

# SURFING MEDICINE

ISSUE #15, WINTER/SPRING 1996



## SURFING FOR LIFE



**BEFORE**



**AFTER**

**CONTENTS**

**TAVARUA 1995: SURFING FOR LIFE**  
**Tony Moore, MD, & Norman Vinn, DO, Guest Editors**

The poet William Wordsworth once said that "Poetry is strong emotion recollected in tranquility." It has been several months since the 1995 SMA Tavarua trip. When we recall the trip, the waves and the fun, it is damn near impossible to be tranquil about it. While this trip differed somewhat from prior Tavarua conferences (there were more new members and non-healthcare professionals), the soul of the trip was in the grandest tradition of the SMA travel experience: education, adventure, humor, good fellowship, a few surprises and lots of great waves.

When we were asked to serve as guest editors of this issue of the Journal, the first thought that came to mind was: "Editors?????" ("I'm a surfer,

Jim, not an editor!"). After the initial anxiety had passed about such things as ridicule, deadlines, pressuring other procrastinators like ourselves to contribute, etc., we decided to accept the assignment, based on the following logic: "What the hell. It's only one issue. If everyone is bummed about the final product, time will pass and they will forget."

So-o-o, what follows are re-caps of some selected conference presentations as well as thoughts and observations (including ours) about the trip. If it's not evident from the articles, you should be aware that the conference was oriented toward Surfing and Aging. We didn't get as far into this subject as we would have liked. Due to the lower number of healthcare professionals, some of the presentations were perhaps on a bit lighter note than prior conferences, but were nonetheless enlightening for both

professional and non-professional, and — most importantly — fun. Given the fact that we're none of us getting any younger, we are hopeful that attention to this timely topic this will continue. We'd like to see more dialogue among the membership about keeping active in the Sport of Kings.

Bottom line - we've both been members of the SMA for a long time and wouldn't give up our SMA experiences (both good and bad) for the world. As you read the articles in this issue, we hope that you will learn a few things, perhaps catch some of the SMA fever and, if you haven't already done so, get more active in this rogue's gallery. If you haven't yet gone on an SMA conference, perhaps the thoughts of people like Mike Pedicini and Steve Titus will encourage you to make the SMA a more active part of your surfing life.

Enjoy!

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Cover Art: A Startling Transformation, By Heilig and Homeboy, 1996

**Surfing Medicine**

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Snowboard descent of Mt. Hood, elevation 11,235 ft., in Oregon. Photos: Peter Van Tilburg

## Surfing Mountain Waves: Snowboarding Medicine

Christopher Van Tilburg, M.D.  
Salt Lake City, UT/Trout Lake, WA

It begins out at sea. Storms billow, whirl and create swells that travel for hundreds of miles before waves break and propel us in a sport, lifestyle and subculture. But the water cycle continues, some passes back to sea and some is picked up by passing storms traveling inland. In the mountains, water falls as snow. Like surf, snow is wildly variable. Sometimes it is light, dry and so deep it is overhead. Other times it is thick, wet and slow. It can be cold and icy or warm and slushy. The wind creates drifts and cornices; the mountains build cirques, seracs and bowls. Eventually, the snow melts to water and runs down rivers, to the estuaries, to the ocean, out to sea.

Snowboarding and surfing are kindred spirits, representing the extremes of board sports. Mountaineering and surfing cultures co-mingle in literature, science and sport. Jack London wrote of both Hawaiian waves and Yukon snow. Yvon Chouinard compiled *Climbing Ice* in the 1970s, the technical manual still widely used today, and surfs Ventura. Gerry Lopez, after years of defining North Shore surfing, designs snowboards at

his winter home in Bend, Oregon. Craig Kelly, who took snowboarding to the extreme in the 1980s has been reported to take a surfboard on his heli-snowboarding trips to Alaska.

For many surfers the mountains beckon like a dream, bringing us to another world with a familiar ride. For those that become landlocked for a job or school, snowboarding becomes the necessary alternative to surfing. For others searching for a new thrill, it is a compliment.

### History of Snow Surfing

Snow travel began as a necessity as snow skiing was a method of transportation in Scandinavia in 2000 B.C. and sledding of various forms had been around for longer. Since the 1920s, snowboard-like tools were experimented with as a form of recreation in France. The first commercial breakthrough was in 1963 when Sherwin Popper marketed the Snurfer. The Snurfer enjoyed brief success but the high-profile sport of snow skiing took the market in the 50s and 60s. In the height of the 1960s Southern California

scene, surfers were reported riding surfboards on nearby Mammoth Mountain. However, trying to use an ocean tool for the mountains proved difficult.

It was 1972 when engineer Dimitrije Milovich of Salt Lake City, Utah, patented the first Winterstick designed as a snow tool for the legendary deep powder of Little Cottonwood Canyon. Initially it was primarily a backcountry tool and the first riders climbed with snowshoes. Winterstick was designed with strap bindings for pack boots providing a sideways stance like surfing. It was as long as snow skis but about three times as fat.

In the 1970s the sport flourished with the help of pioneers Jake Burton Carpenter of Vermont and Tom Sims of California. Snowboards became refined using technology of a well-advanced ski industry and ideas of surfers and skateboarders. By the early 1980s a world cup tour was established.

Today, snowboarding has migrated towards several disciplines loosely catego-



Crossing a narrow but deep crevasse in the backcountry. Photo: C. Van Tilburg.

rizes as freeriding, freestyle and alpine. Freeriding is an all-mountain go-anywhere style. These boards are easy to ride and versatile for nearly all snow and mountain conditions. Boots are a specialized version of the pack boot with a stiff rubber sole and base and a firm lace-up leather or synthetic upper. Bindings are plastic with two straps for the dorsum of the foot.

Freestyle focuses on aerial maneuvers in a halfpipe and snowboard park, both human-made snow configurations providing banks, jumps and obstacles. These boards are loose, soft and symmetric, allowing easy transition from rail to rail and tip to tail. Boots and bindings are more flexible than those designed for freeriding to allow for extreme twisting maneuvers.

Alpine riding and racing focus on carving turns. Length and stiffness make these boards stable at high speeds and a narrow waist allows tight high-velocity turns. Boots and bindings are stiff to maximize control and energy transition. Boots are plastic, similar to downhill ski boots; step-in plate bindings are like those used for crampons or randonee mountaineering.

Specialized outfits and hybrids are available as well. Backcountry touring boards split apart and the bindings swivel allowing them to be used like randonee or telemark skis with skins for climbing. Powder guns, long, lean swallowtails allow for maneuverability and floatation in the deep stuff. Tiny skateboard-sized jib boards push the limits of freestyle.

## Medical Aspects

Snowboarding is about as safe as surfing, with about 3 injuries per 1000 snowboard days.

(1) Studies of snowboarding by Pino and Colville (2) and Ganong et al (3) showed that most injuries are impact (63% and 56% in respective studies) and torsion (34% and 32% in respective studies). Since feet are fixed on the board, there is less torque on individual legs and therefore fewer torsional injuries. Most injuries are sprains to extremities and contusions to the buttock, knee, coccyx and shoulder. Also the neck frequently sustains a whiplash type injury from acceleration and deceleration of falling. Fractures range from 24% to 41% of all injuries (2-4).

Injuries are split fairly evenly between upper and lower extremities usually to the leading arm or leg. Pino and Colville report 91% (2) and Ganong et al report 75% (3) of lower extremity injuries to the leading leg. Ankles are more often injured with soft boots and knees with hard plastic boots (2-6). Hard boots also increase the likelihood of a distal tibia or "boot top" fracture.

Upper extremities injured are likewise mostly the forward limb (2), usually wrist sprains. Wrist fracture or distal radius fracture from outstretched arms during a fall are the most common fractures to snowboarders (3-5). Shoulder dislocations occur with impact on the ground as well.

Cold injury is virtually unmentioned in snowboarding medicine literature. This is likely because most snowboarding occurs during single day outings in designated mountain resort areas which have amenities such as warming huts. Frostbite and hypothermia can occur in any winter sport and is more prevalent in backcountry travel where warming is difficult (6). Avalanches, crevasses, and other environmental hazards can also occur. With a snowboarder fixed to the board with both legs, it is speculated that in an environmental hazard snowboarders fare worse than other winter athletes such as skiers, snowshoers and climbers whose legs function independently and whose equipment is easier to remove.

Deep snow immersion has been noted in a few cases especially in deep powder and in tree wells (1). With the riders fixed on snowboards and upside-down, they were unable to right themselves and asphyxiated.

## Beginning Snowboarding

Many snowboarding injuries occur to beginners. Bladen et al (4) and Ganong et al (3) both reported 58% of all injuries were to beginners. Aub-Laban reported injuries as 36% to first time snowboarders and 25% to those in their first year (5).

Prevention of snowboard injuries is multifactorial. First, equipment should be appropriate for ability and conditions. Soft boots are warmer and more comfortable for beginners and preferred for most snowboarders. When learning a board should be medium-sized about 145-160 centimeters with two strap soft bindings. Padding when learning is also useful especially knee pads and butt pads.

Like having good equipment good instruction is also helpful to prevent injuries. First, snowboarders should learn and practice a safe wipeout usually a tuck and roll for most situations. If falling on a frontside turn, one's buttocks and trunk take the first hit in a backward somersault sparing the head. If falling on a backside turn, a rolling forward somersault with upper extremities tucked will avoid impact to outstretched arms and lessens the risk of axial loading injury to the back.

Terrain is also important. Hardpack makes for painful falls. Powder, crud and slush is much softer. One should begin on a low-angle hill.

