

# Premier Health Survivorship Program

The below summary outlines our Survivorship Program within Premier Health. We have previously used the term supportive services to outline these programs, however, to align our Commission on Cancer certification, MD Anderson affiliation, and the definition of survivorship, we are renaming the program. Survivorship, per the National Coalition of Cancer Survivorship (NCCS), is “the experience of living with, through and beyond a diagnosis of cancer” (1996); at Premier Health we want to ensure our patients have access to services throughout the continuum of care and when it best fits their needs. If you have any questions about these services, please contact Alison Potts at [ampotts@premierhealth.com](mailto:ampotts@premierhealth.com) and/or Amanda Musser at [ammusser@premierhealth.com](mailto:ammusser@premierhealth.com)

- Exercise Therapy, **requires a physician order**
  - Referrals available from all Premier locations, onsite locations at AMC, MVHS, MVHN
    - Premier Heartworks, located at MVHS- paper referral form attached.
    - Maple Tree Cancer Alliance available at AMC, MVHS, and MVHN- paper referral form attached.
- Massage Therapy
  - Available within all infusion centers during treatment. MVHN and UVMC have massage rooms available.
    - UVMC Dugan Infusion Center, call (937) 440-4820
    - MVHN Massage Therapy Services through the Wellness Center, call (937) 734-5860 to schedule appointments.
- Nutrition support, **requires a physician order**
  - Referrals available from all Premier locations, onsite locations at MVHS and MVHN, telehealth options also available.
    - EPIC referral placed by provider, “Consult to Dietitian (PH) (aka NUTRITION)” central scheduling will call the patient for an appointment.
      - MVHS – (937) 438-7834
      - MVHN – (937) 734-5716
- Genetic Counseling
  - Referrals available from all Premier locations, onsite locations at AMC, MVHS and MVHN, telehealth options also available.
    - EPIC referral (AMC and MVHN) “Consult to the Cancer Genetics Program”
    - Paper referral attached for all locations
- Social Services
  - Referrals available from all Premier locations, onsite locations at AMC, MVHS, MVHN and through Fidelity home care.
    - EPIC referral via inbasket message
    - Paper referral attached for all locations
      - MVHS; Anna Frantz – (937) 438-3856 or (937) 438-7832
      - MVHN; Jennifer Masny-Bushman – (937)734-5814

# Premier Health Survivorship Program

- AMC; Tia Leedy – (513)974-6873
  - UVMC – open
  - FIDELITY; Heather Cary – (937) 926-1017
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- Look Good Feel Better
    - Referrals available for all Premier Health locations, virtual.
    - How- More information coming shortly
  - Lymphedema treatment (PT/OT), **requires a physician order**
    - Referrals available for all Premier Health locations, onsite locations across our market
      - EPIC referral placed “Lymphedema Therapy – OT/PT Eval and Treat “
      - Paper referral, attached for all locations
  - Pelvic Floor Therapy
    - Referrals available for all Premier Health locations, onsite locations across our market
    - Appointments are scheduled by calling the therapy location, see attached brochure.
  - Weight Management
    - Referrals available for all Premier Health locations, onsite locations across our market; Premier Health Premier Weight Loss Solutions
    - For more information, visit [www.premierhealth.com/premier-weight-loss-solutions](http://www.premierhealth.com/premier-weight-loss-solutions) or call (937)208-5300
  - Expressions of Hope
    - Referrals available and onsite fittings are available at all Premier Health locations.
    - For more information about fittings and services, please call (937) 438-7355
  - Support Group
    - Referrals available for all Premier Health locations, virtual groups offered at this time.
    - For more information contact Anna Frantz (937-438-3856 or [anrfrantz@premierhealth.com](mailto:anrfrantz@premierhealth.com))

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## Exercise Options for Cancer Patients

