



# Successful Aging

Stein Institute for Research on Aging

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## Foot and Ankle Surgery: Considerations for the Geriatric Patient

*Congratulations to Stein-affiliated faculty member Dr. Daniel Lee and Dr. Gerit D. Mulder, who recently had their article accepted into the widely circulated Journal of the American Board of Family Medicine. The abstract for the article entitled "Foot and Ankle Surgery: Considerations for the Geriatric Patient" appears below.*



*Dr. Daniel Lee*

The growing number of lower extremity abnormalities that are seen in the inpatient and outpatient setting has paralleled the increased number of aged in the population. Foot and ankle deformities, disorders and arthritis which are not manifested until late in life, have become more common as more individuals attain longer lifespans. While conservative therapies are a priority when addressing the geriatric population, surgical options may be over-

looked secondary to a misunderstanding of their ability to overcome peri-operative management. Advanced minimally invasive surgical procedures in the foot and ankle have decreased the complications associated with foot surgery, making surgical intervention a viable option for many of the elderly. The newer procedures do not, however, minimize strict peri-operative management, including pharmacological and nutritional assessment, and cardiopulmonary precautions. Outpatient surgical intervention may effectively address many ongoing problems associated with pain, decreased ambulation and decreased quality of life. Current techniques in joint reconstruction in the forefoot and midfoot are all weight bearing from the day of surgery. Most hindfoot and ankle surgeries now permit minimal bone resection and incision through arthroscopy, resulting in improved muscle and tendon repair and early weight bearing. The changes in surgical approaches to the geriatric foot have permitted more effective and rapid intervention in problems affecting ambulation and quality of life in our aged population.

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## FREE PUBLIC LECTURE

### APRIL

#### **How to Strengthen Osteoporotic Bones Without Surgery**

Daniel Lee, D.P.M.  
*UCSD Assistant Clinical Professor  
Orthopaedic Surgery*

April 15, 2009, 5:30 p.m.  
Garren Auditorium  
Basic Science Building  
University of California, San Diego

### MAY

#### **Gout: A Growing Public Health Problem Intimately Linked with Aging**

Robert Terkeltaub, M.D.  
*UCSD Professor of Medicine-in-Residence  
Department of Medicine  
Chief of VA Rheumatology Section*

May 20, 2009, 5:30 p.m.  
Garren Auditorium  
Basic Science Building  
University of California, San Diego

*Free parking is available.*

#### *Directions:*

From Interstate 5 North or South:

- Exit La Jolla Village Drive West
- Right on Villa La Jolla Drive
- Left on Gilman Drive
- Left into Parking Lot 602 (first stop sign)
- From parking lot, walk toward Medical Teaching Facility (MTF)
- Right through MTF and enter Basic Science Building through glass doors
- Left down first hallway

*Please see page 2 for a summary of March's presentation.*

## Free Public Lecture

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### How to Strengthen Osteoporotic Bones Without Surgery

As we approach age seventy, our bones begin to thin and lose their strength. This effect of losing the normal bone's internal architecture is known as bone thinning or osteopenia and is especially prevalent in women. Once this condition progresses to the point where the risk of fractured bones is high, it is called osteoporosis. Unfortunately, the warning signs of osteoporosis, such as posture changes or loss of height, are often ignored until a fracture occurs.

For people with osteoporosis, a small injury or fall can lead to a fracture, and depending on the person's age and health, the bones may take a long time to heal. Even after healing, some people become fearful of activities and exercises, so bone and muscles continue to weaken, creating a vicious cycle.

This presentation will focus on the anatomy of bones, their biomechanical architectures, common foot/ankle fractures and how to avoid them, how to strengthen these bones and muscles, and the latest updates on non-invasive bone-strengthening therapies.

### Biography

Dr. Lee is the director of Podiatric Foot & Ankle Surgery at UC San Diego Medical Center and is a fellow of the American College of Foot and Ankle Surgeons. His specialties are unique reconstructive Swiss and Russian surgical techniques in forefoot, midfoot, hindfoot, and ankle reconstruction, including arthroscopy, endoscopy, clubfoot surgery, trauma, and diabetic charcot deformity correction for limb salvage.

