



W UNITED TRIBES TECHNICAL COLLEGE WEEKLY NEWSLETTER R

VOL. 5 NO. 4

September 16, 1996

Weekly Menu

Sept. 16 to Sept. 20

DINNER

- Mon.-Poor Boy Sandwich with Turkey and Ham, Potato Chips, Potato Salad, Assorted Fresh Fruit, 2% Milk
Tue.- Taco Salad, Dinner Buns, Assorted Fresh Fruit, 2% Milk
Wed.-Swedish Meatballs over Noodles, Vegetable, Salad, Dessert, 2% Milk
Thu.- French Dip with Au-Jus, Salad Bar, Tossed Salad, Assorted Fresh Fruit, 2% Milk
Fri.- Knoephle Soup, Breaded Chicken Filet, Mashed Potatoes, Creamed Gravy, Dinner Roll, Salad Bar, 2% Milk

Sept. 23

- Mon.-Chuckwagon Stew, Baking Powder Biscuit, Salad Bar, Fresh Fruit, Relish Tray, 2% Milk

SUPPER

- Mon.- Braised Beef over Noodles, Vegetable, Salad, Fresh Fruit, 2% Milk
Tue.- Bar-B-Que Chicken, Baked Potato, Vegetable, Dinner Roll, Salad, Dessert, 2% Milk
Wed.-Hamburger on a Bun, Soup, Salad Bar, Dessert, 2% Milk
Thu.- Swiss Steak, Mashed Potatoes, Vegetable, Salad, Dessert, 2% Milk
Fri.- Spaghetti with Meat Sauce, Vegetable, Salad Bar, Dessert, 2% Milk
Mon.-Bar-B-Que Ribs, Baked Potato, Vegetable, Salad, Dessert, 2% Milk

Nursing Student presented with Nightingale Lamps

Fourteen nursing students have satisfactorily completed the first half of their nursing education program and are now beginning their final year in the program.

To highlight this achievement, these students were honored at a lamplighting ceremony at a breakfast gathering on Friday, September 13. Each was presented with a Nightingale Lamp respecting the memory of Florence Nightingale who was a pioneer in establishing schools for nursing education.

Ms. Nightingale and some companions gave untiring service to the wounded in the Crimean war in the 1850's. They worked day and night and carried oil lamps during the night hours. The public image of the lady with the lamp was soon created.

The following students were presented with lamps at the Friday ceremony: Rebecca Benson, Rosalie Christianson, Betty Delorme, Georgia Foote, Jolene German, Dawn Grosz, Billie Jo Greenwald, James Housley, Roberta Johnson, Vicki Platero, Kathy Gedlacek, Beverly Bolheim, Valdon St. John, Lisa Yatskis.

Sharlene Gjermundson, UTTC Student Health Service, spoke to the group and reminded them of the service role they were assuming.

submitted by Sister Kathryn Zimmer,
Director, AASPN Program

REUNION NOTICE

Looking for students and graduates of Cook College & Theological School (formerly, Cook Christian Training School, and Charles Cook Theological School). The School is celebrating its 85th Anniversary and Reunion, and would like to find past students. If you attended "Cook" please contact Eunice Robbins or Pat El-Najjar at 708 South Lindon Lane, Tempe, Arizona 85281, or call (602) 968-9354.



Chemical Health Center

The Chemical Health Center hosted the ND Indian Council on Addictive Disorders Association meeting held on the 5-6 of September, which went very well. The Chemical Health Center also hosted an Open House held on September the 5th. We had 45 guests who came to join the fun we gave out 10 door prizes to 10 lucky people, better luck next time Viv! Our next Open House will be in October.

Really Want To Help An Alcoholic?

If you really want to help an alcoholic in your family, try the following constructive suggestions:

1. Start learning the facts about alcoholism. Begin attending Al-Anon meetings and open A.A. meetings. Read the literature. Find out at once if alcoholism is the problem. If it is, give up and accept it.
2. You no longer have to blame the alcoholic. Concentrate on your own actions.
3. You no longer have to control the alcoholic's drinking. Let him drink as much and as often as he please--s/he is going to anyway. Any of your attempts to stop him/her or to control him/her will fail -- and provide the justification s/he's looking for to continue drinking.