### **Premier HeartWorks**

Miami Valley Hospital South  
2300 Miami Valley Drive, Suite 170, Centerville

Please return by Fax with Physician Consent Form to: (937)438-5482

### **Maple Tree Cancer Alliance**

Atrium Medical Center  
One Medical Center Drive, Middletown

Please return by Fax with Physician Release Form to: (513)974-5023

### **Additional Exercise Program Options:**

#### **Healthy Steps Program (Virtual)**

Meets every Tuesday from 10:30am - 11:30am

Call (513)974-5669

#### **Livestrong at the Atrium**

12-week, twice a week program

Call (513)974-5669

#### **Livestrong at the YMCA**

For more information Call (513)892-9622

Email [www.gmvymca.org](http://www.gmvymca.org)

# HeartWorks Cancer Exercise Program Physician Consent Form

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_  
(Last) (First) (Middle initial)

Diagnosis \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

The above individual would like to participate in the Cancer Exercise Program at Miami Valley Hospital South. This program is intended for patients currently in cancer treatment and for cancer survivors. It is a safe means for individuals to follow an individualized exercise program under the guidance of our certified instructors for this 6 week session. Our goal at the Cancer Exercise program is to improve quality of life and potentially extend survival by improving health status. Please indicate your approval and recommendations regarding the individual's use of the equipment and facilities and participation in the Cancer Exercise Program at Miami Valley Hospital South.

The supervised exercise sessions are organized to promote the health related components of fitness (strength, flexibility, cardiovascular endurance and body composition) through individually prescribed exercise plans. Patients also have an opportunity to meet 1:1 with RD for nutrition counseling.

Based on the health history information and your recommendations, an exercise program will be developed for the individual.

Please check YES or NO for the following:

1. This patient may participate in non-monitored/supervised exercise program according to department standards.  
\_\_\_\_\_ YES \_\_\_\_\_ NO
2. This patient may participate in low-moderate level weight training according to department standards.  
\_\_\_\_\_ YES \_\_\_\_\_ NO
3. This patient may participate in a nutrition consult with dietitian.  
\_\_\_\_\_ YES \_\_\_\_\_ NO

\_\_\_\_\_ I do **not** wish this patient to participate in the Cancer Exercise Program at this time.

This individual may participate in the Cancer Exercise Program with the following restrictions:

\_\_\_\_\_

Physician Signature \_\_\_\_\_ Date: \_\_\_\_\_

Physician, please Fax to Premier HeartWorks at 937-438-5482

Premier HeartWorks

2300 Miami Valley Drive  
Comprehensive Cancer Center Suite 170  
Phone 438-5483  
Fax 438-5482



### Physician Release Form

Patient's Name: \_\_\_\_\_

Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby give medical approval to the person named above to participate in a post-rehabilitation fitness program that may include cardiovascular, resistance training and functional conditioning for the body.

Please note any exercise recommendations or restrictions:

Please note any medications that may affect her response to exercise:

Signature: Physician: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* When Complete, Please fax to 513-974-5023\*\***

# Genetic Counseling Referral Form

**Via Miami Valley Hospital South and Dayton Children's Medical Center**

Today's Date \_\_\_\_\_ Referring Physician \_\_\_\_\_

Patient's Name \_\_\_\_\_ M ☐ F ☐ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred phone \_\_\_\_\_ ☐ Cell ☐ Home Other phone \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Auth # \_\_\_\_\_ \*

\*Important: If patient's insurance requires preauthorization for a Genetics visit, please include the authorization number with this referral

Reason for Referral (Please include any relevant testing and/or clinical information with this referral)

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Please check if applicable:

☐ Schedule ASAP due to pending surgery. Date of surgery: \_\_\_\_\_

☐ Return this fax with date and time of appointment.

