# Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board Members</td>
<td>3</td>
</tr>
<tr>
<td>National Board Committee Members</td>
<td>3</td>
</tr>
<tr>
<td>2017 – 2018 Calendar</td>
<td>3</td>
</tr>
<tr>
<td>Disclaimer</td>
<td>3</td>
</tr>
<tr>
<td>President’s Message – Sheryl Scott RMA (AMT)</td>
<td>4</td>
</tr>
<tr>
<td>District Counselor’s Message - Beverly Christiansen RMA (AMT)</td>
<td>4</td>
</tr>
<tr>
<td>Editor’s Message - Chris Williams, RMA (AMT)</td>
<td>5</td>
</tr>
<tr>
<td>Local Matters – Legislative Committee</td>
<td>5</td>
</tr>
<tr>
<td>Bibliography</td>
<td>6</td>
</tr>
<tr>
<td>National Matters – Laboratory Legislative Symposium – John Sherer MT (AMT)</td>
<td>6</td>
</tr>
<tr>
<td>Annual Awards - Awards Committee</td>
<td>7</td>
</tr>
<tr>
<td>Link to OSSAMT Website</td>
<td>8</td>
</tr>
<tr>
<td>Advertise with OSSAMT</td>
<td>8</td>
</tr>
<tr>
<td>The Great Imposter – Lyme Disease by Christopher Williams, RMA, AHI (AMT)</td>
<td>11</td>
</tr>
<tr>
<td>Cell Phones: Are They Destroying Our Profession? – Vanessa Austin RMA (AMT), M. Ed</td>
<td>14</td>
</tr>
<tr>
<td>AMT 2017 Annual Meeting Flyer</td>
<td>15</td>
</tr>
<tr>
<td>Registration Form OSSAMT Fall 2017 Seminar</td>
<td>16</td>
</tr>
<tr>
<td>OSSAMT Fall 2017 Seminar Schedule</td>
<td>17</td>
</tr>
<tr>
<td>Request for Print Journal</td>
<td>17</td>
</tr>
<tr>
<td>Order Pins</td>
<td>17</td>
</tr>
</tbody>
</table>
Board Members

**President:**
Sheryl Scott RMA - 937-266-2091
Ragdollandy1@donet.com

**Vice President – Editor**
Chris Williams RMA, AHI - 937-367-1165
Cdwilliams49@live.com

**Secretary**
Alanna Dargartz RMA - 419-261-4818
alabardar@gmail.com

**Treasurer**
Jeanne-Marie deMontagnac-Hall MT, AHI
718-781-8171
jdemontagn@aol.com

Dorothy (Mimi) Roush MT, RPT - 623-332-3481

Fonda McClain AHI - 216-409-3850
mcclainfd@gmail.com

John Gartin RMA - 740-804-4886
John1971601@msn.com

Cherylee Craft RMA - Cherylee_b@hotmail.com

Great Lakes District Councillor
Beverly Christiansen RMA
641-425-9809
bevchristiansenrma@gmail.com

Judiciary Councillor
Kimberly Cheuvrount, PhD
kcheuvrount@FGHL.com

Websites
AMT Website
Http://americanmedtech.org

OSSAMT Website
http://www.americanmedtech.org/BelInvolved/StateSocieties/Ohio.aspx

National Board Committee Members

**Credential Committee**
- Sheryl Scott

**Federal Government Affairs**
- John Sherer

**Scientific / Speaker Committee**
- Christopher Williams

**Armed Services Committee**
- Sheryl Scott

**Publications**
- Christopher Williams

**Bylaws Committee**
- Sheryl Scott

2017 – 2018 Calendar

**AMT Annual Meeting** - July 9-13, 2017 in Kansas City MO

**OSSAMT Summer Board Meeting** – August 28, 2017 at Hampton Inn West Columbus OH

**OSSAMT Fall Seminar and Business Meeting** – October 7, 2017 in Cleveland OH

**OSSAMT Spring Board Meeting** - March 2018 – at Hampton Inn West Columbus OH

Disclaimer

The photographs that are added to this publication have been provided by OSSAMT members and Michael Murray of Spot On Productions. Cover art from openclipart.org. Permission has been given for publishing or as otherwise noted. The Professionals is published bi-annually. Address all communications to the Editor, who reserves the right to edit all material, if necessary. Any article appearing in The Professionals is to be assumed as representing the opinions of the author and is not to be construed as reflecting to the policy of the publication, OSSAMT, The Great Lakes District or American Medical Technologists unless the article is designated. Publication deadlines for 2017 - 2018 are October 15th for the Fall 2017 issue and April 15, 2018 for the Spring 2018 issue.
President’s Message – Sheryl Scott RMA (AMT)

Hello, it is the beginning of a new year. I look forward working with my board to serve OSSAMT in the coming year. The board is made up of dedicated, professional, hardworking individuals who want to see OSSAMT soar to new heights.