Each time s/he drinks to excess and causes suffering to himself or others, suggest treatment when s/he has sobered up enough to listen. But do not offer treatment when he has himself put together again. That's too late. If s/he agrees to treatment, get him there at once before s/he talks himself and you out of it.

4 You no longer have to rescue the alcoholic. Start letting him suffer and assume responsibility for each and every consequence of his/her drinking. Whenever you bail him out of jail or call the boss with an excuss for his/her absence, make good, bad checks or tell lies to cover, or in any other way protect him/her from the consequence of his drinking, you are prolonging the problem.

5. You no longer have to be concerned with the alcoholic's reasons for drinking. There aren't any. Reasons are only excuses for an alcoholic to keep drinking.

6. You no longer have to reject outside persons. Renew old friendships and begin new ones. Rejoining the world will force the alcoholic to compare his sick behavior with the more normal behavior of others.

7. You no longer have to threaten. Say what you mean and do what you say.

8. You no longer have to accept or extract promises. It isn't fair to ask for promises because the alcoholic can't keep them. Broken promises because the alcoholic can't keep them. Broken promises heighten his sense of inadequacy and cause him to feel unworthy.

9. You no longer have to nag, preach, coax and lecture. Start reporting the facts of his/her inappropriate action each next day s/he's sober and then drop the subject for the balance of the day to avoid nagging.

10. You no longer have to be a puppet. You alcoholic is an expert at getting you to lose your cool and thus provide him with justification for drinking. The alcoholic is forced to respond to your healthy changes with changes of his own -- maybe even sobriety and health for him/herself.

**Learning Center Evening Hours
for the week of
September 16-20
Tuesday, September 17, 4-8 pm
Wednesday, September 18, 4-8 p.m.**

HELP WANTED

EARN EXTRA INCOME

Earn \$200 - \$500 weekly mailing phone cards. For information send a self-addressed stamped envelope to:
Inc., P.O. Box 0887, Miami, FL 33164

*Information for the
Next Newsletter
no later than September 20
to Arrow Graphics
Attn: Wanda Swagger*

Sept,

~~October~~ is baby safety month.

WHAT IS TRAUMA?

Trauma is defined as any injury that disrupts your body's life system. It is the number one cause of death for people between the ages of one and 44. Nearly 100,000 people in the US die from trauma each year.

- * Over 50% of motor vehicle deaths are caused by drinking alcohol or not using a seat belt.
- * An unbelted driver or passenger in a 30 mph crash hits the windshield of the car with the same impact as a fall from a three-story building.
- * One severe home injury happens every nine seconds. Half of those happen to children under five.
- * Trauma costs the American public over \$143 Billion each year in medical bills, lost wages and lost productivity.
- * Trauma causes 44% of all deaths in children between one and four years of age.

WHAT IS A TRAUMA CENTER?

As a trauma center, a dedicated team of health professionals is available 24 hours a day to evaluate and treat trauma victims. Because of the work of this team, most people survive their injuries, and many return to active productive lives.

ACCIDENTS DON'T JUST HAPPEN.

Some simple steps you can take to reduce your risk. Most injuries to adults, and nearly all injuries to children can be prevented. Simple precautions can be taken to avoid injury to yourself and to others. Alcohol is also a factor in most injuries. An average of one person every minute is injured in an alcohol related crash. Here are some steps you can take to prevent trauma from happening to you.

IN A CAR


DO place children correctly in approved safety seats.
DO designate a driver if attending a party where alcohol is being served.
DON'T rely on the air bag without using your seat belt.

AT HOME

DO have an escape plan with two ways out in case of fire.
DO have smoke detectors and change batteries every 6 months.
DON'T ever use gasoline to start a fire.

WITH FIREARMS

DO learn the proper way to handle firearms by attending approved classes offered by trained personnel.
DO store ammunition in a separate place from firearms.
DON'T assume you can protect yourself with a firearm-it may be used against you.