For beginners, a common difficulty is learning to turn. Weight should be nearly centered on the board over the front foot. Steering depends on the boot and binding

system but is initiated by the knees, shins, feet. One should bend at the knees not at the waist. Avoid swinging the arms and torso to turn and avoid pivoting the board with the back foot to initiate a turn.

In the backcountry, one should have extensive knowledge of the geology and meteorology which is beyond the scope of this article. Knowledge of backcountry travel, environmental hazards and treatment of cold injury in the field is essential. Every backcountry snowboarder should carry an avalanche transceiver and a telescopic probe and should be well practiced in avalanche rescue. A snow shovel is essential to extricate an avalanche victim. Also, loosing one's way or a sudden storm can necessitate digging an emergency bivouac in the snow. If climbing high-angle or exposed terrain, one should use an ice ax, crampons, rope and a harness and should have climbing and crevasse rescue skills. Other items known as the "ten essentials" include extra clothing, food, water, map, compass, matches, first aid kit, flashlight, sunglasses, pocket knife, and fire starter (7). Many seminars and schools exist to learn backcountry travel techniques. However this must be complimented with regular practice and routine rescue simulations.

Of note, a few releasable bindings have been experimented with and may soon be available. The benefit may be in an avalanche or in cases of deep snow immersion where separating from the board may be beneficial to "swim" the top of the snow. However, the difficulty results from getting both feet to simultaneously eject. If only one leg were to release, the board could create such great torsional force on the other leg, a disastrous injury would likely result. Likewise, accidental release during critical maneuvers like being inverted would make tricks dangerous.



Getting some air on Mt. Hood. Photo: Peter Van Tilburg



Ascent of Mt. Hood, elevation 11,235 ft., in Oregon. Photo: Peter Van Tilburg

## Attitude

The perceived stereotypic snowboarder is an unruly adolescent terrorizing the mountain. This has kept many resorts closed to snowboarders and perpetuated the skier versus snowboarder conflict. It is debatable why the snowboarding subculture has taken on such a persona. One fact is simply that snowboarding has been more readily adopted by a younger generation, significantly younger than the skier population. This alone counts for some difference in attitude.

The learning curve of snowboarding is relatively short unlike more difficult sports like surfing or skiing. After a week many athletes cruise intermediate runs and after one season many ride entire mountain resorts. When learning quickly, it is more difficult to learn mountain etiquette and respect for alpine environment.

Likewise, the physics of intermingling with skiers is difficult. Snowboarders make wider turns and are blindsided when making a backside turn whereas skiers make shorter turns and face straight down the fall line. Snowboarders carve on a single shorter edge

opposed to the two independent longer edges of skiers. In most mountain resort conditions, with the exception of deep powder or heavy slush and crud, this gives snowboarders less control than skiers.

The notion of the riotous destructive snowboarder has some merit as some bank off trees, slide on logs and skim off rocks. This disregard to nature, even documented in commercial periodicals, should be not be tolerated.

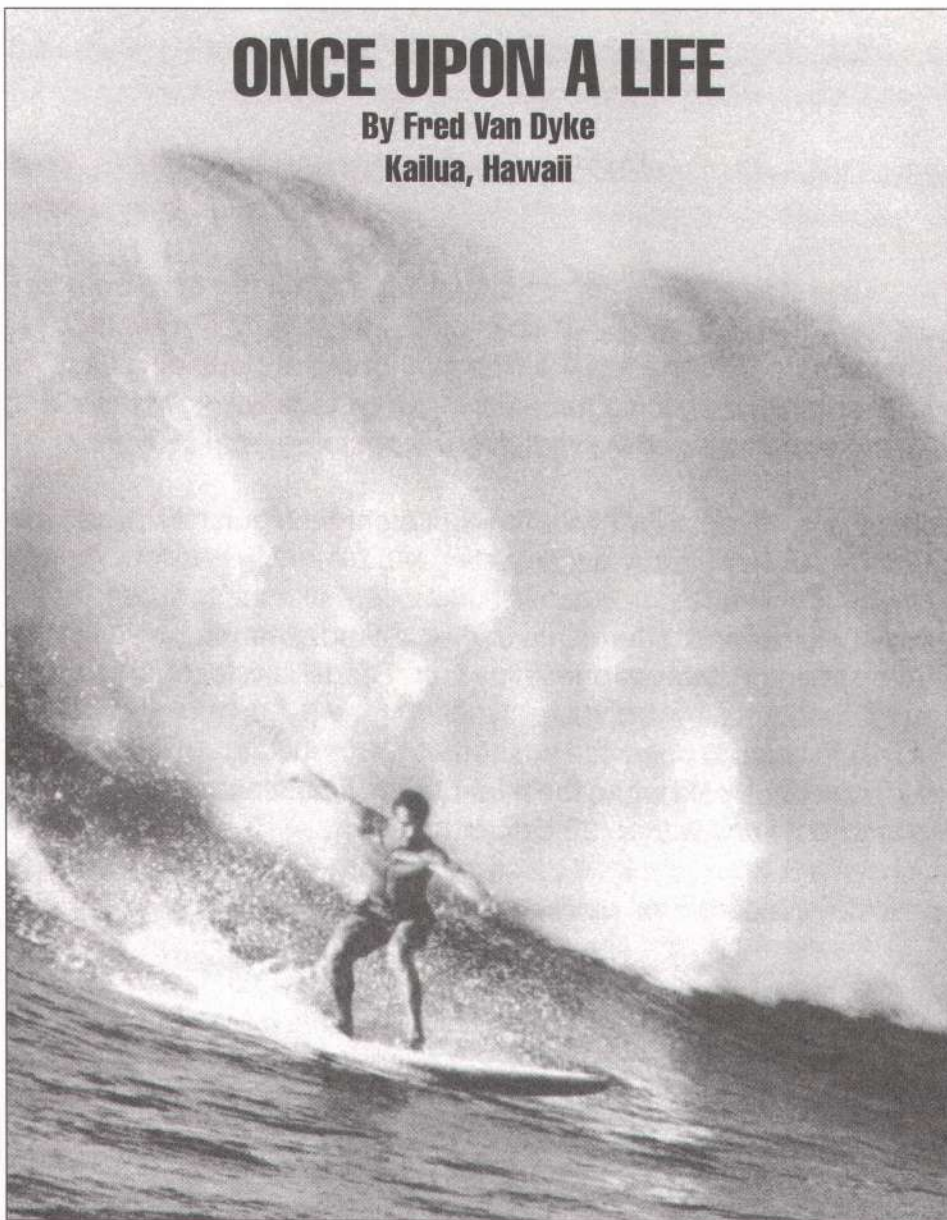
A recurring misnomer among snowboarding literature is "hospital air," or air so extreme it risks injury and a trip to the hospital. But this is an unfortunate perception of non-snowboarders which mislabels high-altitude adrenalin rush as a danger that should be avoided. For those who have felt the thrill of heavy surf can understand the energy of deep powder days.

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# ONCE UPON A LIFE

By Fred Van Dyke  
Kailua, Hawaii



Fred Van Dyke, Waimea Bay, Hawaii

**Kid:** "I can't believe you're 66 years old and still surfing. My father is younger than you and he just sits in front of the TV. You're too old to surf."

**Fred:** "I'm too young NOT to surf!"

Some medical data but mostly an accepted belief system leads one to believe that old age, infirmities, and death are inevitable. My plan is to continue slipping through the cracks and surfing forever.

Somewhere between 35 to 45 years of age I had a vision of myself falling prey to aging. I was like a prize fighter who was feebly rising from a nine-count knockdown. I was given a choice, to surrender and accept slow but sure disintegration of my life, to fall back on the mat, or to make a radical change in my daily habits.

I chose the latter, began attending health seminars, took Silva Mind Control meditation, took control of my life, and looked into alternatives to so-called normal aging. What I experienced was that I was the one who responsible for where my life would lead. I did not want to watch an irretrievable loss of my vitality in old age. I surfed harder, ran harder, and swam daily.

My annual physical exam showed some slightly distressing symptoms: Blood pressure 140 over 90, cholesterol 240, and a list of

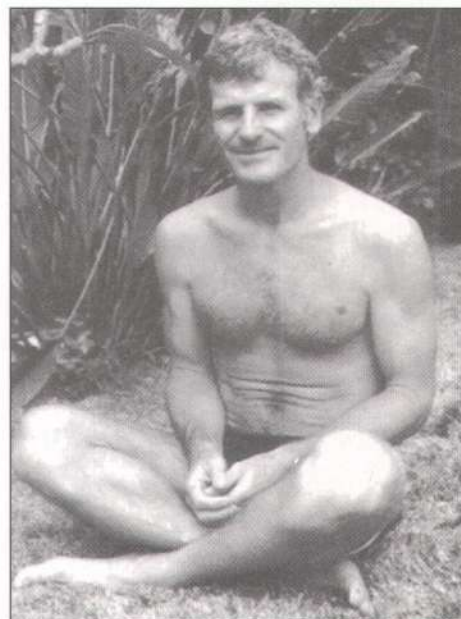
dangerous age-related problems. My doctor, however, interpreted those test results as quite within the range of normalcy: "You seem quite fit for a man of 45 years of age. Trim the fat off of meat and use low-fat dairy products."

Many of my friends in middle age, too, had similar diagnoses, and chose not to make changes. Since then, many have had bypass surgery, strokes, or heart attacks. I chose to change in diet radically, from burgers, fries, and milkshakes to a vegetarian diet, no meats, no eggs, no dairy products. I took supplements like brewers' yeast, beta-carotene, vitamins A, B, C, E, and anti-oxidants. I have substituted tofu and soybean products which are high in protein, calcium, and iron. I fell in love and after great effort I convinced my dream woman, Joan Marie, who also is a gourmet vegetarian cook, to marry me.