We started this year with our Spring Educational Seminar which was held in Mason, Ohio. It was a beautiful day. The attendance was double what we have seen in the past. We had so many first-time attendees. Our new District Councillor, Beverly Christiansen, attended the seminar.

One of our goals this year is to work with schools and employers around the state. There needs to be a dialog and education about who we are as an organization, how we provide certification to many disciplines, and how OSSAMT members are valuable in the workplace. AMT and OSSAMT is aware that we have roadblocks that need to be confronted concerning our organization and the other organizations in the medical community.

Once again it is time to open nominations for this year’s OSSAMT annual awards. It is our goal to have our members become more involved in recognizing their fellow OSSAMT members for these awards. If you wish to nominate someone, please complete the nomination form provided in the journal and on the website. OSSAMT members should be recognized for their hard work in the work places and volunteering in their communities.

I would like to remind everyone that the 2017 National Convention will be held in Kansas City, MO from 7/9/17-7/13/17.

OSSAMT will be hosting the 2018 Great Lakes District Conference. It will be held in West Chester, Ohio from 10/5/2018-10/6/18. Our committee is working very hard to make this two-day event a success. We will send out e-blasts periodically to keep everyone informed. This conference is designed to be a shorter version of the national convention. Many people can’t take off for a week or can’t afford to attend it. This conference will provide CEUs in a two-day seminar. It is located in an area that would be great for a family weekend getaway.

Just a reminder that AMT and the American Kidney Fund (AKF) are partners. They continue to work together to raise funds for the organization. The AKF provides essential service for kidney patients and their families. Please take a moment and go to www.americanmedtech.org and find the AMT/AKF link. See how you can take the Educator class and how you can get involved in your communities. We need our OSSAMT members to get out into their work places, communities, churches, etc. and let people know how important this organization is.

Sheryl Scott

District Counselor’s Message - Beverly Christiansen RMA (AMT)

Hello, Great Lakes District members of American Medical Technologists and Allied Health professionals. My name is Bev Christiansen, RMA. I work full-time in a family practice clinic. I have been the president of ISSAMT. My husband Dave and I operate a family corn and soybean crop production farm. I have been honored to be appointed to the position of Great Lakes District Counsellor. I would like to thank the Iowa State Society for their support and encouragement to apply for this position.

First and foremost, I would like to give a big “Shout Out” to Clara Boykin, MT for her years of dedication to the American Medical Technologists and Great Lakes District! She has fulfilled her nine-year term limit but we will still see her as the new president of the Minnesota State Society. “Thank you” Clara for your service.

Please welcome the new presidents of these states. We have Tammy Santee for Iowa and Debbie Pitts for Indiana, respectively.

In your newsletter, you will see the email addresses for each person involved at the state level. Any of these people can help you and answer questions about AMT. If you are thinking about it, just ask!

The latest news and AMT is the AMT centralized banking. I would like to say “Congratulations” to those states who have gotten on board so quickly. As of January 1, 2017. All 38 states except to, are either enrolled or are in the process of
becoming enrolled with AMT centralized banking. The states reported has been a smooth transition for them.

The spring. There are two weeks to honor disciplines in our AMT:
First Week: dental assistant we March 5th to March 11th – If you do not see a dental assistant in your society – why not? Ask want to join!
Second Week: Medical Laboratory Professionals’ week, April 23rd to April 29th. – Let them know how much they are appreciated!

The AMT 79th Educational Program and National Meeting will be held in Kansas City, MO this year from July 9th to the 13th at the Kansas City Intercontinental Hotel.

Please see the flyer on www.Americanmedtech.org and be sure to take advantage of the early bird registration fee of $225.00 before May 1. Please talk to or email your AMT state officers and/or your AMT state board members on how you can attend and represent your state at the AMT National Meetings and earn CEU’s that week.

You may contact me by my cell number (641) 425 – 9809 by text or leave a voicemail. I will return your text or call as soon as I am able. You may also email me at any time.

Editor’s Message - Chris Williams, RMA (AMT)

Spring and summer, a time to brush off the snow, put on the shorts and swimsuits and get out of the house and relax. It’s a time for vacations, getting away from work and take time for yourself. Now here comes Mr. Buzzkill. OSSAMT is always looking for new authors to write for our journal. That is what I’m looking for now. New articles from everyday people who are seeing patients, collecting and processing specimens, teaching students in the allied health field.