Please call (858) 534-6299 AT LEAST THREE WORKING DAYS IN ADVANCE to receive your free parking permit. Attendees may also purchase permits at the parking kiosk on Gilman Drive or park at the metered sites.

## Meet This Month's Successful Ager—Midge Murphy

BY MELANIE COLLINS

*Midge Murphy was born at home on the family farm in Ohio in 1920 and was the fourth of six children. Midge's youth was filled with vigorous physical activity: She was up at dawn doing chores before school, then she traveled nearly three miles each way to school and back on foot or with a horse and buggy. Although Midge grew up during the Great Depression, she didn't feel poor. Her family produced good food from the farm, and she had everything else she needed to enjoy her childhood.*



Midge Murphy

After high school, Midge went to Chicago to work in a hospital, and then worked for Kraft Foods. When World War II broke out, women began to enter the

workforce in two main areas: nursing and the defense industry. Midge trained to be a nurse, became the president of her class, and graduated in 1946. She had a large collection of friends from nursing school, and they got together frequently to play records, to dance, and to socialize.

All her life, Midge had heard her father say, "I'd like to get to California before I die." Her father never made it, but he had planted the idea in Midge's mind. In 1949, she and three friends packed their belongings into a 1939 Ford and drove to Santa Monica. Her friends returned to Chicago, but Midge fell in love with California and stayed. She joined the local Catholic Youth Organization (CYO) and met new people who later were like family to her children.

Midge also met her future husband at CYO, and they married in 1953. While raising her three children, Midge didn't work outside the home but did remain very busy. She volunteered at the children's school; took courses that interested her; and pursued activities such as gardening, cake decorating, sewing her children's clothes, and

making quilts for the county fair. "I'm a workaholic," Midge says. "I always need to be doing something."

In 1970, Midge went back to work as a nurse. Then, when her husband became ill with colon cancer, she helped take care of him until he passed away at the young age of fifty-four. After her husband's death,

Midge not only supported herself financially, but she also learned to invest her savings. As Midge's daughter Patricia puts it, "Mom took the bull by the horns." And as Midge says, "If something needs to be done, I just do it." She even managed to help her children with their college tuitions and the down payments for their first homes.

Midge retired from nursing when she was sixty-seven. She waited until she was

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*I take things one day at a time.*

### Do You Know Someone Who Is a Great Example of Successful Aging?

Each month we feature examples of successful aging within our local community. We welcome your nominations. If you know of someone eighty-five years or older who you feel is an example of successful aging, please contact Jody DeLaPena-Murphy at (858) 822-1132 or [jodelapena@ucsd.edu](mailto:jodelapena@ucsd.edu) with the name and contact information of the person you would like to nominate, along with a brief description of why you feel he or she is successfully aging. From these nominations, we will select some of these individuals to be interviewed, and their responses will be included in future editions of the newsletter!

# Old Photographs

BY NATASHA JOSEFOWITZ PH.D.

*My mother died in 1999 at age ninety-six, leaving behind more than twenty photo albums and notes from her trips, every book she ever read, and the countless classes she attended. I could toss the notes, but the photo albums have been staring at me these past eight years. Then, on my last trip to London to visit my son, I packed them all so he could help me decide which photos he wanted for the generations to come.*

As my son leafed through the disintegrating pages and the fading pictures, he put Post-its on the ones he wanted. Then it was up to me to pull out those photos as well as the ones for my daughter and brother and various cousins whose faces appeared among many unfamiliar ones. The early pictures had little corners holding them down. Later photos were attached with double-sided tape and tore when I removed them unless I used a knife. Those covered with plastic sheets were the easiest to pry out.



Natasha Josefowitz, Ph.D.

The photos from the twenties and thirties: sepia, people posed stiffly for the photographer, in proper clothes and with unsmiling faces. The forties:

black-and-white small-format glossies with tiny, unrecognizable people photographed with early cameras that unfurled like accordions. By the fifties: color and decent portraits.

How interested would the grandchildren be in these pictures? My grandson remembers my mother, but how meaningful are the photos of her parents: the strange man with the handlebar mustache, the woman with hair piled high, distanced from their eventual great grandchildren? Is all this effort to keep memories alive worth it? I look at them in wonderment, looking for a similarity to me or my children but I find none. My nostalgia begins with my own children, so dear when tiny, so cute grow-



ing up. I miss those early years when I now look at these people, taller than I, who don't really want my advice (of course it's because they know better).

