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out of the taxpayers' pockets." According to Goss, the issue is clear-cut.

"This behavior just isn't conducive to a downtown business district," he said. "There's not a whole lot else to say."

Skateboarders, however, don't understand what the big deal is. They say they need a place where varied jumps and tricks can be accomplished, such as the Downtown Farmington Center. There are ramps, curbs, decks and stairwells providing challenges. A relatively flat area, such as Shawassaw Park, wouldn't cut the mustard.

"The terrain is half of it," said 17-year-old Russell Fertig, who gives a short approval to the assembled skateboarders.

Beverly Brown added that the downtown center region appeals to the skateboarding crowd because of its central location and "cool shops. There's a lot of stuff here."

**'This behavior just isn't conducive to a downtown business district. There's not a whole lot else to say.'**

**Gary Goss**  
—director,  
Farmington Public Safety



**'We are here to show this legislation takes not just from a few, but from many. NOW LET'S SKATE!'**

**Russell Fertig**  
—17-year-old skateboard supporter

Brown and several others emphasized that, if downtown is off limits for skateboarders, the city ought to provide a skate park. That would allow participants to continue an activity that they say keeps them busy, and out of trouble, after school lets out.

"It's something to do," said 16-

year-old Andrew Knepley, also a FHS student. "It's kept me from being bored."

In his speech, Fertig was to the point. "We are here to show this legislation takes not just from a few, but from many. NOW LET'S SKATE!"

Those who came to the fountain expressed concern that a skateboarding ban would end a fun activity that brings friends

together and helps them let off steam. But at least one business could be put in jeopardy, said FHS student John Robinson, 16.

"If they don't let us skate out here it's going to put them out of business," said Robinson about the Pro Skate Shop, adding that many of the skateboarders rely on the nearby shop for wax and other supplies, let alone a new board if the old one breaks.

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## Arthritis Today

**JOSEPH J. WEISS, M.D., RHEUMATOLOGY**  
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### TREATING CARPAL TUNNEL SYNDROME

Carpal tunnel syndrome is the name of a condition involving compression of the nerve to the first 3 1/2 digits of the hand. The thumb, second, third and half of the fourth undergo episodes of numbness, particularly at night. The thumb loses its ability to grasp because of weakness in the muscles that control its action.

Doctors can identify that you have carpal tunnel syndrome by the changes you rotate occurring in the fingers, and by examining the involved hand.

The first approach to treatment is to make sure some other condition is not at fault. Although in most instances the reason carpal tunnel syndrome occurs is unknown, there are a small group of people whose occupation or recreation place unusual pressure upon the wrist and hand. Rarely other persons have underlying thyroid disorders or diabetes mellitus. In these cases, addressing the cause is the way to resolve the carpal tunnel problem.

The next approach is a wrist splint at night. If the carpal tunnel syndrome is mild, this treatment suffices. Often, after 6-8 months you can stop using the splint and the syndrome does not return.

Many individuals obtain sustained relief from an injection into the carpal tunnel itself. The injection relieves inflammation that surrounds the nerve and stretches the surrounding tunnel area. The effect is to enlarge the space the nerve traverses.

If the above measures fail, then the treatment of choice is surgery.

## SPOTLIGHT ON Orthodontics

by Josephine Finazzo, D.M.D.

### INHERITED PROBLEMS

Most of the problems orthodontists encounter among patients are inherited. These include tooth crowding, excessive space between teeth, missing or extra teeth, abnormally shaped or sized teeth, teeth that erupt in the wrong places, and protrusive or recessive upper and lower jaws. Many of these problems have their origins in evolutionary patterns. The size of our jaws is much smaller than those of our prehistoric ancestors; however, the size and number of our teeth has remained the same. When these two genetically controlled traits are out of concert, patients may get tooth crowding due to large teeth that are set into jaws that are too small to

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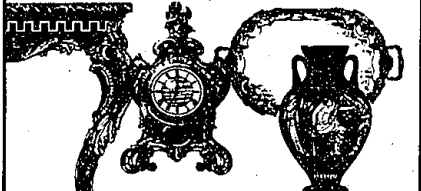
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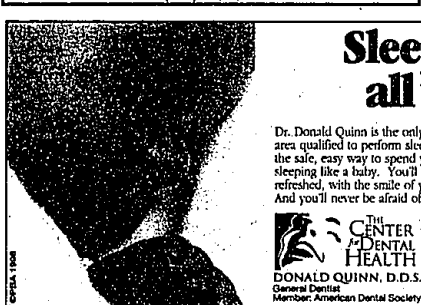


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## Dentist in the 90s

by Herbert M. Gardner, D.D.S. & Martha P. Zinderman, R.N., D.D.S.