You have an amazing amount of knowledge and experience and those are both worth sharing. We have many new MTs, MLTs, RMA, RPTs, RDAs, and CMAss joining every day and they can benefit from your knowledge and experience just as we did from those who came before us. Why not impart some of that wisdom to not only the new kids on the block but some of us old-timers as well.

Worried that you’ve never written anything? We can help you with that. Are there rules? Yes, there are some. Works must be your own you can’t just copy someone else’s work as your own and put your name on it. Facts, quotes and paraphrases must come from reputable sources and have proper citations (yes just like back in school). We can help with grammar, spelling and formatting. Give it a try you’ve got nothing to lose and a lot of experience and knowledge to pass on to others.

AHI’s I haven’t forgotten you. Your students turn in papers all of the time. I’m sure you have some that are worthy of being published. I’m also sure you have papers that are worthy to be entered in the various essay contests AMT sponsors every year. Why not take your student’s best papers and submit them for the essay contests and to the OSSAMT Journal for publication?

Did you know that several students from Ohio placed in the AMT essay contest? Did you know not only did OSSAMT publish their papers, but also provided these students with a stipend to help pay for transportation, lodging and food expenses?

Please think about submitting an article or submitting your student’s works for possible publication. Will every paper submitted win an award or be published? No, but it’s worth trying. Articles published can also count as continuing education hours. It’s something to think about.

The last thing is, Kelly, when she was our editor, wanted to start collecting original recipes from our members to create a member’s cookbook. Well, I too love to cook (and eat) so I would like to continue down this path to create a cookbook of recipes submitted by our OSSAMT members. If you have a favorite recipe you would like to submit for our cook book, simply email it to me and once we get enough we will create a cookbook based on your submissions. Send me your recipes by email to cdwilliams49@liive.com and put the words cookbook in the subject along with the name of the recipe.

I look forward to not only your recipes but your articles as well. – Chris

Local Matters – Legislative Committee

Ohio Governor limits Opioid Prescriptions to Seven Days

Overdoses took a record 3,050 lives in 2015 (Johnson, 2017). In a move to reduce the number of Ohio residents starting on the road to opioid addiction and to help reduce the number of drug overdoses, on March 30th, Governor John Kasich issued an order that
limits the number of days a provider may prescribe
opioid medications to a limit of seven days for adults
and five days for children. This order also requires
providers to indicate a specific diagnosis and
procedural code of time they prescribe a painkiller.
The governor’s order has the backing of the State
Medical Board, State Boards of Nursing and Dentistry
as well as the Ohio Board of Pharmacy. (Siemaszko,
2017). Prior to this order medical providers could
prescribe these painkillers for up to 90 days. Those
who fail to follow the new order are in danger of
losing their license to practice. “You are going to have
to abide by these rules or else you’re in serious
trouble, whether you’re a doctor, a dentist or a
nurse,” Kasich said (Johnson, 2017).

While providing restrictions for the prescription of
opioids to patients there are exceptions to the order.
Those patient receiving prescription painkillers for the
treatment of cancer or those patients who are dying
and are receiving hospice care are unaffected. A
provider can prescribe opiates in excess of the seven
days for adults and five days for children but they
must provide a specific reason by diagnostic and
procedural codes within the medical record (Siemaszko, 2017).

Bibliography
narcotic painkiller prescriptions to seven
days. Retrieved from The Columbus
new-rule-limits-narcotic-painkiller-prescriptions-to-seven-days
Kasich Limits Opioid Prescriptions to Just
Seven Days. Retrieved from NBC News:

National Matters – Laboratory Legislative
Symposium – John Sherer MT (AMT)

I attended the 2017 Laboratory Legislative
Symposium held March 20th and 21st representing
the Ohio State Society of AMT.

The first day,
March 20th
was spent
learning all
the issue that
we would
address when
we visited our
two Senators
and our
Congressmen. Of course our two Senators are
Senator Brown and Portman and my own
Congressman is Mike Turner. I visited Congressman
Bob Latta’s office and Congressman Patrick Tiberi’s
offices because they are both on Health Sub-
committees Tiberi is Chair of a Health Sub-
committee.

The second day begins with 6:30 AM
breakfast. We leave on the METRO for our hill visits
at 7:15 AM. It is a grueling exercise. I think I walked
about 5 miles altogether. I visited Senator Sherrod
Brown’s office at 9 AM, Congressman Tiberi’s office
at 10:15 AM, Congressman Mike Turner’s office at
10:45 AM, Congressman Bob Latta’s office at 11:15
AM and Senator Rob Portman’s office at 12 noon.
The following is a summary of the topics that we
covered at each office.

