Despite the great technological advances of the twentieth century, our bodies remain a far better “machine” than anything man has ever built. Nature remains ahead of us even though we may think otherwise. A lifetime of 80 years, for example, translates into 400,000 hours of walking, talking, eating, and interacting with other people. Our heart beats and pumps blood through our bodies on average 3.4 billion times during our lifetime. Our bodies are always “switched on,” even when we are sleeping. It’s no wonder that over time certain parts start to wear out and don’t work as well, and sometimes break down altogether.

Now, compare our bodies to the cars we drive these days. Without good care and regular maintenance, even the best-built cars will eventually break down. That is the reason why we regularly, albeit sometimes begrudgingly, pay for oil changes, brake repairs, and new tires. Although our bodies do not require regular oil changes, we do need to have occasional maintenance work done to make sure we keep running on all cylinders. It starts at birth, followed by almost monthly visits to our “medical mechanics” for the first year. In our twenties, thirties, and even forties, we often think we are invincible and tend to get by without visiting our doctors. Once we hit that magic age of 50, regular health maintenance is once again on our mind because of the risk of developing chronic conditions like heart disease, cancer, or stroke.

**SOME POINTS ABOUT PREVENTION**

Primary prevention refers to preventing diseases in the first place. Immunizations are the ultimate form of primary prevention. Getting a flu shot every year (unless you are truly allergic) is one of the best ways of avoiding the potentially deadly influenza infection.

Secondary prevention refers to detecting a disease in its very early stage and treating it before it progresses too far. Yearly mammograms to look for early breast cancers are an example of this.

Geriatricians are experts in tertiary prevention, which seeks to identify and treat existing diseases that cannot be cured anymore but nevertheless can be managed to slow their progression and to improve the patient’s quality of life. An excellent example of this is a gait and balance disturbance. Although we cannot reverse the effects of a prior stroke and get that leg working properly again, recognizing the importance of a gait difficulty and ordering physical therapy and appropriate exercises can improve balance and walking ability and with it reduce the chance of a fall.

**NO WARRANTIES**

It is not all up to your doctor to keep you as healthy as possible. You have to do your fair share in maintaining your health. Imagine if your parents were given a manual shortly after your birth, similar to the thick, cumbersome owner’s manual you receive (and never read) when you buy a new car. It might look something like this:
Let's skip right to age 65 and older to see what the current recommendations for health maintenance entail. Of course there may be reasons why one or the other test is not done but this should follow a conversation between you and the doctor.

1. Annual influenza (flu) vaccination.
2. Pneumococcal vaccine once after age 65.
3. One-time vaccination with the Herpes zoster (shingles) vaccine.
4. Tetanus-diphtheria vaccine booster every 10 years and now also the pertussis (whooping cough) booster.
5. Screening mammography, usually every year unless discussed with your doctor.

6. Screening colonoscopy every 10 years (may vary according to patient’s condition and family history).
7. Yearly fecal evaluation for occult blood and PSA testing in men after discussion with your doctor (not routinely done any more).
8. Pap smears after 65 can be discontinued if a woman has had three consecutive normal smears in the last 10 years or if she has had a hysterectomy for a reason other than cancer, but Pap smears should still be considered if there is a family history of ovarian cancer.
9. Screening bone mineral density exam beginning at 65. Repeat examinations usually depend on the patient’s medical condition. No set schedule is recommended.
10. One-time screening ultrasound examination to look for an abdominal aortic aneurysm in men, especially those who have a significant family history or a history of smoking (not as clearly established for women).
11. Comprehensive blood tests, including yearly thyroid function tests and where appropriate a cholesterol test.
12. A baseline electrocardiogram (ECG) if there is any indication of heart disease.
13. Yearly screening for depression even without any indication.
14. Various memory screens if there is any suspicion of a memory problem.

Other regular evaluations should include vision and hearing tests. Keep those senses up to speed!

Please do not forget to regularly review all of your medications which you are taking even the over the counter supplements or those bought on the internet.

If you follow this regular maintenance schedule your body will thank you and so will your family and doctor.