### ANTIBIOTIC UPDATE

Patients with heart conditions have long been advised to make their conditions known to the dentist. On the basis of this information, the dentist may prescribe antibiotics before visits to prevent bacterial endocarditis (heart infection). The latest recommendations from the American Heart Association (AHA), however, show that the prescription may not be necessary in all cases. The AHA continues to recommend that patients take antibiotics if they have certain birth defects of the heart, heart valve damage, a previous diagnosis of bacterial endocarditis, or have an artificial heart valve. On the other hand, patients who have mitral valve prolapse that does not involve valvular regurgitation or thickened leaflets can forego the antibiotics.

If you have any questions about today's column or antibiotics, or would like to schedule an appointment, please call 478-2110. Rely on us at LIVONIA VILLAGE DENTAL ASSOCIATES to answer all your questions about dental treatments and procedures. Common sense tells us that preventing dental disease is more rewarding and less costly than correcting problems once they occur. We're located at 19171 Merriman Road, where we provide complete, high quality dental care, using the most modern procedures. Smiles are our business.

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P.S. Dental patients may also skip the antibiotics if they have an innocent heart murmur, have had coronary bypass surgery, or have been diagnosed with Kawasaki disease or rheumatic fever that has not damaged heart valves.

## Learning problems are getting statewide attention!

Converse Kasper is stating all children should read by the third grade. Many children are still struggling with the basic skills needed for reading. MDA's Learning Center was developed to find ways to improve schools and solve the learning problems. Children with learning problems are the largest number of children that need help.

Attention Deficit Disorder (ADD) is widespread. In many schools, children live up to lunch time to receive their dose of Ritalin. This has many parents and doctors worried.

Meanwhile, the children are still waiting for answers. They're still waiting for help with their homework. Or they just read it all together.

Dr. John Jankovic, director of the Vision Therapy Center, has found an answer for many of these children. Most children with learning problems, especially those with ADD, have no undiagnosed vision problem.

I can't stress enough how critical it is for a complete eye examination to be included in testing for ADD and other learning difficulties. 60% of children in an average classroom have a vision problem that can hinder their ability to read and learn," says Dr. John Jankovic, director of the Vision Therapy Center in Livonia. "It is often overlooked, and can be solved."

Symptoms of various deficiencies and ADD are similar. Parents, teachers, in fact all of us, need to know the symptoms of vision problems.

The symptoms of a child whose learning difficulties are related to vision are:

1. Avoids reading and school work, cannot sit still or finish a task. This is often caused by double vision and eyes that focus, aim, or visually concentrate.
2. Lower the place while reading, skips words, moves whole hand back and forth, uses his finger to follow, sometimes "impaired". Poor control of eye movements will bring these results.
3. Tilting head while working up close, covering one eye, developing headaches after reading and paperwork, are all signs of problems with eye focusing. "Children typically do not report poor vision; they assume everybody sees the way that they do," notes Dr. Jankovic.
4. Poor handwriting can also be the result of poor eye-hand coordination. Many of our patients have no handwriting skills.
5. Poor spelling. The child may even pass the test but cannot recall the words one week later. Retaining letters (sometimes identified as "Gardner's") This is often the result of poor visual memory and visualization.

Local parents Stuart and Mary Mathis share their daughter's success story. There can't possibly be anything more frustrating and a feeling of hopelessness, when you know you have a bright child and she can't read. Vision therapy for my daughter has opened my heart to so many ways and has decreased the stress in our home. Finally finding the missing piece to the puzzle allows Tonya to move ahead into more challenging aspects of her life.

The Vision Therapy Center doesn't claim to be a cure all for ADD. Their role is to correct vision problems that cause these symptoms.

The American Optometric Association (AOA) states that less than 10% of children under the age of seven have vision problems that make it hard to see at home and school. These vision problems can be solved. They are not a permanent condition, and can be corrected with vision therapy.

Provisional funds to subsidize, dropping out of school and even juvenile delinquency." The Association wanted to be clear.

Dr. Ellis Goldstein, author of "Bridging the Learning Gap," adds this point: "The almost every case of a child with a vision problem there is a solution."



Tonya Mathis with her vision therapist, Kamela Asher.

The truth is recognizing the problem and getting the child in the right position.

"After starting off as an early reader who caught on quickly and loved to read, as reading became more difficult, Alex came to us for reading and spelling help as well as possible. Now Alex is able to read with much more ease, he no longer complains of headaches and has actually begun to pick up books on his own because he wants to," shares Kamela.

Testing for vision-related learning problems is being offered by Dr. Jankovic at the Vision Therapy Center, 17341 32nd Ave., Livonia, MI 48150. "I am very concerned with the need for testing for ADD and learning problems, without overlooking a possible vision problem. Many times screenings can be misleading, because they are never as thorough as a full vision examination," states Dr. Jankovic. "An undiagnosed vision problem is very often the missing piece."