The first topic we covered was about Sec.
216 of Protecting Access to Medicare Act (PAMA).
We are asking Congressional support for
Administrative Delay of Implementation of Sec.
216 of PAMA until January 1, 2019.
Why: New reimbursement rates will be set based
on incomplete and inaccurate data because
1. CMS’s current definition of “applicable Lab“
excludes virtually all hospital labs, physician
office labs, and independent labs.
2. Thus, only 28% of Payment data will be
used to set new payment rates and these
will be mainly large reference laboratories
who tend to offer deep cuts to private
payer Insurance Companies. This would
skew the payment rate considerably lower
than the mean. The other 78% of labs
should be included to obtain a fair rate.
3. As of March 13th, CMS was still providing
conflicting information to labs as to
whether they were an applicable lab yet for
all labs required to report data, the
deadline was March 31, 2017. This is unreasonable.

4. The new Clinical Lab fee schedule will affect payments to all labs providing Medicare Part B services. Many small rural hospital and reference labs (especially if providing Nursing Home services) will not be able to provide these services at these fees or they will lose money.

For all these reasons, setting a new Medicare CLFS based on flawed data collection process under PAMA must be delayed to get it right.

The second topic was the growing crisis in the Clinical Laboratory Workforce.

We discussed how there is a need for 12,000 new laboratory professionals per year and we are only graduating 5,000 per year and how the average age of lab personnel is 44. So we are asking Congress to:

1. Enhance recruitment and retention efforts within the Veterans Health Administration
2. Authorize and appropriate funding for a program to within the Public Health Services Act to ensure training for citizens seeking to enter the clinical laboratory workforce
3. Authorize the Government Accountability Organization (GAO) to study the shortage of clinical laboratory personnel and make recommendations to Congress.

The third topic was Laboratory Developed Tests (LDT’s)

I explained how moving forward with FDA oversight will tremendously slow the approval of LDT’s and while there may have been a few adverse consequences, I would suggest there will be still higher unknown consequences to people who might have had advance care due to a new LDTs but we’ll never know that in the event they add this layer of regulation. I informed that the draft guidelines were on hold but might resurface. It looks like they have resurfaced.

Personally I think that Clinical Laboratory Improvement Act (CLIA) under CMS should regulate all LTD’s and if it’s going to cost more to CMS for CLIA to regulate them, then they should appropriate the money to train them and have them do it. Regardless of who does it, it’s going to cost a great sum of money, but why not have the CLIA inspectors do the inspections while they are inspecting the labs saving yet another inspection and agency to report to. We left behind papers on all topics covered.

I thank the OSSAMT for sponsoring me to represent them at this Legislative Symposium.

Annual Awards - Awards Committee

It’s time again for nominations for the OSSAMT Annual MT/MLT, RMA, RPT and AHI of the year award nominations. There are several questions board members are asked each year. First, who can nominate people for the awards? Any OSSAMT member in good standing. What does that mean? Are your AMT dues paid up? If so, you’re a member in good standing. OSSAMT board members can also nominate individuals for the awards as well.

The second question is what are the criteria? To be considered for the OSSAMT of the year awards, the candidate/nominee must meet the following criteria:

1. Nominee must be currently working in the field of discipline for which they have been nominated for. If the nominee is disabled or retired, then they must be actively involved with AMT at the state level.
2. Has been an AMT member for at least two (2) years
3. Must be current with their AMT membership dues.
4. Must have attended state meetings on a regular basis for at least two (2) consecutive years prior to their award nomination.
5. Has actively participated in either state educational seminars, has served on state committee(s), or is currently serving on state committees at the time of their nomination.
6. Must meet at least one (1) of the following:
   a. Must have authored an article relating to their profession that has been published in either the state or national publication
   b. Has made significant contributions or rendered services in the field of discipline for which they have been nominated for.
8. Has a history of service to the AMT organization at all levels (state, district,
national) and continues to be actively involved with the organization.

9. The awards committee will look at and consider how the nominee is promoting AMT at their job and in their community. If the nominee is disabled or retired, then the awards committee will look at and consider how they are promoting AMT within their community.

The third question is how do I submit someone for an award? First, download and fill out the nomination form found on the OSSAMT homepage. Second, fill out the form completely. Next, mail or email the nomination to the OSSAMT President Sheryl Scott, not later than August 1st. Any forms after that date will not be considered. Last make sure you sign the form because unsigned forms are considered invalid.