What changes took place, if any? Life has become such a fantasy fulfilled that I am setting a renegotiable goal of 106+ years of age. I am stoked on just about everything I do. My blood pressure and cholesterol levels have been lowered far below the set normal levels of health. I feel better and stronger than I was at 25 years of age. I am exercising more and feel less fatigue. Endurance feats seem endless. I am very happy and my emotions surface more easily than ever. Each day unfolds better than the last.

I don't feel the need any longer to ride 25-foot waves, but find a great joy in riding 3-6 foot ones. The pleasures of surfing and living increase with maturity. I feel like a kid and life seems to get better and better.

Whoopie!



Fred Van Dyke, Sometime in the early 1980's.

# TAVARUA '95 - DID AND LIVED: AN OVERVIEW OF WEEK ONE

Norm Vinn, D.O.  
Huntington Beach, California



Quote from Sato: "Beeg wave, you be happy!"

Surf trips are the stuff daydreams are made of, both in planning and in recollection. They are the grist from which we mill memories. These memories - of great waves, great friends, outrageous jokes and wild adventures - often bring forth mysterious smiles at incongruous moments, provoking glares by colleagues, patients or spouses. They are the source of catch-phrases and inside jokes among trip veterans, the mere mention of which can evoke howls of shared laughter months and even years later. In recollection, even the bad memories become good memories.

Tavarua '95 fit all these bills. This year's conference reminded us why we want to keep surfing. It also reaffirmed why we spend large amounts of time and money chasing waves in remote locations around the world. But most importantly, the trip raised such ageless, universal questions as "Who's Bob?" (To learn the answer, however, to this all-important "insider" joke, you will need need to call a Tav '95 veteran for the details. At you same time you may gain insight as to why the SMA Tavarua conference has been, and will remain, the one of the best surf-trip values on the planet.)

When the initial suggestion was raised that I might like to participate in the planning of the 1995 Tavarua conference, I was at first hesitant. I had done a lot of group organizational activities and was well aware of the potential work involved. I had already experienced the burden of worrying that others would find a trip or conference enjoyable and gratifying. However, I was also deeply aware of the maxim: "What you get out of something depends on what you put into it."

The challenge took hold and we were off and running. Given the demands of my work schedule, I agreed to take on the task on the condition that I could serve as conference director for the first week only and would need to find a co-director for the second week of the conference. Enter Tony Moore - SMA Founding member, internist par excellence, Tavarua veteran, experienced big wave rider, part-time - jokester and full-time great guy. I had strong faith that with Tony's participation and the ever-steadying influence of Paula Smith, dedicated SMA Executive Director, we would overcome all challenges.

Initially some of those challenges appeared overwhelming. Due to some difficulty in obtaining firm booking dates for the camp, we had begun planning the conference later than in past years, with the first mailing sent out by Paula in late January. By that time many hard-core SMA'ers were already committed to other summer trips. Our first mailing provoked only a dribble of interest among prior Tavarua bandits. The horrifying thought arose that we might have to cancel by the drop-dead date of March 15th or lose our deposit. However we did have a core of initial commitments, even though relatively few of them were among our traditional base of longtime members membership. We decided to hang on.

Then something interesting happened. Due to overall demand for space at Tavarua, a number of non-SMA'ers asked to come during our week. A novel thought. Our initial reaction was one of trepidation.

Allow pagans in the temple? Then it occurred to us that we had all been non-

members at one time and that there were many non-healthcare professionals in the SMA. Plus, the show could go on.

We warned all potential acolytes that they would need to join the SMA, pay the conference fee and participate in the conference. Agreed without hesitation (well, mostly, except for some isolated cases of nascent stage-fright and cries of "but what do I have to say of interest to this august body?"). Clearly, they didn't understand that an SMA presentation renders new meaning to the term "poetic license").

With our booking secure, the next challenge was the program. Inspired by Fred Van Dyke's letter about David Brown's film, *Surfing for Life* in the Winter journal, and by our own aging bodies, we decided to focus the overall theme of the conference on "Surfing and the Aging Process." We were able to convince long time SMA'er and full time academic and author, Brian Lowdon, to deliver the keynote address. Unfortunately Brian's travel schedule and our reservations deadlines forced a scheduling of his address during the second week. However we obtained a commitment from Brian to memorialize his remarks (see article, this edition) so that all would have a chance to share his wisdom.

There was another small problem. The majority of attendees were non-healthcare professionals. What could they talk about? However, we figured that at least some of them had to be decrepit geezers like ourselves, and the rest would be in our shoes sooner or later. After some creative discussion, we found topics for everyone. Unfortunately we also



The Nabila villagers' ceremonial feast for visiting SMA'ers.

identified a number of important and timely topics that no one seemed eager to tackle (See inset). Despite the fact that we had no volunteers for some of these personal favorites, we pressed forward with the hopes that someone would pick up the baton and launch into an extemporaneous discussion of such burning issues as "Surfing and incontinence" or at least rise to the occasion and ruminate on the hard questions associated with "Surfing and Penile Prostheses."

Then there was the conference syllabus. At first it seemed like a dynamite idea to pull together articles and excerpts from surf magazines, medical journals, training and exercise manuals and even self-help books such as Deepak Chopra's *Ageless Body, Timeless Mind*. However the project turned into a cross between *War and Peace* and the King James Bible. After some rather aggressive editing, we managed to get it down to

300 pages, but, in limited edition, it clearly had a potential place in the SMA archives, to be filed under "Notorious Projects by SMA obsessive-compulsives."

Finally the trip was at hand. Three of us - Chris Lancey, television distribution exec., Joe Lombardo, family practitioner, and myself proceeded on an advance scouting party to do a bit of exploring of the main island, Veti Levu. Our itinerary led us on a journey across the island to the old colonial town of Suva on the Southwest coast. Along the way we had several unique adventures, not the least of which was our stop at the Sigatoka market in search of kava to present as a gift to the villagers of Nabila. We found the kava, but not before a highly enterprising, tho' incredibly unctious group of Indian merchants found us. They were "all the time smiling" as they thoroughly ripped us off for a few small souvenirs.

In another bizarre third-world interlude, our after-dinner stroll in Suva led us in front of the only movie theater in town, which was showing the Fiji premiere of the newly-released Mel Gibson movie *Braveheart*. Going to the movies in Fiji seemed like a ridiculous thing to do. However, we figured "What the hell? We have some serious jet lag at work here, and we need to readjust our circadian rhythms, so let's go for it!"

We entered the theater with the implicit assumption that we would be viewing the film within our own cultural paradigm. However, the subject matter of the movie quickly became subjugated to the experience of seeing it with 300 thoroughly stoked Fijians. In short, the high level of audience participation was a sight to behold. Thanks to intermittent cross-cultural disconnect, events that we might have viewed as touchingly sad or unusually violent were seen by the remainder of the audience as wildly humorous. They also had a habit of booing villains and cheering fanatically for the heroes. We emerged from the theater with an enlightened perspective on the potentially broad spectrum of interpretation that is possible among third-worlders when seeing things that we might otherwise assume are relatively straightforward. It called to mind the experiences the SMA has had in third-world healthcare when trying to episodically treat and counsel third-world inhabitants about common medical problems. They just don't see it like we do, and that isn't necessarily bad.

Having recovered from our cross-cultural media event, we returned to Nadi the next day and caught the evening boat to Tavarua, where Les Saito, an ex-Hawaiian-cum-NYC tax attorney, new SMA member and the one lone holdover from the prior week, greeted us with tales of consistent head-high surf, and rumors of bigger swells on the way. The next AM found the SMA advance guard surfing relatively benign Cloudbreaks in glassy, shoulder-to-head-high, uncrowded conditions. About 10 AM the rest of the group arrived, hit the water and proceeded to shred in a session that included a generous share of hoots, hollers and screams of unadulterated ecstasy. Meals were grabbed in quick snatches as surfers commuted back and forth from Cloudbreaks the entire day.

Both the first day and the first evening set a tone of genuine camaraderie for the '95 conference. During Happy Hour, old friendships were renewed and new ones made over Fiji Bitters (the local brew) and "Tavarua Teas" (if you insist on knowing what's in it, you shouldn't drink it). Along with numerous stories about the day's waves, the usual





Classic Restaurants going off.

cadre of SMA surf stories, legends and lies were exchanged and 1995 legends began to take shape. In particular, a number of stories emerged regarding the flight over by the main crew. Apparently tour-group history had been made courtesy of the inaugural appearance of the SMA's newest bad-boys, a contingent that eventually became known by all as "the Black Fly guys". Unofficial toast-master of the Flys was "Tommy Tare" (actual name withheld due to lack of disclosure by Tom himself), who apparently managed to propose a record number of toasts on a variety of creative topics to the entire cabin and crew. Despite some clear lack of appreciation by more conservative travelers (mumbled comments about sleep deprivation, and suggestions about which body cavity might be appropriate for placement of Tom's head), Tom apparently added considerable verve to what would have been an otherwise boring 14 hour flight.

After dinner the conference opened with a conference overview that included a brief history of the SMA and the Tavarua conference by SMA founding member Ethan Wilson, and a general discussion of ground rules setting the tone for both the surfing and the conference. With reference to the surfing ground-rules, something novel was proposed and accepted. While it was taken for granted that there we would have our usual share of SMA wave-hogs, we emphasized the broad variance in surfing ability among the attendees relative to the ample availability of many great waves. We further proposed that the those at the top of the food chain make a concerted effort to help first-timers and those of lesser experience get their fair share of waves. This was not only accepted but was unanimously carried forward throughout the conference with a spirit of in-the-water fellowship recollective of the early, uncrowded days of surfing's yesteryear. It was gratifying throughout the week to see A-plus surfers helping newcomers find the takeoff point in the lineup and even hooting them into waves with shouts of encouragement.

