



Alan J. Kanouff, D.O., FCCP



Timothy A. Lucas, M.D., FCCP

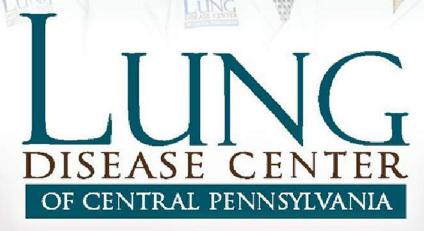


George M. Zlupko, M.D., FCCP



Michael C. Zlupko, M.D.

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