How are the winners selected? The Awards Committee reviews all nomination forms submitted for each award and select those who meet the award criteria. Then from the selected group of nominees for each award the committee will select the most qualified nominee for each award. The committee will then present their final nominee selection for each award to the OSSAMT board of directors who will, by a majority vote, make the final award(s) selection.

Because we don’t see every MT/MLT, RPT, MA or AHI we depend upon you the membership to submit those people you feel exemplify our professions and submit them for these awards. If you need help please contact any of the board members and we will be happy to assist you in any way that we can.

Link to OSSAMT Website
Ohio State Society of American Medical Technologists
http://www.americanmedtech.org/BeInvolved/StateSocieties/Ohio.aspx

Advertise with OSSAMT
How would you like to reach nearly 3000 medical professionals in one easy step? OSSAMT has a circulation of over 2895 members and provides copies of this publication to clinics, schools and hospitals all over the state. The OSSAMT journal is published twice each year with Edition published in May and November.

<table>
<thead>
<tr>
<th>Advertising Rates</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Full page</td>
<td>Half Page</td>
</tr>
<tr>
<td>$75 Per Issue</td>
<td>$40 Per Issue</td>
</tr>
<tr>
<td>Quarter Page: $25 Per Issue</td>
<td>Business Card Size: $15 Per Issue</td>
</tr>
</tbody>
</table>

Deadline date for submissions of black and white or color camera ready copies: March 1st and September 1st. Please contact Christopher Williams, 6637 Hubbard Drive, Huber Heights OH 45424, Phone (937) 367-1165, Email: CDWilliams49@live.com
OSSAMT Spring Seminar Speakers

Glen Alex
Living in Total Health

Ike Northern
Infections of Leisure

Viki Studebaker
Advances in Bloodbanking

Rev. Dr. Jennifer Oldstone-Moore
Diversity

Margaret Arthur RN
Hypnosis and EFT Techniques

Tzuiling Kuo
Aroma Therapy in Modern Healthcare
OSSAMT Spring Seminar Activities
The Great Imposter – Lyme Disease by Christopher Williams, RMA, AHI (AMT)

People believe Lyme disease doesn’t effect that many people but the number of people being diagnosed with Lyme disease each year is 150% of the number of women diagnoses with breast cancer and 600% higher than the number of people diagnosed with HIV/AIDS. “The Centers for Disease Control and Prevention estimate that 300,000 people are diagnosed with Lyme Disease in the US every year”. (Lymedisease.org, 2017).

Lyme disease is difficult to diagnose and may be misdiagnosed because its symptoms mimic so many other diseases. So the actual number of people with Lyme disease may be much higher simply because providers just aren’t looking for it, and the patient has been misdiagnosed.

In the late 1990s I had a coworker who exhibited symptoms of memory loss, fibromyalgia, cardiac arrhythmias, and several other symptoms for nearly one year. Finally, one of her physicians tested her for Lyme disease and both tests came back positive. She never remembered being bitten by a tick, never saw a bulls-eye rash, but she did remember having very vague flu-like symptoms shortly after we returned from field training. Luckily she ran into a physician who had recently treated someone else for chronic Lyme disease and took a chance that this may have been her problem. He was right.

Lyme disease is caused by Borrelia burgdorferi, a corkscrew shaped spirochete. Every organ of the body can be affected. “The Great Imitator” can affect the muscles and joints, the heart, the nervous system, and the brain. According to Lymedisease.org “patients with Lyme disease are frequently misdiagnosed with chronic fatigue syndrome, fibromyalgia, multiple sclerosis, and various psychiatric illnesses including depression.” (Lymedisease.org, 2017)

While Ohio is not in the top 14 states where 95% of all confirmed Lyme diseases have been reported, it is still a health risk that medical personnel must be aware of. (CDC, 2016). Lyme disease is not just an American disease. Lyme disease can be found in more than 60 other countries. The primary transmitter of Lyme disease are deer ticks, however, on the West Coast the black-legged tick is the most common vector. (Lymedisease.org, 2017)

The good news is there is no evidence that Lyme disease is spread from person-to-person nor is it spread through the “air, food, water or from the bites of mosquitoes, flies, fleas or lice.” (CDC, 2016). However, if a woman who is pregnant is found to have Lyme disease and infection of the placenta may occur causing a possible stillbirth. If the mother receives treatment with antibiotics, there have been no negative effects on the unborn child reported. Your pets can be infected with Lyme disease but there is no evidence of pets transmitting the disease directly to their owners. The infection will come from infected ticks transferring from the pet to the owner. Not all ticks found on pets can transmit Lyme disease, for example, the Lone star tick, the American dog tick, Rocky Mountain wood tick, and Brown dog tick are not known to transmit Lyme disease. Therefore, it is vitally important to have the tick identified. The greatest risk for people contracting Lyme disease is during the late spring through early summer. (CDC, 2016)