With regard to the conference, it was agreed that presentations would be brief, non-soporific wherever possible, and related in some vague way to the conference theme. As with other SMA conferences, considerable

latitude was rendered in this latter regard, particularly relative to the non-professionals making presentations. In my initial remarks, I reminded the group of the strong tradition of combined seriousness and frivolity that have been the hallmark of prior years. I also briefly discussed the issue of aging both from reality and attitude, with particular reference to concepts expressed in Deepak Chopra's book, *Ageless Body, Timeless Mind*, preferring to think of it as "Ageless Surfing; Timeless Stoke." The proposal was put forth that everyone - even younger participants - seriously participate in the strategic discussions of how to extend an active surfing lifestyle into one's 60's, 70's, 80's and beyond.

On a scale of 1-10, presentations were undoubtedly less intense than in prior years. However, many struck a high note both in intensity and relevance and occasionally, poignance. We viewed an inspiring excerpt from the film-project *Surfing For Life* by SF film-maker David Brown. The short piece included footage of Fred Van Dyke explaining why, after age 60, he had reluctantly concluded that he really shouldn't ride waves over 10 feet (Remember: he was referring to Hawaiian measurements!) and Doc Ball skateboarding at age 90. This was followed by a presentation by Sacramento (yes, Sacramento) Surfer, Dan

Egerter on "The Cellular Basis of Aging" (see related article in this issue) that was delivered in a unique context. In a moment of absolute candor, Dan revealed to the group that this particular presentation marked a radical departure from prior lectures. Apparently this occasion represented the first time that he had delivered a formal paper sans underwear. Dan — thanks for sharing.

On Tuesday we awoke to the dull roar of serious surf. Both Restaurants and Cloudbreaks were going off bigtime. While some elected to chance low tide conditions at Restaurants, a second group, in the best Homeric tradition, "ventured forth over the broad back of the sea" to Cloudbreaks, which was breaking consistently double overhead with the odd triple-overhead set marching through. In light of the conference theme of "Surfing and Aging" and my desire to actually test the aging/surfing hypotheses, I elected to stay in the boat and shoot videos. However a number of brave souls sallied forth, with mixed results. Frequent and definitive wipeouts rendered new meaning to the term "hammered."

Eric, the boatman, was clearly on edge about the conditions and kept a close watch on everyone, including a few hammerheads who ended up standing on dry reef contem-



As you sow, so shall you reap: The fruits of surfing Restaurants at low tide. Inset: upclose of some major reef rash.

plating the long paddle around the lower end of the reef to get back to the lineup. From the boat we observed the show with an odd mixture of amusement and horror as surfers belatedly spotted cleanout sets and scratched madly to climb over the looming peaks or bail under six foot walls of solid foam. Takeoffs were difficult, deep and late and a number of brave souls ate lunch at the Closeout Diner. In a moving gesture of philanthropy, Ethan Wilson donated a bootie to the surf gods during one of his many spectacular wipeouts. He also received accolades (see insert) for "Best Butt Ride" during an aborted late takeoff. When I inquired later as to why Ethan was consistently taking late drops with a mere 50-50 chance of success, he replied with a maniacal grin: "I like intense situations." After reflecting a moment on this odd response, I recalled that Ethan lives about 2 hours inland in Oregon, and realized that I was actually witnessing first hand the often referenced, but seldom seen "Surf Withdrawal Psychosis." After a moment of deep concern about the grave prognostic implications of such a diagnosis, I realized, with considerable relief, that it is preventable by a lifelong commitment to remain near a coastline, preferably one with consistent, high-quality surf.

The Cloudbreaks crusaders, intact but humbled, returned to the island and joined the rest of the group at Restaurants, which was a clean, classic Hawaiian 4-6 feet. Despite the number of people in the water, the prevailing vibe and the number of great waves left everyone satiated. Tommy Tare of the notorious Black Fly's crew scored a number of classic photos with the Fly's 600 mm lens, only to find after several hours that there was no film in the camera. Undaunted, and still gazing out on continuing epic swell,



Perfectly pocketed at Cloudbreak.

the effort was resumed, this time yielding more tangible results. The surf continued to fire off all day, and in fact persisted throughout most of the week with Restaurants rideable for five straight days. By happy hour that evening everyone was basking in the glow of the classic Tavarua lifestyle - great waves, great partying, great food and well on the way to a great second evening of lectures. The latter, however were pre-empted by substantial fatigue and an intense happy hour, which left the evening's presenters in less than ideal condition to perform.

Nevertheless, we did soak up a synopsis of training techniques by Chris Lancey and Ethan Wilson that essentially reminded us that if there's a choice between training and surfing, clearly surfing would win every time.

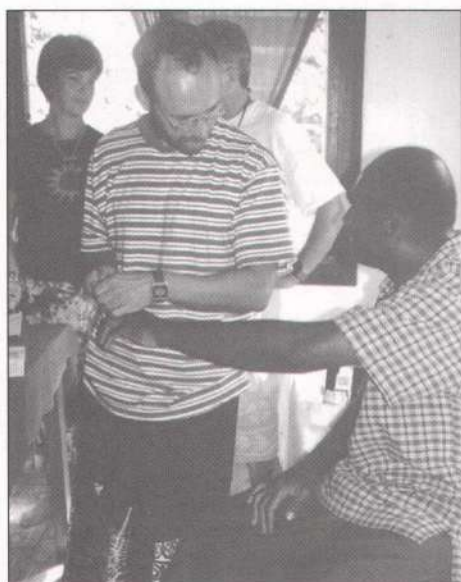
Their presentations adjourned into some diasarray as a spontaneous conga line developed which led to one of the Palapas where Rich Ferdinand prepared to deliver his presentation on Stretching techniques. Clearly aware of the need to be relaxed for effective stretching we engaged some of the Tavarua Villagers to prepare a bowl of the extra - strong, long-rooted Kava (affectionately known as "Kava 151") that we had scored in Suva.

Once again Tommy emerged as the life of the party, so to speak, sharing a number of detailed anecdotes about his history of back problems and emitting loud, semi-erotic cries of relief as we performed some stretching and manipulation on his aching back. Bridget Schoonover, honeymooner and wife of former pro-surfer and East Coast Equipment rep

Dean Schoonover, was slated to make presentation on attitude and aging, but developed such a good attitude from the Kava, that we elected to give her the night off. We also witnessed the emergence of new breed of SMA party animal, as Pilar Voigt, wife of new SMA'er Russell Voigt, outlasted Russell at the sacred bowl by at least an hour and a half.

The next day was slated to be Clinic day. Since the surf was still going off, we awoke early to get in an AM session before departure for Nabila. Despite the low tide, the more adventutous elected a go-out at Restaurants. Unfortunately the law of averages caught up with Scott Dlugos, a young ER physician from LaJolla who "kissed the reef" with his left knee leaving a gash that required close to 20 stitches, expertly placed by Ethan Wilson. On the optimistic side, the procedure did provide a half-hour of lively entertainment for some of non-professional SMA'ers, as well as some curious camp staff, villagers and several small children, all of whom observed the proceedings in morbid fascination. As the designated wound repairman in the absence of healthcare professionals, camp owner Rick Isbell took the opportunity to improve his technique by serving as first assist. Despite Scott's best intention to hobble down to the boat and join us for the clinic visit, it was unanimously agreed that we would write him a doctor's note and excuse him from clinic duty.

The remainder of the village contingent headed across the channel to Nabila, and after a short briefing by chief Druku in village protocol, walked bare-headed into the



Dr. Dan Egerter doing glucose screening.

village (it's considered gauche to wear hats), where we were warmly greeted by the chief and the villagers. The first-timers were overwhelmed by the drama and emotion of the greeting ceremony followed by the passing of the Bila (sp?) or kava cup. We put forth a number of gifts for the village which were deeply appreciated, including books, clothing and medical supplies. Following the ceremony we split into two groups - one to visit the school, distribute the children's books and do some health education - and the other to focus on healthcare activities in the village community center.

Consistent with recent evolution of thought about third-world medicine, we elected to focus this year's clinic experience on a screening and self-help project. Diabetes is a significant problem among the Fijians. Despite the best efforts of the village health workers, there is generally poor compliance among diabetic villagers with regard to medication or diet and lifestyle recommendations. There is also poor understanding



**Joe Lombardo teaching finger-stick technique to village health workers Merewei and Aparosa.**

regarding the hereditary link among families of diabetics.

In the first step toward increased awareness of the disease, we planned to begin a screening of as many villagers as possible, and to hold education classes about the general nature of the disease, common symptoms and strategies to avoid complications. Through the efforts of Dr. Joe Lombardo, we were able to get a number of glucometer and supplies donated by one of the medical equipment companies. Following the welcoming ceremony, we began screening of all interested villagers, with emphasis on families of known diabetics. Joe and Dr. Dan Egerter initiate the screening, assisted by Mike Pedicini, Pilar Voigt and Mike Walton. Aparosa and Marewei, the Health workers, quickly picked up the technique, and within a short period of time were doing the majority of the screenings themselves. Within 2 hours we had performed over 60 screenings, with close to 25% above recommended levels. We left careful instructions on followup fasting sugars on those with abnormal screenings, with a final abnormality rate determined in week # 2 to be about 15%. While the health workers com-

pleted the screening, Joe Lombardo initiated two different diabetic education classes attended by close to 75 villagers, and left a number of brochures on diabetes for future reference. While it is uncertain how much impact this effort had on the villagers, we were pleased that the initiative was oriented toward self-sufficiency rather than episodic application of therapeutic band-aids by the SMA Docs.