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**Please return Referrals by Fax to:**

**Atrium Medical Center:** 937-641-5325

**Miami Valley Hospital South:** 937-438-7811

**Miami Valley Hospital North:** 937-641-5325

**Upper Valley Medical Center Referrals:** 937-641-5325

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**For Office Use Only**

Appt Date: \_\_\_\_\_ Time: \_\_\_\_\_ Genetic Counselor: \_\_\_\_\_ Location: \_\_\_\_\_



# Social Services Referral Form

Today's date \_\_\_\_\_ Referring Physician \_\_\_\_\_

Patient's Name \_\_\_\_\_ M ☐ F ☐ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred phone \_\_\_\_\_ ☐ Cell ☐ Home Other phone \_\_\_\_\_

Diagnosis/Reason for referral \_\_\_\_\_

**Please contact a social worker at your preferred location:**

**Atrium Medical Center**

One Medical Center Dr., Middletown

**(513)974-6873**  
**(513)705-4125 (fax)**

**Miami Valley Hospital**

1 Wyoming Street, Dayton

**(937)208-2251**  
**(937)208-6192 (fax)**

**Miami Valley Hospital South**

2300 Miami Valley Drive, Centerville

**(937)438-3856**  
**(937)438-7832**  
**(937)438-7811 (fax)**

**Miami Valley Hospital North**

9000 N. Main Street, Englewood

**(937)734-5814**  
**(937)223-9769 (fax)**

# Lymphedema Referral Form

Today's date \_\_\_\_\_ Referring Physician \_\_\_\_\_

Patient's Name \_\_\_\_\_ M ☐ F ☐ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred phone \_\_\_\_\_ ☐ Cell ☐ Home Other phone \_\_\_\_\_

Diagnosis \_\_\_\_\_ ICD 10 Code \_\_\_\_\_

Physician Signature \_\_\_\_\_

## Please return by Fax to your preferred location:

**Atrium Medical Center Lymphedema Clinic** (513)974-4058  
One Medical Center Dr., Middletown

**Beavercreek Physical Therapy Clinic** (937)208-7675  
1244 Meadow Bridge Dr., Beavercreek

**Claybourne Physical Therapy Clinic** (937)208-7448  
1525 E. Stroop Rd., Dayton

**Jamestown Physical Therapy Clinic** (937)675-2472  
4940 Cottonville Rd., Jamestown

**Miami Valley Huber Heights** (937)734-6809  
6251 Miami Valley Way, Suite 110, Huber Heights

**Miami Valley Hospital North** (937)734-5798  
9000 N. Main Street, Englewood

**MVH Outpatient Phys Therapy Sports and Medicine** (937)886-1505  
Coffman Family YMCA, 90 Remick Blvd., Springboro

**MVH Physical Therapy at Wright State** (937)208-7725  
1222 S. Patterson Blvd., Suite 395, Dayton

**SureCare Physical Therapy Clinic** (937)208-7151  
360 W. Central Ave., Springboro

**The Sports Medicine Center** (937)438-7710  
Miami Valley Hospital South, 2400 Miami Valley Drive, Suite 130, Centerville



## Incontinence and Pelvic Health Physical Therapy

Patients of this program meet with physical therapists specially trained in non-surgical management of pelvic health and dysfunction. Treatment focuses on improving sensory awareness, decreasing muscle spasm, and strengthening the pelvic floor muscles.

Common causes of incontinence or pelvic pain may be:

- Childbirth
- Obesity
- Repetitive lifting/running
- Chronic constipation
- Chronic coughing
- Surgery
- Aging



### Schedule Your Appointment

Call the Premier Health physical therapy location most convenient for you to help you manage bladder and pelvic health problems.