Ticks can neither jump nor fly. They wait on grasses and shrubs with their upper legs open to climb onto people, wild animals, and pets as they go by. Once they have found a suitable host, they take their time looking for a place to bite. This can take from 10 minutes up to 2 hours. Once they find a feeding spot, they make a small cut in the skin insert a
feeding tube and actually secrete a cement like substance to hold them in place so they won’t fall off. Their saliva contains small amounts of anesthetic so the victim cannot feel that the tick is attached. Ticks can feed for several days. The longer the tick feeds the greater the chance of the host acquiring Lyme disease. Removing the tick within the first 24 hours significantly reduces the chance of acquiring Lyme disease. (CDC, 2016)

Signs and symptoms vary from patient to patient. The early signs and symptoms, those that appear between 3 and 30 days after the tick bite include: “Fever, chills, headache, fatigue joint aches swollen lymph nodes. Erythema migrans (EM) rash” is found in 70 to 80% of infected persons begins at the site of the bite normally starts about 7 days after the bite but may show up between 3 and 30 days. The rash expands gradually reaching a size of 12 inches in diameter. It may be warm, rarely itchy or painful, resulting in a target or bull’s-eye appearance may appear on any area of the body. (CDC, 2016)

Later signs and symptoms may include: “Severe headaches and neck stiffness; Additional EM rashes on other areas of the body; Arthritis symptoms such as severe joint pain and swelling particularly knees and other large joints; Facial palsy (loss of muscle tone or drooping on one or both sides of the face); Intermittent pain in tendons joints and muscles; Heart palpitations or irregular heartbeat; Episodes of dizziness or shortness of breath; Inflammation of brain and spinal cord; Shooting pains, numbness or tingling in the hands and feet; Problems with short-term memory” (CDC, 2016)

Other symptoms may include sleep, cognitive, neuropathy, depression issues. The symptoms of Lyme disease "significantly overlap those of chronic fatigue, fibromyalgia, rheumatoid arthritis, multiple sclerosis, Parkinson’s disease, ALS, depression and Alzheimer’s disease." (Lymedisease.org, 2017) one can see how this has been named “The Great Imitator”

How do we diagnose Lyme disease? We base much of it on your medical history, symptoms, and the patient’s exposure to ticks. The problem is sometimes people have no idea they’ve been exposed to ticks. Many years ago I encountered a patient who had a myriad of symptoms ranging from fatigue, malaise, joint pain, cardiac arrhythmias. History of exposure is the best first step. The patient claimed to have no known exposure to ticks. Next the CDC recommends a two-step blood test for evidence of antibodies against the Lyme disease causing bacteria.

“The 1st step uses a testing procedure called “EIA” (enzyme immunoassay) or rarely, or “IFA” (indirect immunofluorescence assay). If the step is negative, no further testing of the specimen is recommended. If the 1st step is positive or indeterminate (sometimes called “equivocal”), the 2nd step should be performed. The 2nd step uses a test called in immunoblot test, commonly named the “Western blot” test. Results are considered positive only if both the EIA/IFA and the immunoblot are both positive” (CDC, 2016). Our patient proved positive for both tests and a primary diagnosis for Lyme disease was confirmed. There are other tests for Lyme disease that are not as effective, for a list of laboratory tests that are not recommended please go to the CDC.gov or the Lymedisease.org website.

What is the prognosis? Once the process of diagnosis is complete, patients who have been treated appropriately with antibiotics in the early stages of Lyme disease, in most cases, recover completely and quite rapidly. Within the community of science medicine and research, “two medical societies hold widely divergent views on the best approach to diagnosing and treating Lyme disease. This conflict makes it difficult for patients to be properly diagnosed and receive treatment” (Lymedisease.org, 2017). One group advocates that spirochetal infections cannot stay in the body after a short course of antibiotics and they deny the existence of chronic Lyme disease. The other believes that it is difficult to diagnose and treat because of the persistent infection in many patients. They recommend individualized treatment based upon the patient’s symptoms (and other infections) as well as, the patient’s response to the treatment. (Lymedisease.org, 2017)
There are special issues for children with Lyme disease. Particularly because they can’t always explain what’s wrong. Sometimes parents don’t understand and think that the child is simply trying to get out of school (or some other activity) that they don’t want to participate in. The problem is because children are smaller and they are closer to the ground they are more susceptible to being in the same places where we find the ticks. They love to run through the grass and play in leaves and cuddle pets, all of those allow them to be exposed to ticks. According to Dr. Charles Ray Jones, some of the most common symptoms seen in young patients are: severe fatigue that doesn’t go away with rest, insomnia, headaches, nausea, abdominal pain, impaired ability to concentrate, poor short-term memory, difficulty expressing thoughts, being overwhelmed by schoolwork, uncharacteristic behavior, outbursts mood swings, fever and chills, noise and light sensitivity, and more. (Lymedisease.org, 2017)