On a more somber note, we did do a small number of consultations by special request of the village elders. While most problems noted were of a rather minor nature, one young known diabetic had a blood sugar in excess of 600, having unilaterally stopped his insulin 2 months previously. I recognized the young man as having had the same problem on our last visit two years ago. Despite vigorous efforts to reinforce the importance of medication compliance, we remained unconvinced that we had made much headway with this fellow. We were also asked to check another young male villager in his 30's who had recently been released from the hospital. The man, who was on multiple medications, had significant exertional dyspnea, a loud systolic murmur, and S3 gallop. Despite access to Echo results and other definitive studies, it appeared likely that he was suffering from valvular heart disease and was in high-output heart failure. We arranged for a more in depth evaluation in week #2 by our internal med specialist, Tony Moore. As a sad final note to this vignette, the man expired within about a month, pre-empting our goal of trying to find help for him in the United States.

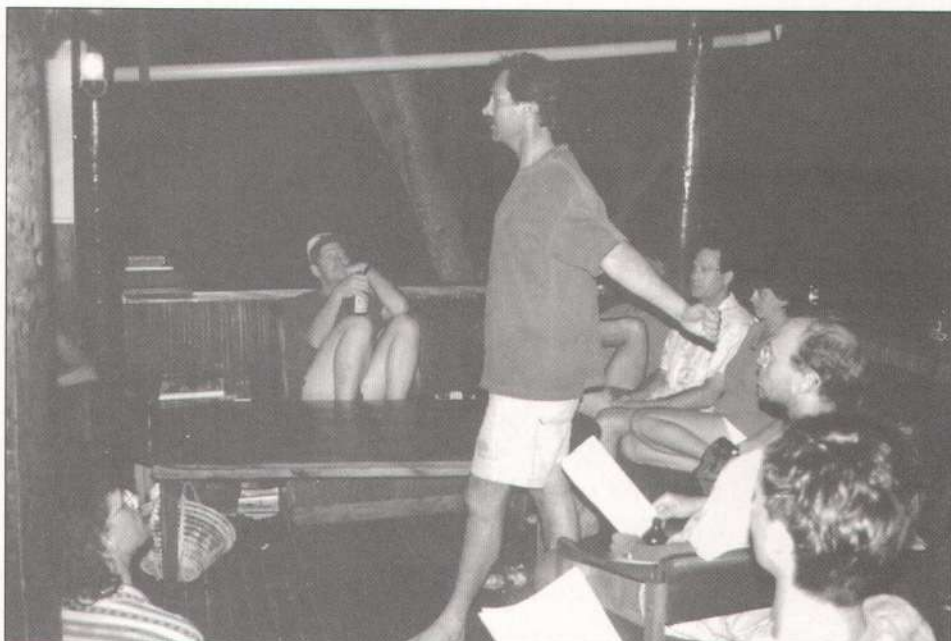
We bade farewell to the villagers, and returned for a late afternoon session at



**Dean and Bridgit, our SMA honeymooners.**

Restaurants, followed by a Happy Hour video sent by non-attendees, (but dedicated SMA'ers) Rym Partridge, Ward Smith and Mark Ebrahimian. True to expectation, the video, entitled Brown Soapy Water, was laced with Partridge-esque wit and a truly classically corn-ball re-enactment of the Kava ceremony. We were concerned that the Fijians might find this parody offensive, but were relieved to see them howling with laughter at the haole impostors. Dinner was followed by strong evening of presentations, including an overview of prevention and treatment of common surf injuries by Joe Lombardo, a case history on ruptured eardrum by Les Saito and a thought-provoking discussion about the media management of the death of Mark Foo by TV exec. Chris Lancey, who had worked closely with Mark in efforts to get his TV show, H3O, worldwide distribution.

Thursday was just another day in paradise, with continued solid head-high sets pushing through at Restaurants, and waves breaking about 1 1/2 times overhead at Cloudbreaks. On several occasions, leashes were left on the reef at Restaurants, having become hopelessly entangled in the coral heads during wipeouts. These occurrences reinforced the wisdom of

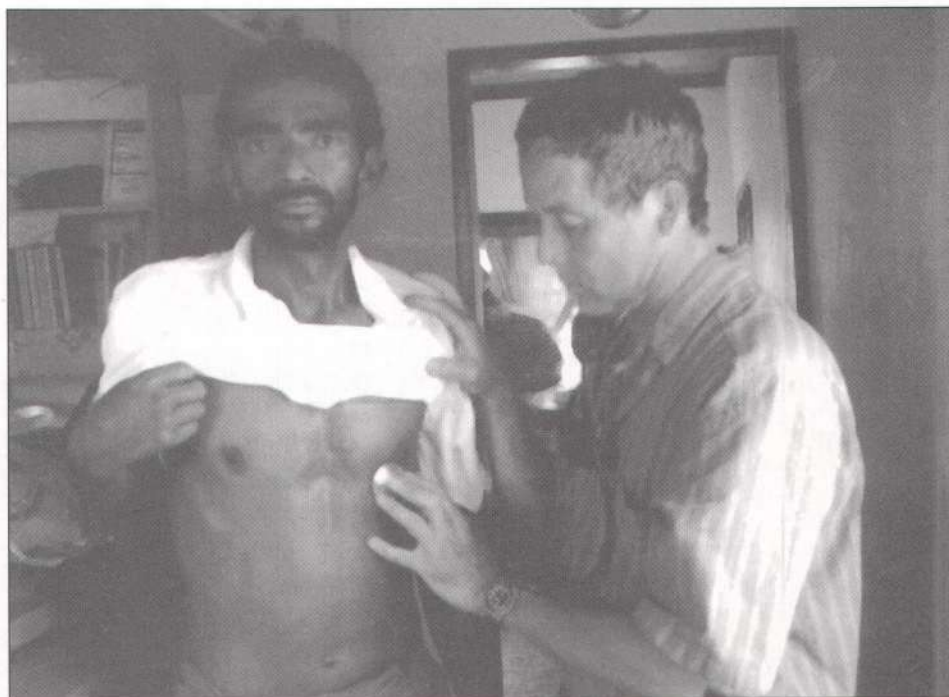


**Rich Ferdinand demonstrates stretching techniques without benefit of kava.**

using only single-wrap leashes when surfing over reefs or rocks.

The day was capped off by a discussion of "Surfing the Internet" by computer exec, "Slasher" Bert Fornaciari, as well as Rich Ferdinand's "Overview of Injury Rehabilitation in the Older Athlete", supplemented by further discussion and demonstration of stretching techniques (some people had only hazy memories of the original lecture). The remainder of the evening's educational program was pre-empted by "Fiji Nite", a Tavarua evening of traditional Fijian food and music. During the gift exchange at the Kava ceremony, the Black Fly guys graciously presented all attendees with customized T-shirts commemorating the conference. We were deeply touched by this gesture of generosity until we learned that it was intended as a bribe to get them out of their dreaded lecture obligation (they clearly preferred anecdotal remarks to formal presentations). After some careful consideration we quickly accepted the bribe, lest they withdraw the offer (what can I say — they were nice shirts) and pushed forward with the remainder of the program.

At this point I fear it might be rubbing salt in the wound to say that the surf just kept going off on Friday and Saturday. Restaurants were steadily dropping, but remained rideable through Saturday afternoon. Bert Fornaciari devised a creative way of thinning the line-up (see Awards insert) by running over Les Saito's leg and necessitating the placement of about eight stitches (Bert insisted that it was an unavoidable accident, but we did our best to make him squirm). Cloudbreaks continued to fire head-high, with most attendees going for double, triple and, in the case of Hawaiian Sam Smith, quadruple sessions. The evening lecture was led off by Ethan Wilson's discussion



This villager named Nemia eventually succumbed to valvular heart disease.

of Surf-travel Medicine and accessing third-world medical resources, capped off by Dave Elias' travel video on Caribbean surfing.

Saturday marked the early arrival of second-week conference director and tour-meister Tony Moore. Tony and I passed reports on the clinic issues that needed Week-Two followup, as well as a brief recap on the overall progress of the educational program. The final evening's lectures continued to be stimulating, led off by Tony's video on "Diet, Nutrition and Longevity" starring Tony's young daughter and none other than Tavarua's own king Druku (made during Druku's recent visit to San Diego). The short film was high on humor, high on inspiration and high on healthy lifestyle as a key to life-long surfing. It was followed by Russell Weisz' lecture on the vegetarian lifestyle, with

a fitting final presentation by Aussie hell-man and Tavarua backsider, Steve Titus, entitled "SMA- A Lifetime Affair" (See article).

Steve's short discussion of how the SMA has touched his life was a fitting cap to a week of lectures that, admittedly, could have been more heavyweight, but — according to overall feedback — were rated both fun and highly informative by the majority of attendees. In fact, only 2 key concerns surfaced in the Week-One course evaluations: First, some concerns were voiced by the more "senior" SMA'ers that there wasn't better attendance by health-professionals and veteran Tavarua attendees. It was felt that a stronger incumbent showing would have enhanced the academic component of the conference (we expect to see you guys and gals in '96!). These concerns were countered by the other cadre of complaints - particularly by the "pledge class" - that fatigue from too much good surf precluded full attention to otherwise important and helpful information shared during the lectures.

All of which goes to show that you just can't please everyone.