SCOLIOSIS

Postural defects are a significant health problem among otherwise healthy adolescents. Because these defects often develop slowly and without pain to the child, screening to detect them at an early stage is an important preventive public health strategy. Annual postural screening programs for students grades 5 through 9 are now mandated in several states. The school screening program is designed to identify children who should have further medical evaluation by their primary care physician. The primary care physician will then determine if the child should be referred to an orthopedica specialist.

definition

Scoliosis is a deviation from this norm with a side to side or lateral curvature of the spine. This deviaiton may or may not include rotation on deformity of the vertebrae. It may be a slight curve or so severe a curve that the spine resembles a C curve (simple) or a S curve (double).

FORMS OF SCOLIOSIS

The nonstructural form of scoliosis is described as a spinal curve that is flexible and is readily corrected and disappears upon bending forward or side bending to the convex side of the curve. The curve involves no vertebral changes and is generally caused by changes from the outside of the spine such as leg lgth descrepancy and or trauma.

The structural form on scoliosis is characterized when the vertebrae are malformed and rotated. The presence of vertebral body changes with fixed rotation as well as muscle distention become visible, and are especially noticeable in the forward bending position.

Based on etiology and the deformity about 20% of the structural scoliosis fall into the category of congenital and or neuromusualr scoliosis. The remaining 80% are classified as idiopathic scoliosis.

Scoliosis needs to be identified or detected as early as possible, since prompt treatment of progressing curves provides the best chance of slowing or halting a progression curvature.

Early detection of potential or suspected scoliosis is accomplished by a 30 second procedure of observing the back at various angles and positions. This observation is generally called screening. Screening may be defined as "the presumpiton identification of unrecongized disease or defect by the application of tests, examination or other procedures" which can be applied rapidly or large groups of people.

The schools provide the appropriate setting for the Scoliosis Screening Program.

SCREENING FOR SCOLIOSIS

Screening for scoliosis will be provided for Grades 5-8 will be conducted on Sept. 24, 1996 . time frame will be announced at a later date at the school.

Permission will be needed from the parents. A letter will be sent to all parents.

Parents will be notified of any referrals immediately and arrangements will be made for medical attention.

What is Scoliosis?

Scoliosis is a sideways (lateral) curving of the spine. Scoliosis is generally detected in early pre- and teen years. It is more common in girls than boys.

What is the Cause?

Eighty percent of scoliosis cases are idiopathic (cause unknown). Scoliosis tends to run in families.

How is Scoliosis Detected?

Scoliosis can be detected by observing the student's back from different angles and positions. This procedure is known as screening and is carried out in schools. The following pictures show how this is done and what to look for.



Normal

- head centered over mid-buttocks
- shoulder blades level, with equal prominence
- hips level and symmetrical
- equal distance between arms and body

Possible Scoliosis

- head alignment to one side of mid-buttocks
- one shoulder higher
- one shoulder blade higher with possible prominence
- one hip more prominent than the other
- unequal distance between arms and body



During screening, the student is also observed from both the front and back while bending forward:



Normal

- both sides of upper and lower back symmetrical
- hips level and symmetrical

Possible Scoliosis

- one side of rib cage and/or the lower back showing uneven symmetry.



Normal

- even and symmetrical on both sides of the upper and lower back

Possible Scoliosis

- unequal symmetry of the upper back, lower back, or both



The student is also observed for Kyphosis or "round back".



Normal

- smooth symmetrical even arc of the back

Possible Kyphosis ("round back")

- lack of smooth arc with prominence of shoulders and round back.

