

HEALTHY KATY FAMILIES



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A Ticking Time Bomb



Joel and his dog Bingo

One Katy Family's Fight to Save Their Child

photos by Kenzie delaTorre

Written by Heather Lowrie

The Poysky family



Take a deep breath. Your muscles just worked, and you didn't even have to think about it. One in 3,000 boys won't be able to do what you just did once the disease, Duchenne Muscular Dystrophy (DMD), takes its course on their bodies. The Poysky family of Katy knows this statistic well, as their son is one of those boys. Joel was diagnosed with DMD two years ago at the age of three. He's a picture of perfection on the outside, but inside his muscles are being attacked. James and Rachel Poysky want to raise awareness in the Katy community about this fatal disease. Rachel realistically states, "Know that we have a ticking time bomb and we just want to get time and money toward a cure."

The Diagnosis

Joel was about to celebrate his third birthday when James, a neuropsychologist at Texas Children's Hospital in Houston, first became concerned that Joel wasn't doing the normal things a three year old should be doing, like running or hopping. James also had noticed his son's enlarged calves and recognized this as a key characteristic of DMD. The Poysky's took Joel to Texas Children's Hospital to be tested.



Their pediatrician gave them the news that would forever change their life – Joel tested positive for DMD. As would be expected, both Rachel and James were devastated. They, like most parents, had never imagined they would be faced with a fight for their son’s life. “When Joel was born he was fiercely independent, and he had a fire within him. And now we know why he was given that fire, he is a fighter!” says Rachel. What makes a DMD diagnosis possibly more devastating to families is that everything is perfect, and then one day it simply isn’t anymore. Most boys are diagnosed with DMD between the ages of three and six, so you have those “normal” years, and then things slowly start to worsen. “In a matter of a day, our whole life changed”, says Rachel.

What is DMD?

DMD is a fatal genetic disorder that happens when there’s an absence of a muscle protein called dystrophin in a specific gene that

is invisible to the human eye. The function of this gene is to keep the muscles intact. It also keeps the body from leaking calcium and prevents scar tissue from developing. Without dystrophin, your muscles get weaker and more calcium leaks out, causing scar tissue to accumulate on all your muscle groups, including the heart. Eventually, cardiac failure becomes a real concern. By the time Joel is ten to twelve years old, he’ll undoubtedly be in a wheelchair, and most DMD children will lose their life in their late teens or early twenties. There are limited treatments and no cure, yet.

Treatment Options

The treatment regimen for this disease is an ongoing process. For now, Joel is on a daily steroid therapy and a regimented diet with supplements to help counteract the side effects the steroids have on his five-year-old body. He also does weekly physical therapy, horse-back riding therapy, and a daily routine of stretching at home.



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Joel is required to wear his spider man boots at night to keep his calf muscles from tightening



He also has to wear leg braces each and every night. As the disease takes its toll, he'll require even more care.

Perspective is Priceless

Ask the Poysky family how they're doing today and this is what you'll hear, "We're grateful for every day. We had normal, and then we became a special needs family. It's given us a real compassion for special needs families since it's a harder life; we have a real heart for them." The road they're traveling has many unknowns that will eventually become part of their everyday life. Joel is about to start Kindergarten in the fall, and if you were to ask him how he's doing, he'll be the first to tell you he's okay and not to worry about him. Precious words from a child who has a disease that will one day end his life, but he's determined to enjoy every minute that he's given and to use that fire inside to fight DMD. According to the Poysky family, they only had two choices when Joel was diagnosed, give up or fight. "Our life is more focused. This is what we're called to do," says Rachel.

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The Posky's have a contagious passion that can't be ignored. "This is our calling, to save these boys, even if it isn't in time for Joel. I can't die until this disease is cured. I want to live to see the end, at least that it isn't terminal," states Rachel. KM

HEATHER LOWRIE is a former fourth grade teacher and mother of two. She is married to her high school sweetheart, James. She is a freelance writer and author of The Inspired Wife who enjoys the opportunity to encourage people through her writing.



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Braces or Not?

The Question Asked by Many Katy Parents

To the relief of Katy resident Kathy Barrett, orthodontia has come a long way. “When my kiddo needed braces, I had an unpleasant flashback to those heavy metal contraptions,” says Barrett. But today’s braces are lighter, more efficient, and more comfortable.

Does My Child Need Braces?

Teeth are tricky. Hard-to-detect problems make dental check-ups a must. Dentists detect problems and refer patients to orthodontists. These specialists are trained in areas of tooth movement (orthodontics) and the guidance of facial development (dentofacial). The American Association of Orthodontists recommends an orthodontic check up by age 7 for every child.

Some problems are acquired through thumb or finger sucking. Watch out for unusual loss of baby teeth (early or late), chewing or cheek biting problems, mouth breathing, abnormal or crowded teeth, and disproportional jaws.



Dr. Bright works on one of his patients

Dental problems can also be genetic. “A child may inherit one parent’s jaw and the other parent’s teeth,” says Katy orthodontist Dr. Kim Forrest. “They can also inherit one parent’s upper jaw and the other parent’s lower jaw.” Small teeth in a big jaw cause spacing issues, which is relatively rare and easy to treat. “In North America, we generally encounter crowding issues, with big teeth in a small jaw. This is harder to treat,” says Forrest.

