A FREE COMMUNITY PROGRAM

Health Night with Dr. Schamma

Sixty minutes to understand your own body a little better — your five numbers, your "second heart," how doctors think, and the signs that mean call 911.

Built by **Dr. Schamma Salomon, MD, FACP** — a board-certified Internal Medicine physician practicing Vascular Medicine in Texas.

1 MIN

Before we start — what tonight is, and what it isn't

*"Tonight is **health education only**. It is general information — not medical advice, not a diagnosis, not treatment, and it does not create a doctor–patient relationship with anyone. Nobody here is going to be examined, screened, or told what is wrong with them. Your own doctor always comes first. Nothing you hear tonight should ever be a reason to start, stop, or change a medicine — that conversation belongs to you and your doctor or pharmacist. And if anyone here has an emergency at any point tonight, we call **911** immediately."*

✅ Tonight we will

- Explain what the numbers mean
- Practice questions for your next visit
- Learn the signs that mean call 911

🚫 Tonight we will not

- Check anyone's blood pressure or sugar
- Tell anyone what condition they have
- Advise on anyone's medicines or personal case

PART 1 OF 5

📊 Your body's dashboard

Your car has a dashboard. You don't need to be a mechanic to drive — you just need to know which lights matter. Your body has one too. It's five numbers, and most adults have never had them explained.

Ask the room: "Raise your hand if you know your blood pressure number from your last visit." Then: "Keep it up if you know what the second number means." Most hands drop. ***That gap is why we're here.***

1 MIN · 15-MIN SECTION

Blood pressure

What it is: the force of blood pushing against the walls of your arteries. The top number is the push when your heart squeezes. The bottom number is the pressure that stays there while your heart rests between beats.

Normal
Keep doing what you're doing

Under 120/80 mm Hg

Higher than normal
Worth a conversation — not a panic

120/80 and above

> **The part nobody tells you:** high blood pressure usually causes *no symptoms at all*. Your body quietly recalibrates to it. That's why "I feel fine" is not a blood-pressure reading — a cuff is. It is measured, not felt.

Ranges from the 2025 American Heart Association / American College of Cardiology adult guideline. General education — your own doctor sets your personal target, which may be different.

Cholesterol

What it is: a waxy material your body actually needs — to build cells and hormones. It rides through your blood on carriers. The trouble isn't cholesterol itself. It's *which carrier* is doing the driving.

Total cholesterol
The headline number on your lab sheet

Desirable under 200 mg/dL

LDL
The delivery truck that drops cholesterol off in artery walls — lower is generally better

Your doctor sets your target

HDL
The clean-up crew that carries it back to the liver — higher is generally better

Higher is generally better

Triglycerides
Fat traveling in the blood

Normal under 150 mg/dL

> **Take this to your visit:** "Can I see my LDL number, and what number are we aiming for in my case?" Your target depends on your whole risk picture — not on a single line of the report.

General reference ranges (NHLBI / Mayo Clinic). Labs report slightly different ranges — always read yours next to your own doctor's interpretation.

3 MIN

🩸 Blood sugar

What it is: how much sugar is traveling in your blood right now. The **A1C** test is different — it's a three-month average. A fasting glucose is a photograph. An A1C is the highlight reel.

✅

A1C normal

Three-month average

Below 5.7%

⚠️

Prediabetes range

Often improvable with everyday changes — and usually silent

A1C 5.7–6.4%

🍽️

Fasting glucose normal

Measured before you eat

Below 100 mg/dL

🎯 **QUICK CHECK — HANDS UP**

True or false: "If I had prediabetes, I would feel it."
Answer: **False.** Prediabetes usually has no symptoms at all — which is exactly why it's found on a test, not by a feeling. Nobody loses points for guessing; that's the whole reason it gets missed.

Ranges from the CDC / MedlinePlus. Diagnosis of diabetes or prediabetes is made by your own doctor, using your own test results — never by a slide.

⚖️ Weight — but measured two ways

What it is: BMI is a quick screen from your height and weight. Waist size adds the part BMI misses — weight carried around the middle, which behaves differently in the body. Neither is a verdict on a person. Together they're a useful flag.

📏

BMI — healthy range

Imperfect: very muscular people read "high" without extra fat

18.5–24.9

🧵

Waist — men

Lower risk below this

Under 40 in (102 cm)

🧵

Waist — women

Lower risk below this

Under 35 in (88 cm)

> **Do this at home, tonight:** wrap a tape measure around your bare waist, level with your belly button, and breathe out normally. That one number is free, takes ten seconds, and you can bring it to your next visit.