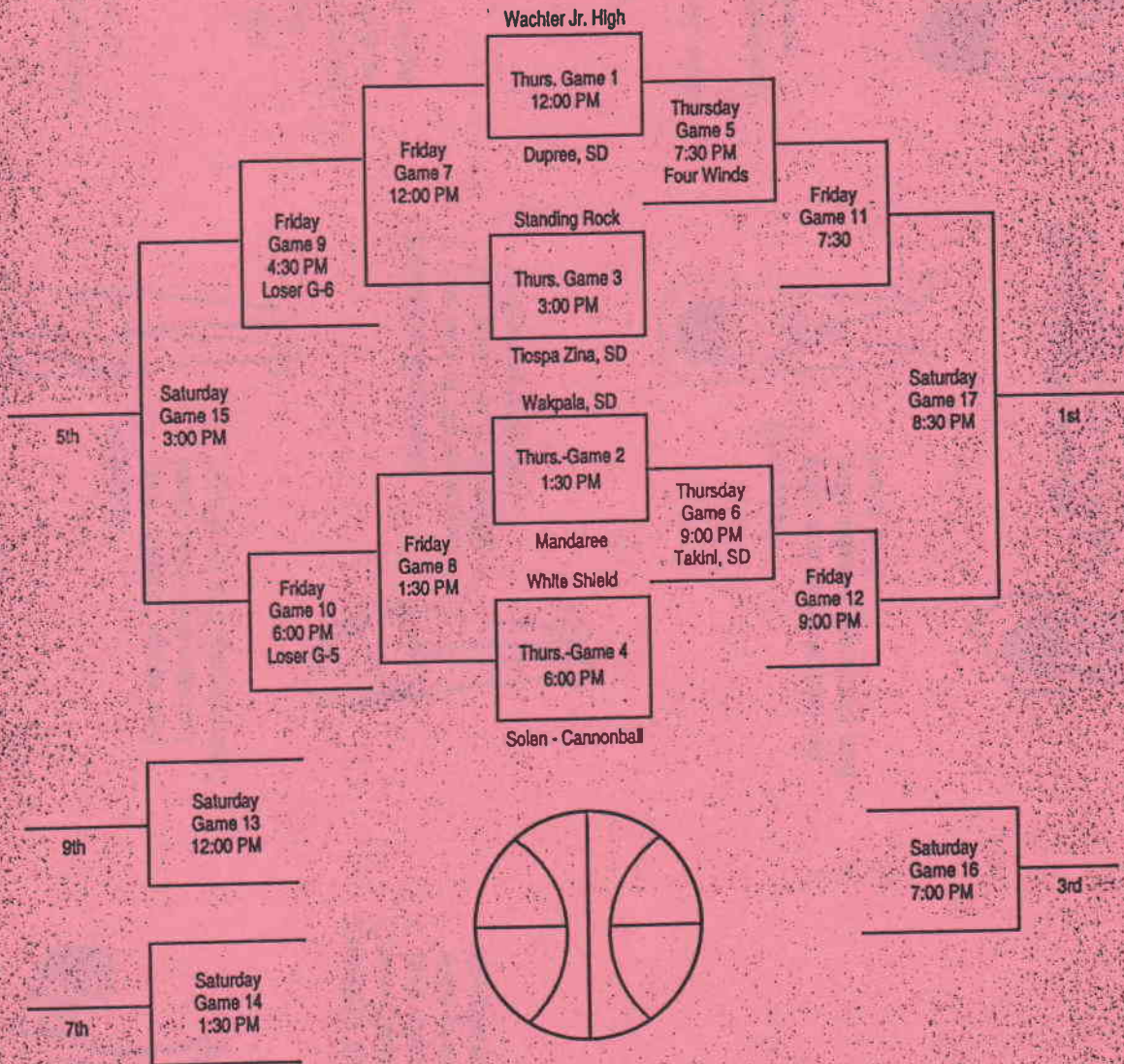


Screen Out Scoliosis!



2nd Annual All-Nations High School Girls Basketball Tournament

September 19, 20, 21, 1996
Bismarck State College



Admission: Adults - \$4.00. Students - \$2.00
 Performance each session by Native American Drum and Dance Groups
 Education Conference Coordinators: Patsy Hammeren, Theresa Delorme
 September 20th & 21st Conference /Tournament -
 Headquarters, Ramada Inn
 Student Dance Sept. 20th, 1996 - 10:00 PM - 1:00 AM -
 Ramada Inn - Admission \$2.00

• Tournament not responsible for accidents • For more information Contact:
 Tex G. Hall (701) 759-3311