Finding the Right Orthodontist

Family and friends can often recommend orthodontists. Parents should also check websites. This is important, since a majority of teens in America wear braces at some point in their adolescence. “We see patients at age 7 or younger, when malocclusions - or bad bites - become noticeable,” says Katy orthodontist Dr. David Bright. “The average age for treatment is 12. But we’re also treating more

adults for crooked or crowded teeth, overbites, underbites, and problems with the jaw,” says Dr. Bright.

Both Dr. Bright and Dr. Forrest bring a fun factor to their practices. Patients enjoy an arcade room, a 4’ x 4’ aquarium, a big screen TV, and a computer in Dr. Bright’s lobby. “We love the Wii bowling and the movie theater at Dr. Forrest’s,” says Jennifer Hakala. “My daughter looks forward to each visit.”

During the first visit, the patient is given an orthodontic examination. A treatment plan is customized and fees, insurance, and payment options are explained. Some employer dental plans cover up to 25% of costs for patients who are 19 and under. Cash, flex spending accounts, credit cards, and commercial dental financing are typical ways to pay for braces. Costs vary, as some patients require only one phase of treatment, while others

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Tips for Eating with Braces

In order for your child to get the most benefit out of their braces, certain foods must be avoided and special care must be given to their teeth. To get you started on the right path, here's a list of foods to avoid. Ask your orthodontist for a more comprehensive list.

Forbidden Foods:

- > Ice
- > Hard candy
- > Taffy
- > Pizza crust
- > Tacos
- > Corn Nuts
- > Beef Jerky
- > Hard rolls or bagels
- > Nuts
- > Caramel
- > Ribs
- > Hard nuts
- > Tortilla chips
- > Popcorn
- > Corn on the cob

Be sure your child brushes his or her teeth immediately after eating these sweet foods.

- > Jelly
- > Honey
- > Desserts
- > Syrup
- > Sugared cereals
- > Sodas



Local orthodontists create kid-friendly environments for their patients

Brace Yourself

Braces aren't the big, clunky hardware they used to be. Discuss these options with your orthodontist to find the best fit for you and your kid.

- > Metal Braces
- > Ceramic Braces
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- > Clarity™ Braces
- > Damon 3 Braces
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require two. Head gear or surgery complicate treatment and affect cost.

A Designer Look

Brackets are the noticeable part of braces and are cemented to each tooth. They come in a multitude of colors, and some orthodontists offer them in shapes such as hearts, stars, or even footballs. "The variety of the aesthetics are amazing," says Chris Koehn, whose son just finished his treatment. "Some kids wear school colors on their teeth."

Clear or colored rubber bands may be used to align jaws and move teeth into their proper position. Retainers, also available in glow-in-the-dark, maintain the position of the teeth following corrective treatment.

Since orthodontia has evolved, children and grown-ups alike can participate in the process. Patients are responsible for following eating and hygiene rules during treatment. It may take a year or two, but a great smile is worth it. KM

MELANIE SAXTON is a Katy resident and proud mom to daughter, Emily. She enjoys writing and volunteering in the community.

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HEALTH BULLETINS

We love hearing from you!

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H-E-B Donates \$25,000

The American Cancer Society and H-E-B recently announced their new partnership in the fight against cancer via the American Cancer Society's Personal Health Manager Program. The collaboration is an extension of both organizations' ongoing commitment to provide guidance and support to cancer patients, survivors, and caregivers. H-E-B presented the American Cancer Society with a check for \$25,000 in support of the program.

Pictured (l-r): Rick Q. Ngo, M.D., F.A.C.S. - The American College of Surgeons, Memorial and Katy Surgical Specialist and the American Cancer Society Executive Board; Cyndy Garza-Roberts, Director of Public Affairs, H-E-B; Tom Atkins, H-E-B Unit Director, Cancer Survivor



Advancing Technology at CHRISTUS

Dr. Ricardo Bonnor, general surgeon on staff at CHRISTUS St. Catherine Hospital, performed one of the first single-incision gallbladder removals in Houston. The procedure consists of removing the gallbladder through an operation requiring only a single incision in the bellybutton rather than the traditional four incisions in the abdomen. "Single access surgery is the next major advance in making surgery even less invasive," says Dr. Ricardo Bonnor. "We can now perform procedures using only one incision, which has cosmetic advantages, less scarring, and less post operative pain."

Celebration for Pediatric Care in Katy

Playful sports mascots from Katy and Houston recently helped employees of Memorial Hermann Katy celebrate expanded pediatric services at the hospital. Celebrants enjoyed cupcakes and other treats, along with a lollipop tree full of prizes, such as Houston Rockets gear and movie tickets. Children's Memorial Hermann Katy provides pediatric and neonatal care within Memorial Hermann Katy Hospital, including a dedicated pediatric unit and skilled health care team with specialized training to care for children and infants

Pictured (l-r): Paul O'Sullivan, chief operations officer of Memorial Hermann Katy Hospital; Heather Tubbs, RN; Katy High School's Tiger; Taylor High School's Mustang; Sarah Rowe, child life specialist; Becky Langlely, RN; Children's Memorial Hermann's Topper; Seven Lakes High School's Spartan; Mayde Creek High School's Ram; and Houston Rockets Clutch.



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