To prevent tick bites, according to the Centers for Disease Control the best way is to avoid wooded in bushy areas with high grass and leaves. You should walk in the center of trails. Use repellents that contain 20 to 30% DEET on exposed skin and treat clothing with products containing 0.5%permethrin. Bath or shower soon as possible after coming in from the outdoors to wash off and more easily find ticks. Parents, check your children for ticks under the arms and around the ears, inside the belly button, behind the knees, between the legs, around the waist, and in the hair. Check yourself using a full body or a handheld mirror to view all parts of your body. Examine your gear and your pets. Tumble dry your clothes for at least 10 minutes on high heat to kill ticks. If your clothes are damp you’re going to need to add additional time. Wash your clothes in hot water because cold and warm water will not kill ticks. Once the clothes are washed, tumble dry on low heat for 90 minutes or high heat for 60 minutes until the clothes are completely dry. (CDC, 2016) The tick nymph, which can carry the disease, can be smaller than the D on a dime or a poppy seed. When you look for them they may appear as a freckle or as dirt. Make sure you inspect yourself thoroughly.

When caring for patients it’s important that we get complete histories that includes finding out what types of activities they may have been participating in such as hiking, camping, fishing, or hunting. Just because they didn’t find a tick or see a rash as with my coworker does not mean there wasn’t one there. All of those activities, as well as others, could be indicators that someone may have come in contact with ticks and have been exposed to Lyme disease or another tick-borne illness.

Bibliography


All Photos used with Permission of the Centers for Disease Control and Prevention and are in the public domain
Cell phones, they are everywhere. We are now wondering how we lived without them. But do they have a place in the medical field? Have you gone into your doctor’s offices, walked up to the front desk and the health care professional is so busy on her or his smart phone that they did not see you standing there? Have you ever been asked to wait for a few minutes while a health care professional finishes a personal call and or text on her or his cell phone? I think that we all have seen this, but we need to talk about the implications of using a cell phone in the medical office.

We have become a society that needs to have everything, including getting our information immediately; we do not like to wait for our information. With the ease of social media and the internet, it has become a natural thing for us to constantly be looking at our phones. But let us take a look at this from the patient’s point of view. When we go to the doctor’s office, we expect the health care professionals there to give us their full attention. When at the doctor’s office and the health care professionals are glued to their phones, these things could go through the patient’s mind. Are they ignoring my needs? Are they text or sending a message to someone about me? Are they recording what I say? Are they going to play this recording to their friends and laugh and make fun of the reason that I came to office? If the health care professional is constantly looking at their phone, are they giving me the correct medication or injection? Are they really paying attention to me?

Some medical professionals take out their phone to use the clock on it to take a pulse and respirations. The patients can have the same thoughts as mentioned above when this happens. Having a cell phone is a violation of HIPAA and our health care professionals need to remember this. Picture a group of medical professionals, taking pictures of themselves in the office to post on Facebook or other social media sites, this seems innocent enough, but when they take the picture, they do not notice that they have a picture of a patient in the office. The patient did not want anyone to know that they were in the office, but now a mutual friend sees the post and asks the patient if they are feeling better, and now the patient sues the office and the medical professional for breaching their privacy rights.

We need to remember that our cell phones have camera’s and recording devices on them and that is what makes them a violation of HIPAA. Today’s work force are so used to having a phone in their hands, that sometimes they cannot even look up while they are walking down the hall. This is why some hospitals and doctors’ offices have banned the use of cell phones in the office. FOR ANY REASON!!!!!! This is due to the violation of HIPAA, but also because it increases the lack of productivity in the office and it can also increase the chances of medical errors due to health care professionals, trying to do their jobs, and looking at their phones at the same time.