## Physical Therapy Locations

### Atrium Medical Center

Ralph J. Stolle Countryside YMCA  
1697 Deerfield Road., Lebanon, OH 45036  
**(513) 934-3850** • (513) 934-3450 Fax

4859 Nixon Park Dr., Suite B  
Mason, OH 45040  
**(513) 492-5959** • Fax (513) 492-5958

Atrium Family YMCA  
5750 Innovation Dr., Suite B, Middletown, OH 45005  
**(513) 974-5013** • (513) 974-5085 Fax

### Miami Valley Hospital

1244 Meadow Bridge Dr., Beavercreek, OH 45434  
**(937) 208-7670** • (937) 208-7675 Fax

Miami Valley Hospital North  
The Sports Medicine Center  
9000 N. Main St., Englewood, OH 45415  
**(937) 734-5720** • (937) 734-5798 Fax

Wright Health Building  
1222 S. Patterson Blvd., Suite 395  
Dayton, OH 45402  
**(937) 208-6090** • (937) 208-7725 Fax

360 W. Central Ave., Springboro, OH 45044  
**(937) 208-7150** • (937) 208-7151 Fax

### Upper Valley Medical Center

Hyatt Center  
(incontinence only)  
Center for Sports Medicine  
450 N. Hyatt St., Suite 102, Tipp City, OH 45371  
**(937) 440-7152** • (937) 667-4038 Fax

Upper Valley Medical Center  
3130 N. County Road, 25A, Troy, OH 45373  
**(937) 440-4840** • (937) 440-4396 Fax

Sidney Center  
1529 Fair Road, Suite 100, Sidney, OH 45365  
**(937) 492-0270** • (937) 492-0671 Fax



## Incontinence and Pelvic Health Physical Therapy



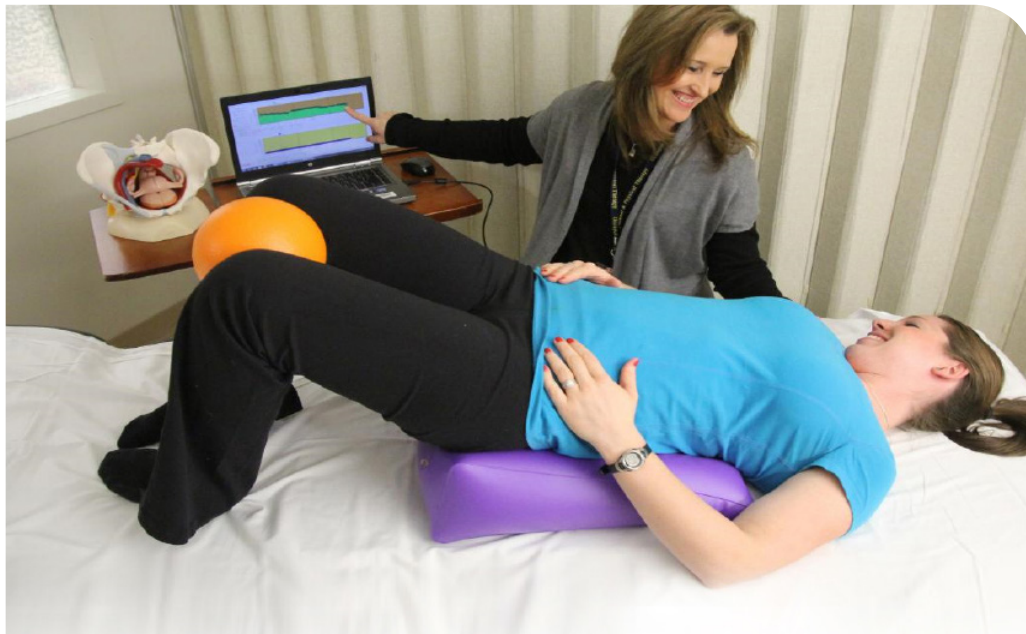
## Conditions for Pelvic Floor Disorders

Specialized physical therapy services are available for individuals who have been diagnosed with pelvic floor disorders, such as:

- Pelvic organ prolapse/pelvic floor dysfunction
- Bladder and bowel control/incontinence
- Pelvic floor pain and tension
- Perimenopause and menopause
- Postpartum issues
- Pregnancy-related pain or disorder

### Our therapists evaluate patients and develop individual treatment plans that may consist of:

- Pelvic floor muscle training
- Manual therapy techniques
- Behavior re-education
- Biofeedback and electrical stimulation



### Q. What's the "pelvic floor"?

The pelvic floor is the group of muscles that form a "sling" or hammock across the opening of the pelvis. Pelvic floor muscles can become weak through aging, surgery or other conditions. A pelvic floor disorder occurs when the pelvic muscles and connective tissue become weakened or injured.