Our last day on the island was somewhat anticlimactic. The swell had dropped off at Restaurants and due to the arrival of a strong wind, it appeared that Cloudbreaks might be blown out. With the exception of a few hearty souls, the majority of the group elected a relatively short session at Tavarua Rights.

Tired but sated, we finished packing, gathered for a group picture, bid farewell to



The 1995 week-one crew.

Rick Isbell and the rest of the great Tavarua team and left the island and its waves to our Week-Two compadres.

Did we learn anything about surfing and aging? You bet we did. We learned that those of us over 40 don't stretch or bounce quite as well as we used to in double-overhead reef waves. We learned that the best way to maintain stoke is to keep as fit as possible and to use every possible

tactical resource - diet, training, equipment, technique and most importantly, commitment - to keep surfing. We learned that there are only so many years left to share with the ocean and with our friends and that we'd better make the most of them.

As director, did I get out of this conference what I put into it? I've turned this over in my head a number of times. The planning and preparation was a lot of work. The anxiety level - over a successful conference, a good week of surf, and a satisfied crew who would survive the week healthy and intact - was considerable. But we had a helluva lot of fun, rode a slew of epic waves, heard some memorable jokes and stories (Just who is Bob, anyway?) and, most importantly, forged some lasting friendships. I find myself these days smiling at incongruous moments, laughing at inside jokes and - what else - looking forward to my next SMA trip.

## Tavarua '95 Special Awards

### Best way to get stupid in a hurry

-Tavarua Tea

### Best Late Backside Takeoffs by an old Aussie Geezer

- Steve Titus

**Best bizarre sight:** Mike Pedicini bouncing down the face of double overhead waves on his fiberglass body-board, hanging on for dear life. (He usually made it, too)

### Best attempt at smoothing out the reef with your knees

- Scott Dlugos

### Best attempt to thin out the crowd at Restaurants

- Bert "Slasher" Fornaciari

### Best Klutz Move

- The Dropping of Ethan's camera by Joe Lombardo

### Best face-plant

- Jon Morrison

### Best Butt Ride prior to actual wipeout

- Ethan Wilson

### Best Butt:

We'll never tell (but rest assured it was a female - Sorry, Ethan)

### Best Hooters

- Ask the Black Fly Guys

### Best (and only) Honeymooning couple

- Dean and Bridget Schoonover

### Best itinerary

- Bob Stanislaus of Black Fly's, who spent 6 weeks in Indonesia prior to the conference.

### Best East-Coast accent

- Dave Elias

### Best stale jokes:

Don Isbell - ( Camp owner Rick Isbell's father)

### Best inside joke

- "Who's Bob?"

### Best Tattoos

- Black Jack Martinez of the Black Fly's

### Best well-meaning, but totally unrealistic plan

- Tony Moore, who brought at least 15 pounds of medical journals to 'catch up' on his reading while at Tavarua

### Best whine

- "So why can't we go for a Quad session again? We did it last week!!" - Sam Smith

### Best Macho experience for manly men

- Graham Scott's shark hunt

### Best Hard-Luck Story

- Russ Voigt, who got caught in a riot aboard a bus crossing Veti Levu, week Two, had to hitch hike to the airport, almost missed his plane, and then had his surfboards come out of the Black Fly's truck on the 405 Freeway on the way home.

### Best "closet" party-animal:

Pilar Voigt

### Best tactic for getting out of a lecture:

Unanimous vote by judges. The Black Fly Guys

### Best lecture disruption ( Two way tie):

-Chris Lancey for organizing a Conga Line in the middle of his own lecture and, - Tommy Tare - for sheer frequency and creativeness.

### Best Haircut

- Tommy Tare ( What do you call that thing anyway??)

### Best Suggestion:

"Let's have a toast!" - Tommy Tare

### Best erotic moan during a stretching demonstration:

("May I have the envelope please? [pause] It's a sweep!") Tommy Tare!

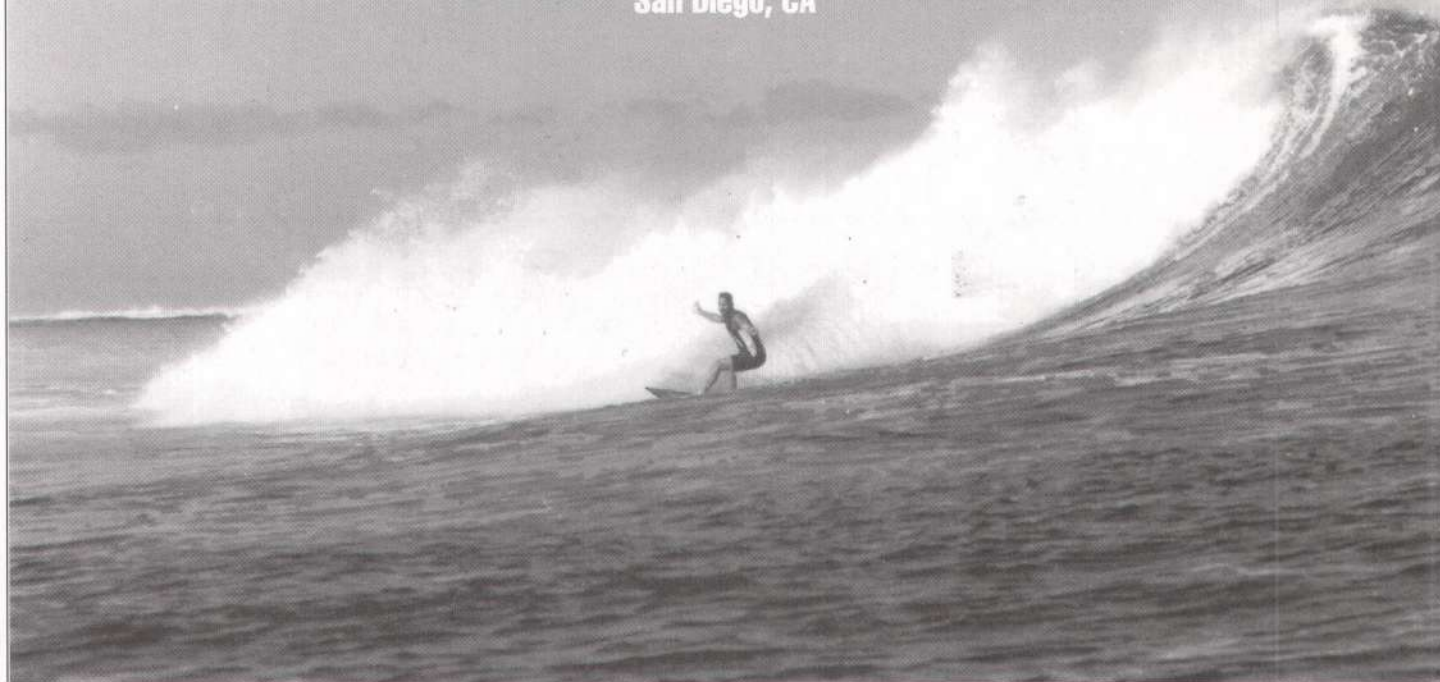
## THE LAST 10 THINGS ANY TRUE SMA'ER WOULD EVER SAY:

10. "I know that the surf is great but I'd really rather stay home and cuddle with you."
9. "I have way too many surfboards."
8. "I know I said that I would keep surfing as much after we got married, but I realize now that I should cut back."
7. "Tavarua is tempting, but I'd really rather go to Cleveland and see your family."
6. "I know I said that tube-riding is better than sex, but I realize now that I was wrong."

5. "Even if the surf is outrageous, I'll be home in two hours to help you clean closets."
4. "If one of my friends calls with the surf report, tell them I'm not home."
3. "Get that camera out of the lineup! I DON'T want any pictures of me riding waves."
2. "I know the surf is good, but I've got SMA work to do."
1. "Honey, cancel my SMA membership; I'm too old to hang out with that bunch of immature kooks. All they want to do is go on surf trips, fart and tell crude jokes."

# The Saga Continues: WEEK #2

Tony Moore, MD  
San Diego, CA



I was shocked to be conference coordinator for week #2. It was Renneker's vision, Vinn's organizational skill, and Paula Smith's attention to detail that launched Tavarua Annual #9. The emphasis was on geriatrics and prevention, subjects near and dear to my aging heart. My mandate was to set the tone for education, contemplation, and inspiration. This was tempered by the desire of the troops to shred, get fed, and go to bed. Therefore, I chose to speak on nutrition. It was the debut for my video *Diet, Nutrition, and Longevity*, a short subject review which left the pre-dinner crowd hungry for more. The discussion was apropro given the historical observation that it was during a voyage through Fiji in the 18th century that Captain James Cook made one of the great triumphs in nutrition, the conquest of scurvy. Unfortunately, progress in the field of nutrition has thereafter been slow, reaching a nadir in the early 1950s in North America with the discovery of the Twinkie.

Upon my arrival at Tavarua, it was clear that Norm Vinn had done a great job leading week 1. Paula had the foresight to schedule a strong swell and the tubes were grinding across Restaurant Reef. I was impressed that Norm and Joe Lombardo had taken the initiative (and time out of the water) to set up the diabetes and hypertension screening clinic in Nabila. In keeping with the theme of prevention, these efforts will provide some long term - as opposed to epidodic - health benefits. By the end of week 1 the

level of stoke was high, both in terms of surf and commitment to the island and village. My role, then, was to continue this spirit of religious revival. This was a challenge, since the 10-hour flight had impaired my biological clock. But again, Norm was prepared, this time with Melatonin. Norm was fit, rested, and tanned (or was that his melanin?). Melatonin and jet lag gave way to deep sleep, and by dawn Norm and crew were packing. The week 2 crew were eager to storm the beaches and get a taste of Breakfast at Restaurants.