As health care professionals, we need to not only act professional, we need to look professional and not do anything that will put the doctor, or the office in a bad light to the public. Many health care professionals have been let go of their positions due to cell phone use, and also the use of social media. Today, cell phones and social media go hand in hand. With the constant improving technology of our cell phones, with the ease of social media and recording devices, such as camera’s and audio recording, we need to be mindful of the actual device that is in our hands, and know what your office’s policy is on the use of cell phones and social media currently are, and always remember that the patient and the patient’s needs come first at all times.

So I ask you the question that is the Title of this Article, Are cell phones destroying our profession? Have we become a Profession that is more interested in why our cell phone is buzzing then the actual patient that is standing in front of us, or that patient that is talking to us on the phone, but we are scrolling through our newsfeed instead of listening to what our patient is saying?

**Bibliography**

Professionalism in Health Care: A Primer for Career Success 5th Edition- Pearson Publishing
Mark your calendar -

**AMT** in Kansas City, MO
July 9 – July 13, 2017
79th Educational Program and National Meeting

Kansas City, Missouri, is the “City of Fountains,” boasting more than any city except Rome. The Crown Center is home of the Hallmark Cards headquarters, Visitors Center, The Intercontinental Hotel, overlooking the elegant, old-world architecture of Country Club Plaza shopping mall, nestled on the banks of Brush Creek.

The Intercontinental Hotel at The Plaza
- Heated outdoor pool with sundeck
- Marble bath
- Ironing board & iron in each room
- Coffeemaker in each room
- Fitness center
- Terrace gardens and jogging trail nearby
- 18-hole golf course nearby
Special discounted hotel rate: $129.00 + tax – single or double occupancy

For additional information:
Contact: AMT; 10700 Ward Highways Road, Suite 150, Rosemont, IL 60018
Phone 847-798-6150 • Fax 847-798-6466 • E-mail mail@americanmedicaltechnologists.org
Website: www.americanmedicaltechnologists.org
Registration Form OSSAMT Fall 2017 Seminar

OSSAMT Fall 2017 Seminar Registration
October 7, 2017 at the Wyndham Cleveland at Playhouse Square, 1260 Euclid Ave, Cleveland OH 44115

Your AMT membership ID will be checked when you sign in at the door so please have it ready.

Pre-registration and online AMT members $30 and Non-members $35 (lunch is included)
At the door registration AMT members $35 and non-members $40.

All payments must be by check or by cash (at the door only). We are no longer able to process credit cards or debit cards. We apologize for any inconvenience. Please do not send cash through the mail.

Students (currently enrolled in a MT, MLT, Phlebotomy, MA, CMAS or other medical specialty program) $10 for all registrations with school ID card.

Online Registration http://bit.ly/OSSAMTFall2017 Pre-registration ends September 30, 2017. All online registrations after that date will be charged full price.

Name: ___________________________________________ AMT # ____________________________

Address: ______________________________________________________________________________

City: ______________________________   State: __________  ZIP _____________________________

Please Circle Your Category:    RMA   CMAS   RPT   CMLA   RDA   CLC   MT   MLT   AHI   Other: _______

Send Registration and payment (if applicable to) to Jeanne Hall, 6319 Scott Glen Court, West Chester, OH 45069. Make checks payable to OSSAMT. Online registration may pay by cash or check at the door. Questions regarding the seminar should be directed to Fonda McClain (216) 409-3805 or Sheryl Scott at (937) 266-2091.
OSSAMT Fall 2017 Seminar Schedule

Currently we are still confirming speakers for the Fall 2017 Seminar when all speakers are confirmed the schedule will be posted on the OSSAMT Website.

Ohio State Society of American Medical Technologists

http://www.americanmedtech.org/BeInvolved/StateSocieties/Ohio.aspx

---

Request for Print Journal

To request a printed journal please complete the form below.

Name:_________________________________________________ AMT # ____________________

Address:________________________________________________________________________

City: ____________________ State: _______ ZIP _________________________

Please Circle Your Category: RMA CMAS RPT CMLA RDA CLC MT MLT AHI Other:_________

Mail the form to Chris Williams, 6637 Hubbard Drive, Huber Heights OH 45424-3534

If you are already on the list but your address has changed, please submit a new form and don’t forget to notify AMT to change your address on their master membership listing. You may do that online on the AMT Website at http://americamedtech.org. Just sign in, go to your homepage and update your membership information.

---

Order Pins

If you wish to order a pin for $7.00 plus shipping and handling. Email Sheryl Scott at ragdollandy1@donet.com and she will be happy to let you know how to obtain one of our new pins and the cost of shipping and handling. Ask her about our “vintage” pins. She still has a few for sale as well.