The choice of settings also changes. Early photos were mostly taken on trips to endless beaches and snowy mountains: It's either old-fashioned bathing suits or long wooden skis. Then there are shots of horseback riders with appropriate jodhpurs or golfers with knickers and cleats. Later the backgrounds become more exotic: Chinese Buddhas, Egyptian pyramids, the Yangtze, the Nile, the Amazon, leaning towers, blue icebergs, vine-encrusted temples in the heart of Cambodia, poor villages with naked children, or Aborigines with kangaroos. It's either that or the home: the living room, the kitchen, the backyard with children splashing in the inflated wading pool.

My mother at thirteen, my daughter at thirteen, my granddaughter at thirteen—perhaps I should put these next to one another instead of in chronological order with the other photos. I compare my son at eighteen and my grandson at eighteen and marvel—it is the same face.

I contemplate several options on what to do with all these photos. Some people swear by DVDs, which can be sent to all the relatives, but I fear they will be looked at once and forgotten. A photo album is the usual choice, but it's tedious work.

Finally, I choose oversized shoeboxes with cardboard dividers by years from the photo store, and I make sure to write who, when, and where on the back of each picture.

There it is, the silent witnesses of a life well lived: of children grown into good adults; of M.B.A.s and Ph.D.s; of homegrown teachers, lawyers, doctors, and engineers; of failures, survivals, and triumphs. A whole lifetime—no regrets!



## PUBLIC LECTURE SERIES

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Cox Digital Ch. 135  
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(throughout San Diego)  
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### Research on Aging: Goals and Challenges of Palliative Care

Palliative care aims to prevent and relieve suffering and to promote quality of life at every stage of life through patient and family care, education, research, and advocacy. Join Frank D. Ferris, M.D., as he presents information on defining elements of past and modern illness and various ideas of suffering. The general concepts of palliative care, as well as the future goals of palliative care will be addressed.

Apr. 9 9:00 p.m.  
Apr. 10 10:00 p.m.  
Apr. 12 5:00 p.m.  
Apr. 14 7:00 p.m.

### Research on Aging: The Inconstant Brain

It was thought that the brain remained stable until the changes of old age occurred. New studies reveal an unsuspected degree of dynamic change in brain tissues that suggest neuroadaptive alterations in response to pathogens, drugs, and even experience. Join expert Terry L. Jernigan, Ph.D., as she explains the implications of this exciting new research.

Apr. 14 11:00 a.m.  
Apr. 17 8:00 a.m.  
Apr. 18 3:00 p.m.  
Apr. 23 9:00 p.m.  
Apr. 24 11:00 p.m.  
Apr. 26 5:00 p.m.  
Apr. 28 7:00 p.m.

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For additional information on viewing past lectures online or for any other questions, please visit our Web site at <http://aging.ucsd.edu> or call (858) 534-6299.

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Please write to us if you no longer wish to receive  
future fundraising requests to support the Stein  
Institute for Research on Aging.

# Honor Roll of Stein Institute for Research on Aging Contributors

We would like to express our deep appreciation for all those listed, as well as the anonymous donors, who chose to provide support to the Sam and Rose Stein Institute for Research on Aging during the months of February through mid-March 2009.

For clinical trials at UCSD:  
<http://health.ucsd.edu/clinicaltrials/>

## Successful Ager

*continued from page 2*

financially and mentally ready to retire because she knew that "retiring changes your whole life system." In retirement, Midge traveled for about ten years to see other countries. Now she is enjoying life in her own backyard.

Midge has several successful aging habits; one is regular exercise. She attends exercise class two times a week and practices tai chi chuan once a week at her community senior center. She also continues to learn new things. Right now she is learning to use the Internet and to play sudoku.

Midge has had a large social network throughout her life. She still attends a Catholic widow's group for social and spiritual support. She became friends with the young couple that lives next door, and she spends time with their baby, who adores her. These are examples of the age range in Midge's social circle.

Midge believes that she developed a healthy view of life and death through the practice of her Catholic faith. Her children say that her faith is exemplified by her gratitude and her generosity with her time and resources.

Midge simply does not let life's stressors get the best of her. "I just don't worry about things," she says. "I take things one day at a time."

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