Brian Lowdon, exercise physiologist and senior statesman for the SMA, arrived and presented "Surfing Through the Ageing Process," our plenary presentation. Brian's work continued to set an example of the potential application of science and physiology to the sport of surfing. For Brian and me personally, it was an opportunity to reunite for the first time since Tavarua in 1987. Plus, Aussie Brian lent some international cachet to the conference - but why the extra "e" in "ageing"?

Additional highlighted lectures came from Rich Ferdinand (physical therapist on neck, back, stretching, etc), Cas Soma, (orthopedic evaluation of surfer's neck and shoulder from his Maui practice), Walter Brannan (anesthesiologist on pain relief), Burt Moritz (urgent care doc on CPR, etc, from his Hawaiian experience). Practical demonstrations included Scott Dlugos

(emergency medicine on "How I handle my deep wound lacerations"), Jon Morrison (optometric screening for Nabila, contact lens fitting for yours truly, and surf fathering for son Joel), Frank Wilkenson (preventative dentistry classes for local village schools, Nabila and environs, also surf father to Ryan), and David Elias, the best expat from New Jersey since Springsteen, who was a wealth of info on travel medicine.

A few other highlights: Best prediction on surfing - the internet, that is: Bert Fornaciari (move over Nostradamus) recommended in June '95 to buy stock in Netscape and Netcom, and both shot up 400% afterwards. But take your profits from your internet stocks now and surf the world before you wipe out. Best travel connection: Game Scott for those seeking wilderness adventure and a trustworthy guide. Best lecture that wasn't: Norm scheduled Sam Smith from Hawaii to provide us with insight on spirituality. Sam could you not at least have shared your mantra? Or at least one wave?

There were, over the week, many waves and stories to tell. Cloudbreak was consistently overhead, and occasionally scary. I was called upon more than once to demonstrate the "exit strategy" for those trapped on the coral inside (although counterintuitive, it is often better to paddle back out towards your left around the main peak). Attempting the alternative, a panicked paddle right towards the boat, may lead to a punishing pummeling

on "Shishkabob Reef." Tubes were plentiful, casualties minimized. Restaurant Reef had several very good days, but when this was blown out, the boatmen guided us to Tavarua Rights, which on the same wind and swell was clean, offshore, mellow "no penalty" fun surf - a revelation to me, having missed this spot on five previous trips. The waves and the vibes compared favorably with my previous visits. The boatmen were totally professional, and the new owners, Jon "the Roseman" and Rick "Hey Brah" Isbell have maintained the great reputation and traditions of Tavarua, plus many improvements (the food has always been plentiful and nutritious, but now also tasty and distinctive - nobody asked this year "was that bite chicken or fish?").

Norm Vinn's fear was that the broad representation in this SMA conference - health care specialists vs. real world folks - could dilute the educational impact. Luckily, this fear was misplaced. If the Republican party can bring Dole, Powell, Packwood and Newt under the same tent, the SMA may learn a lesson; a progressive SMA can enlist a Renneker, a Vinn, a Leahy and the Black Flies. Martinez and Flecky provided a 20/20 perspective on the Eye Rx. Tommy "no info" Tare defied and disproved my own pet theory on aging: "Apoptosis," or programmed cell death (the scientific metaphor for TOAD - take off and die). And it was ultimately the Black Flies - not the surf docs - who took responsibility for the maturation of Hans the Boatman, a knowledgeable waterman, surf ace, but eternally youthful pretty boy. A brief lull in the swell demanded a symbolic sacrifice, and at the urging of a Black Fly groupie wanna-be, Hans rose to the occasion. We may never know if Neptune accepted this virgin's offspring, but by dawn the surf was indeed pumping. And Hans was pouring over the morning's Wall Street Journal. We cheered the rising swell even as we mourned the loss of innocence. But the Black Flies had honored their commitment to the SMA educational program.

The Druku story continues: Tavarua boasts an incredible cast of characters, but there is only one Druku, the crown prince of Tavarua. Ultimately, the trip is about the Fijians. During a 1994 visit to Tavarua I was asked to examine Druku's 2-year-old nephew Josaia regarding his vision. Clearly he had a congenital cataract that required surgical attention. With the assistance of the Scripps Development Office (Carol Dreher), we arranged to have the operation performed in April 1995 by our pediatric ophthalmologist David Sevel (now an honorary SMA member). Merewai plus Druku all stayed in San Diego through May 1995 with SMA legend

Dr. Lance Hendricks (note: Hendricks finally beat Renneker's rap that he "caves in to peer pressure; historians, in fact, now believe that Hendricks was the first white man to surf naked at Cloudbreak, but the debate about the "sea snake illusion" will probably never be put to bed). Anyway, given their status, I felt it appropriate to evaluate both Druku and Bila in the Scripps Executive Health Program.

Druku, after extensive testing and analysis, was found to have a tobacco problem. We confronted him with the evidence - the now-classic video SMA Historical Perspective, in which my daughter Teresa interviewed Druku during his gala San Diego reception and put this question to him: "How do you respond to your critics who have spotted you puffing a cigarette at Black's Beach?" Druku responded with a solemn oath to quit. Cousin Bila was free from tobacco but required closer monitoring of his diabetes. Thus it became my responsibility by June '95 to return to Tavarua for continuity of care, in addition to SMA academic pursuits. My return to Tavarua in June was particularly poignant. The Nabila clinic this time was successful due to the leadership and extra effort of Norm Vinn and Joe Lombardo. Obviously the diabetes/hypertension/prevention effort will be successful only with continuity and follow-up.

Fiji night - Thursday - is always festive and an opportunity to don full native regalia and rock out. Druku and the elders appreciated the batch of kava brought in from Nadi town, and hot t-shirts with logos presented

by Black Flies. The high point for me: The presentation by the main island chief, Druku's aunt, and the other elders, of the Tabu or Whale's tooth - the highest of Fijian honors - to me for my work on behalf of the island. To Druku, my friend, I paraphrase another king: "Vanaka - Vanaka Vaka Levu."

For a postscript on Druku, the man or the myth, see the ad in Surfer magazine for Tavarua label clothing. We wonder: can a Starbucks blend of kava, to be called something like JavaKava, with the Druku logo "D" be far behind? I admire and love this man who can walk between two worlds with total aplomb - but I will hold him to his pledge.

I will close with the thoughts of Mark Renneker, audiotaped on video over a Fiji photo montage, dated June, 1995. We had not talked for awhile but our individual reflections were eerily on the same wavelength. Mark commented on "the impermanence of it all" and encouraged each of us to "enjoy our health while you have it." Mark was still recovering from the death of his father, as well as his friend Mark Foo. He called for an appreciation of the unique in each of us. I played the video for the group, a greeting especially important for new members. I reinforced my message that each of us is given a gift each day. We are all, in fact, living from heartbeat to heartbeat - more rigorously, one could say that each life is a series of moments, held together by QT intervals. All agreed, therefore, plan for the future, but live in the moment.



Tavarua two-step

# SURFING THROUGH THE AGEING PROCESS

BRIAN J. LOWDON  
Victoria, Australia

Ageing!!! Is there a "normal" ageing process or is ageing due to "inactivity and disuse." This paper will present data that supports the well established concept that exercise slows the ageing process and contributes to wellbeing (see Katsch & Boyer 1990). Data of elderly athletes will be evaluated, factors affecting surfing through the ages, recommendations for continuation of safe surfing by the ageing athlete and some models of older surfers will be presented.

Ageing begins at birth, but until about twenty to thirty years, the structural and functional changes allow growth to exceed the inevitable and irreversible ageing processes.

Indeed, in one's early years, surfers, along with other athletes, consider themselves invincible. Anyone five years their senior is regarded as geriatric. Yet at the elite level of surfing, we see competition surfers retire each year; they have run out of the 'stoke' of competition and travel; they find that they no longer have a competitive edge in fitness, speed of movement and reaction, or the agility required to meet the judging criteria of "radical controlled manoeuvres".

At the recreational level of surfing, many factors may affect one's motivation and, without an understanding of the inevitable ageing process, frustration can lead to a cessation of participation and an inactive lifestyle.

The "normal ageing process" and some of the benefits of surfing:

## The Muscular System

The effect of gravity and compression forces acting on the spine, combined with the degeneration of the vertebral and intervertebral soft tissue, lead to a decrease in height

from around forty years of age. Body mass usually increases from twenty five to about fifty years due to accumulation of fat, then declines due to the wasting of muscle mass and decrease in bone density.

With ageing there is a decrease in the number of muscle fibres and atrophy of existing fibres due to a decrease in the central nervous system motor neurones. This leads to a loss in muscle mass, strength, endurance and co-ordination. The reduction in muscle endurance is also associated with decreased oxygen delivery, contractile proteins, and the muscle's capacity to utilise oxygen.

*The good news is that, even through to the tenth decade, strength training produces strength gains, and endurance training produces endurance gains. Less injury and increased independence is a major benefit.*

There is a decrease in joint mobility and stability with the ageing process due to reduced elasticity, blood flow and enzyme activity. Heredity and joint diseases, eg. osteoarthritis and metabolic disease, along with trauma and unaccustomed use and overuse, accelerate joint degeneration.

*The good news is that current research demonstrates that, with regular specific and safe mobilising workouts, improvements in joint range of motion and stability occur even with the onset of arthritis. Improved blood flow to joints and muscles speeds recovery from injury.*

## The Osteology System

Research with subjects ranging from early adulthood to age seventy in both men and women shows that there is a 15 to 30% decline in bone mineral content (osteoporosis). This results in lowered bone mass and strength which increases the risk of fracture.