### Q. What are symptoms of a weak pelvic floor?

Individuals may have pelvic pain and/or problems with bladder and bowel control.

### Q. Isn't it normal to lose slight control of the bladder every now and then?

Incontinence, or loss of bladder or bowel control, may be common but it's not normal. In women between 18 and 59 years of age, 26 percent have involuntary leakage. In individuals age 70 and above incontinence prevalence increases to over 40%.

### Q. Should a person talk to their doctor about even occasional leakage?

Absolutely. Be frank about how many times leakage occurs and how much it interferes with your life. Studies show that individuals with pelvic floor disorders may not seek treatment from their medical provider for up to eight years because they're embarrassed.

### Q. Is there any harm in just waiting?

No, but why would you wait? Incontinence usually gets worse. In fact, it's a major reason why people are admitted to nursing homes.

### Q. What does the specialized physical therapy do?

We offer non-surgical methods to strengthen the pelvic floor muscles and relieve the symptoms of pelvic floor disorders. This treatment can also improve pelvic floor issues related to pregnancy and menopause in women, and prostatitis and post-prostate surgery issues in men.

### Q. Non-surgical sounds like a good idea – is it?

Indeed. We teach patients advanced exercises and also provide other ways of gaining control. There are even dietary changes which may help. For patients with pain, therapies can greatly reduce the discomfort.

### Q. What's the first step?

Discuss any pelvic floor problem with your health care provider – a family doctor, an OB/GYN, a urogynecologist, a urologist. Ask if physical therapy is an option for you to improve the situation.

A physician referral is not required. Please call the location most convenient for you to schedule an appointment.





# EXPRESSIONS OF HOPE

Expressions of Hope offers a caring atmosphere where knowledgeable and compassionate staff offer women personal garment options and inspiration. We strive to help women celebrate life and feel confident during their wellness journey.

## **PRODUCTS OFFERED INCLUDE:**

- Symmetry solutions for lumpectomy and contour balance
- Innovative breast forms and partial shapers for mastectomy, lumpectomy and reconstruction
- Specialized breast forms for active lifestyles

[see reverse for Expressions of Hope events>](#)

## NEED TO “GET FITTED?” JOIN US AT THE FOLLOWING FIT EVENTS:

### Monday through Friday

9:30 a.m. to 5 p.m. by appointment

#### **Miami Valley Hospital South**

2400 Miami Valley South Room 1063  
Centerville, Ohio

### First and Third Friday of the month

9 a.m. to 5 p.m. by appointment

#### **Miami Valley Hospital North**

Suite 233 ( Gem City Surgical Office)  
9000 N. Main St.  
Dayton, Ohio

### First Thursday of the month

9 a.m. to 5 p.m. by appointment

#### **Upper Valley Medical Center**

Cancer Care Center Entrance  
3130 N. County Rd. 25A  
Troy, Ohio

### Second Thursday of the month

9 a.m. to 5 p.m. by appointment

#### **Atrium Medical Center**

Cancer Center  
1 Medical Center Dr.  
Middletown, Ohio

### Second and Fourth Friday of the month

9 a.m. to 5 p.m. by appointment

#### **Fidelity Health Care**

Bldg. C  
3170 Kettering Blvd.  
Moraine, Ohio

Call us at **(937) 438-7355** for more details or to make an appointment.

We except most major insurance plans, including Medicare/Medicaid and we are happy to verify your insurance benefits for you.



ExpressionsOfHope.org