Ranges from the CDC and NHLBI; waist cutoffs can be lower for some ancestries (for example South or East Asian) — ask your doctor. Weight is one signal among many, and it does not define anyone's worth or health on its own.

💗 Resting heart rate

What it is: how many times your heart beats per minute while you're calm and still. It's the one number on this list you can check right now, with nothing but your fingers and a clock.

💗

Typical adult range at rest

Well-trained athletes are often lower, and that can be normal for them

60–100 beats/min

Try it now (optional): two fingers — not your thumb — on the thumb side of your wrist. Count the beats for 30 seconds and double it. Skip this if it's uncomfortable for you.

Say this to the room: a number outside 60–100 is **not** an emergency by itself, and tonight is not a screening. But a fast, slow, or irregular heartbeat that comes with **chest pain, trouble breathing, or fainting** — that **is** a call-911 moment, tonight or any night.

You just learned your dashboard 🎉

Blood pressure · cholesterol · blood sugar · weight & waist · resting heart rate. Most adults have never had all five explained in one sitting. You have now.

🎯 **QUICK CHECK — CALL IT OUT**

Which of the five can you measure at home for free, with no device at all?
Answer: two of them — your waist (a tape measure) and your resting heart rate (your fingers). That's two-fifths of your dashboard, tonight, at no cost.

Next up: the second heart almost nobody knows they have — and it's not in your chest.

Your calves are your second heart

Your heart pushes blood *down* to your feet easily — gravity helps. Now ask the harder question: what pushes it back *up*?

The answer is your calf muscles. Every time you take a step, your calf squeezes the deep veins inside it like a hand squeezing a tube of toothpaste. One-way valves in those veins keep the blood from sliding back down. Squeeze, lift, close. Squeeze, lift, close. That is a pump — and doctors really do call it the second heart.

Composite story (a blend of many patients, not one real person): a man comes in because his ankles puff up by evening and go down overnight. He's convinced it's "just age." He's also a long-haul driver — eleven hours a day, one foot barely moving. Nothing about his heart was the headline. His second heart had been switched off for eleven hours a day.

What happens when the pump sits still

🪑 Sitting or standing still for hours

- Blood pools in the lower legs
- Ankles swell — often worse by evening
- Legs feel heavy, achy, tired

🚶 Moving the calf, even a little

- The pump switches back on
- Blood moves upward against gravity
- It costs nothing and needs no equipment

The one thing to remember: long stretches without moving your legs — a long flight, a long drive, a long illness in bed — are a known risk factor for blood clots in the deep veins of the leg (the CDC calls out travel over about four hours). That's why "get up and move your ankles" is real medicine, not small talk. And if one leg suddenly becomes painful, swollen, warm or red, get seen in person the same day — it can be a clot. If you suddenly can't catch your breath or have chest pain, **call 911**. Don't wait, and don't drive yourself.

The standing calf pump

Read this consent line out loud, word for word, before anyone stands: *"This next part is completely optional. Please only do what feels safe for your own body. Stay seated and just watch if you'd rather — you'll get exactly the same information. Hold the back of a chair or a wall the whole time. If you feel dizzy, short of breath, or any pain, stop right away and sit down. If anything feels wrong, tell someone next to you."*

Standing version

- Hold a chair back or wall
- Rise slowly onto the balls of your feet
- Lower slowly, heels to the floor
- Repeat gently for 2 minutes. Breathe normally.

Seated version — equally good

- Keep your heels on the floor
- Lift your toes toward your knees
- Then press your toes down
- Same pump, same 2 minutes, zero balance needed

Then say: "That's it. That's the whole exercise. You just did the thing that keeps the second heart working — and you can do it at a red light, at the sink, or in a waiting room."

Where this fits in a real day

Long trip
Ankle pumps in your seat every hour, and stand up when it's safe to

Desk or long shift
Two minutes at the top of each hour beats one long walk at the end of the day

Evening on the couch
Legs up on a footstool while you watch — let gravity work for you for once

About compression socks: many people find them helpful for tired, achy legs — but they are not right for everyone. Certain circulation and nerve conditions (like peripheral artery disease, diabetic foot problems, or neuropathy) change the answer entirely. **Ask your own doctor before buying a pair.** Nobody here is recommending them for you tonight.

PART 3 OF 5

🧠 How doctors think

Here's something patients almost never get told: when you describe a symptom, your doctor isn't reaching for one answer. They're building a short list — the likely thing, and the dangerous thing they have to rule out first.

Once you know that, three questions change every visit you'll ever have.

2 MIN · 10-MIN SECTION

The 3 questions that change every visit

1. **"What do you think is causing this — and what else could it be?"**
   This asks for the short list out loud. It's the single question that most often surfaces the thing nobody had said yet.

