- 1. Anyone with a history of chronic cough, sputum production, chest pain or tightness.
- 2. Any person with a history of shortness of breath upon exertion or at rest.
- 3. Anyone with a history of frequent "colds" or allergic rhinitis.
- 4. Management of all patients on bronchodilators.
- 5. Any person over forty years of age.
- 6. All smokers.
- 7. Any person with occupational exposure to inhaled dust or chemicals.
- 8. Before and during aerobic exercise conditioning.
- 9. Evaluation of the effects of environmental air pollution.
- 10. Pre-employment physicals and health evaluations.
- 11. Anyone with a family history of chronic lung disease (bronchitis, asthma or emphysema).
- 12. Actuarial predictions in life insurance.
- 14. Pre- and postoperative patients scheduled for thoracic or upper abdominal surgery.



Dr. William Lyden is a holistic Chiropractic Physician in private practice emphasizing integrated healthcare since 1985. He has two postgraduate diplomates or specialty degrees: D.A.C.B.N. (Diplomate of the American Chiropractic Board of Nutrition) in Clinical Nutrition and a D.A.B.C.I. (Diplomate of the American Chiropractic Board of Internists) in Internal Disorders and Diagnosis. He is a member of the American Association of Chiropractic Physicians (A.A.C.P.) and the American Association of Anti-Aging Physicians (A4P). Dr. Lyden is one of only two Certified NeuroEmotional Technique (N.E.T.) practitioners in Minnesota. As past president of the Midwest Chiropractic Internist Association, he teaches and consults, and has developed laboratory blood profiles utilized by chiropractic physicians in the upper Midwest. As a participating physician in Health Coach Systems International, he is dedicated to changing health care paradigms in North America.



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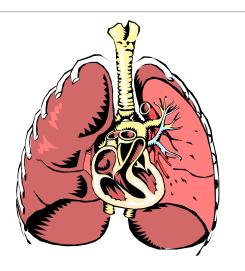
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PULMONARY (LUNG) FUNCTION TEST - PFT



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PULMONARY FUNCTION TEST SPIROMETRY of LUNGS

-A Quick Test for Lungs, Heart & Health-

Testing of lung capacity (using computerized spirometry) is the <u>single best indicator</u> of general health status and the risk of developing heart disease. Researchers say the test is better at predicting the overall



mortality risk and the chances of death than measurements such as blood pressure, blood cholesterol, glucose tolerance (as an indicator of insulin output)

and even age itself. For women, it even predicts the risk of heart-related death <u>better than age</u>.

One of the spirometric determinations, known as forced vital capacity (FVC), provides a convenient and efficient way to select persons at risk for cardiovascular events (heart attacks and strokes) even before any symptoms are experienced. FVC uncovers much of what is known about the relationship between lifestyle and heart disease risk. FVC should be part of every periodic physical check-up as a way of identifying those who most need to modify their risk factors. There is much that can be done to alter established risk factors, such

as smoking habits, high blood pressure, high fat and/or high carbohydrate diets, obesity, and lack of exercise.

FVC has been shown to be especially useful in predicting patients likely to develop congestive heart failure, a dangerous condition in which the heart becomes progressively weaker and unable to pump blood through the lungs and the rest of the body.

Studies show that men with the lowest FVC scores - that is, the smallest lung capacity - had 4 times the risk of developing heart failure in one year than those with the highest FVC scores.



Among women, the highest-risk group was almost **20** times more likely to develop heart failure than the lowest risk group.

The lung capacity scores are very strong indicators of overall mortality risk and the risk of all sorts of heart and blood vessel diseases, including heart attacks, strokes, and hardening of the arteries. Furthermore, the importance of FVC scores as predictors does not decline with the age of the patient, <u>as a number of</u> other heart disease risk factors do.

Sickness, disease and musculoskeletal (joint and muscle) problems do not JUST happen, they ACCUMULATE! Early intervention or prevention of disease will save you a great deal of unnecessary pain and suffering. Additionally, the sky-rocketing health care and social system costs will be saved from extensive, invasive and costly procedures and the expenses of follow-up care.

Sources: Dr. William. B. Kannel, Boston University Medical School; American Heart Association; Farmington, MA. Research; Boston Globe 932181; RA Knox, et al.

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