2. **"What should I watch for — what would mean I need to call you, or call 911?"**
   Doctors call this the safety net. It turns "let's watch it" from a shrug into an actual plan with a trigger.

3. **"What's the next step — and what happens if we do nothing?"**
   Every option has a cost, including waiting. This question makes the trade-off visible so you can decide together.

> **Practice it right now — turn to the person next to you** and say question 2 out loud, once. It's an odd sentence the first time you say it. That's exactly why we practice it here instead of in the exam room.

The most valuable minute is the last one

💡 **FOOD FOR THOUGHT — DR. SCHAMMA'S OWN PERSPECTIVE, NOT A GUIDELINE**

Everyone tells patients to walk in with a list of symptoms. I'd argue the more valuable list is the one you walk *out* with — the two or three specific things that would make you call back. Safety-netting is a recognized part of good practice, but it's almost always **spoken**, at the door, in the last thirty seconds of a visit. Spoken instructions are the first thing a worried person forgets. So my suggestion: ask for it **in writing**, before you leave. "Can you write down what would make me call you?" It takes your doctor fifteen seconds — and it's the sentence that most often gets someone back in the door at the right time instead of the wrong one.

🎯 **QUICK CHECK — NO WRONG ANSWERS**

Your doctor says "let's watch it and see." What's the one thing you now know to ask before you leave?
Watch for what, exactly — and what would mean I call you or call 911? That's the whole skill. You now have it.

A perspective offered for reflection — it never replaces your own doctor's judgment about your own care.

🚨 When it's 911 — not wait-and-see

Everything else tonight can wait until Monday. This part cannot. If you remember one slide from this whole evening, make it this one and the next.

Three rules that apply to every single sign on the next slide:

- **Call 911** (or your local emergency number). Not a friend first, not the internet first.
- **Don't drive yourself**, and don't have someone drive you if 911 is available. Treatment starts in the ambulance.
- **Don't wait to see if it passes.** With these signs, time is the treatment.

Say this plainly: "It is always okay to call 911 and be told it was nothing. Nobody in an emergency room is annoyed by that. The dangerous version is the other one — the person who waited because they didn't want to bother anyone."

The signs that mean call 911

❤️ Heart

- Chest pain, pressure, squeezing or heaviness
- Discomfort spreading to the arm, jaw, neck or back
- With cold sweat, nausea, or shortness of breath

🧠 Stroke — B.E. F.A.S.T.

- **B**alance lost suddenly · **E**yes: sudden vision loss
- **F**ace droops · **A**rm weak · **S**peech slurred
- **T**ime — call 911 the moment you see any of it

🫁 Breathing & clots

- Sudden trouble breathing, or breathlessness that comes out of nowhere
- Sudden pain, swelling, warmth or redness in **one** leg *with* breathlessness or chest pain (a swollen leg on its own: get seen the same day)
- Coughing up blood

⚠️ Also 911

- Fainting or passing out · a seizure · confusion that comes on suddenly
- The worst headache of your life, starting suddenly
- Severe bleeding that won't stop · thoughts of harming yourself (in the U.S. you can also call or text **988**)

Sources: CDC, American Heart Association / American Stroke Association, Mayo Clinic. This is a general education list, not a complete one — when something feels seriously wrong, call 911 anyway. Outside the U.S.? Call your local emergency number.

🙋 Questions — the rules of the road

*"I'd love to take questions — with three rules that protect everyone in this room. **One:** I'm your host, not your doctor, and even Dr. Schamma can't advise on a personal case from a slide deck. So the answer to 'what should I do about my...' will always be ask your own doctor — that's not a brush-off, it's the honest answer. **Two:** please don't share private medical details out loud; ask it as a general question instead. **Three:** if a question is about something happening right now, we stop and call **911**."*

✅ Great questions for tonight

- "How does the A1C test actually work?"
- "Why do legs swell more at night?"
- "What's a good way to ask my doctor for my numbers?"

↩️ Answer: "ask your own doctor"

- "Should I stop my blood pressure pill?" → **Never** from us. That's your doctor or pharmacist.
- "Is this lump serious?" → We can't see, examine, or diagnose. Your doctor can.
- "What supplement should I take?" → Ask your doctor or pharmacist.

10 MIN

Everything tonight — free, bilingual, on your phone

Point your phone camera at a code. No app, no cost, English and Spanish.

drschammaexplains.com/#free

drschammaexplains.com/numbers

drschammaexplains.com/products

For education only — general health information, not medical advice, diagnosis, or treatment, and it does not create a doctor–patient relationship. Always consult your own doctor. Never start or stop any medication or prescribed therapy without your own doctor. In an emergency, call 911.