*The good news is that "overload" of mechanical stresses and forces from paddling and turning manoeuvres stimulates bone growth, which slows the degeneration of bone, and can even increase the mineral content of bones of older people.*

## The Cardiovascular System

With ageing, the heart becomes less powerful and less efficient, and the elasticity of major blood vessels declines (arteriosclerosis). There may be a tendency to elevated blood pressure during rest and exercise, although this is not shown in groups with a simple lifestyle. There may be the formation of fatty plaques in blood vessels (atherosclerosis) although it is believed that this is a pathological condition rather than a normal consequence of ageing.

Endurance (aerobic capacity or physical working capacity) declines about 1% per year after it peaks between the ages of 15-20 years in the untrained or 25-30 years in the trained.

*The good news is that suitable aerobic conditioning eg. paddling, swimming and jogging can slow the decline in aerobic fitness to around 5% per decade.*

In laboratory tests it is frequently shown that the maximum oxygen uptake (max VO<sub>2</sub>) of a 65 year old athlete is similar to that of a sedentary 25 year old.

Critics, cynics and procrastinators have argued from anecdotal evidence that veteran athletes are at greater risk of a heart attack. This is true during the period of exercise, but the overall risk during a 24 hour period, is dramatically reduced.

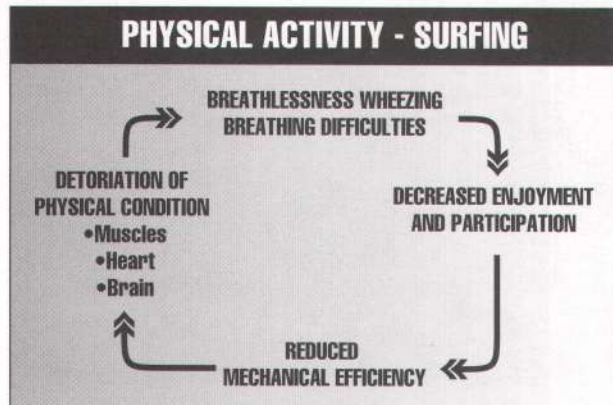
High blood pressure (hypertension), a major cardiovascular disease risk factor, has been conclusively shown to decrease and high density lipoproteins (the protective blood fat) positively alters, with regular exercise.

Anaerobic capacity is reduced so that moderate to high intensity short dynamic bursts causes earlier fatigue and requires longer recovery.

## The Respiratory System

Research has not shown any physiological improvement in lung volume, vital capacity or oxygen exchange through exercise.

*The good news is that sufferers of chronic chest diseases such as bronchitis, emphysema and asthma, respond to exercise by strengthening the respiratory muscles and gain in exercise confidence and physical independence.*





# "I surf today so I can surf tomorrow." (Jerry Lopez, 1985)

## Temperature Regulation

As we age our ability to reduce heat by sweating and to adapt to cold is less effective.

## Cerebral Functioning and Balance

Neuromuscular speed, accuracy, co-ordination and balance become more difficult and memory and concentration may be more difficult. There was another point I was going to make here, but I can't remember what it is!

*The good news is that in studies of old people and, I'm sure, in old surfers as well, these attributes are improved with physical training.*

## Diabetes Risk

Type 2 - mature onset diabetes is closely associated with obesity. Recent studies suggest that constantly high blood concentrations of insulin due to sugar intake may be an independent risk factor for atherosclerosis.

Regular aerobic sport increases energy expenditure. Research has shown that recreational surfers use about 2000 kJoules (~500 kcal) per hour (Meir et al. 1990). With this high intensity activity there is a consequential reduced risk of this form of diabetes.

## Cancer and Other Auto-Immune Diseases

How aerobic training reduces auto-immune diseases is uncertain, however epidemiological studies show that some cancers and other diseases are lower for active people or people in active occupations. It may be that training and sport lead to a healthier lifestyle, with improved diet, no smoking and lower levels of body fat being typical.

## Psychological Factors

The many stresses of ageing, including bereavement, declining physical capacity or injury, major diseases such as heart disease, separation and divorce, change of physique, fear of failure and clumsiness, all lead to a lowered self image. The effect is that motivation to participate declines.

*The good news is that exercise has been shown to reduce anxiety especially in those recovering from heart attack. Exercise has been successfully used as a therapeutic modality for depression. Mental alertness and cognition improve with regular exercise programs and, because exercisers see themselves as healthy, they have dramatically different concepts of self confidence and body image compared with inactive people. Indeed, sport provides an important role in providing life focus, companionship and social activity*

*as long as the sport provides fun, social opportunities, recognition and competition. I defined surfing as being competitive for all levels of participants as the surfer competes with the unconquerable ocean (Lowdon 1994, Preface to Competitive Surfing: A Dedicated Approach).*

## Retirement

Research shows that this is a danger period in the life cycle; when time is available, but lethargy and reticence override the desire 'to do'.

An observation amongst older surfing friends, and those setting long term goals, is that this is the time when all those dreams of maximum water time is possible. Given fitness, freedom from injury, and finance (3 F's), I do not know of any surfer who does not look forward to work-free days.

## Economic Factors

Health care system costs for largely avoidable and self-inflicted, acute and chronic physical and mental illnesses, are enormous in Western countries.

It is probable that a physically active society would reduce these costs and, in turn, reduce income tax. On a personal level, a fit, healthy person will pay less medical costs including hospital, prescription drugs and extended care. In addition, they will remain independent for longer.

## Discussion

Throughout life, most of us have idols in our fields of endeavour in vocation, car ownership, way of life and sport. One of my idols was a man who joined my surf lifesaving club and gained the Surf Life Saving Association Bronze Medallion - a patrolling lifeguard - at the age of fifty years. He was a marathon surf ski paddler and throughout the following twenty years my admiration grew for this man's vigour, presence, self-esteem and confidence. When he was seventy five years young, I decided to test and investigate this man's fitness. I was able to find seven athletes aged between sixty seven and eighty two years who competed in their sport at a State or National level. They included two middle distance runners, one marathon runner,

one cyclist, one sprint swimmer, one track sprinter/jumper and one track walker. A difficulty arose finding a control group of age-matched norms for the study. Volunteers from a local retirement home could not pass the screening tests for some of the laboratory tests. A small group of lawn bowlers from my coastal town, Torquay, volunteered. Following screening tests three were "eliminated"! Five bowlers aged between sixty six and seventy four years became participants in the study (Lowdon 1980).

The results of the study showed differences in favour of the athletes in:

- vertical jump
- mobility of shoulder and of trunk lateral flexion
- vital capacity and forced expiratory volume in 1 sec.
- resting heart rate
- work load and rating of perceived exertion at 75% of estimated maximum heart rate
- estimated ventilation of oxygen (eMax VO<sub>2</sub> - the most commonly used measure of fitness)
- a difference in favour of the bowlers in grip strength
- no difference between the groups in reaction and movement time, balance, systolic and diastolic blood pressures.

With regard to lifestyle:

- all the athletes were employed full time compared with none of the bowlers
- 80% of each group were non-smokers
- 13% of the athletes and 20% of the bowlers were daily consumers of alcoholic beverages
- 100% of the athletes reported a daily stretch workout - none of the bowlers
- 50% of the athletes reported occasional to very regular sexual activity compared with 40% of the bowlers.

There were differences in the attitudes to exercise between the two groups as shown in the following table:

Attitude	Older Athletes %	Older Bowlers %
Elderly under rate capacity and ability for exercise	80	60
Consider bowls or golf as adequate exercise	0	80
Self confessed fitness fanatic	25	0
Others consider you a fitness fanatic	63	0
Sport is a continuing phenomenon	100	20

Height and weight were similar for both groups: Athletes 170 cm and 66 kg, bowlers 172 cm and 67 kg, yet body fat differed significantly - 9% and 13.5% respectively - using skinfold equations and endomorph (a component of somatotype rating) was 2.4 versus 3.4 respectively. The difference in mesomorph component (muscle circumferences and bone diameters) of 5.5 and 5.1 respectively, warrants further investigation as to the maintenance of bone density and muscle size with more intense exercise. Other studies measuring body fat of older men include U.S. septagenarians - 30% (Norris 1963), trained elderly U.S. men - 21% (Pollock et al 1976) and trained elderly Canadians - 16% (Sidney et al 1977), which suggests that recreational lawn bowls activity may keep body fat at the level of a trained athlete, and competitive athletes have a body fat percent well below those of trained men. Is there a cultural difference between Aussies and North Americans? Submaximal fitness tests show significantly better scores for athletes compared with bowlers in workload 838 kg.m versus 600 kg.m. at similar heart rates, eMax VO<sub>2</sub> of 39 ml.kg.<sup>-1</sup>min.<sup>-1</sup> versus 31 ml.kg.<sup>-1</sup>min.<sup>-1</sup>, and rating of perceived exertion significantly lower for athletes.

I have categorised participating surfers into three categories and these apply to other veteran athletes in any sport, as those who have:

- (1) maintained a high level of surfing throughout their life;
- (2) resumed surfing after some years of inactivity;
- (3) recently began surfing for the first time.

The relevance of the following interacting factors will vary between and within the three categories and you should list those examples that are relevant to you:

- Knowledge
- Confidence
- Limitations
- Prior or current disability and disease
- Expectations of performance and training
- Technical improvisations and equipment
- Safety and progression

How do each of the above factors impact on your surfing & training?

The following recommendations (Wallner 1992) are for consideration of your further, continued and more enjoyable participation in surfing and in other sports and training,

for your advice to ageing friends, for your colleagues, and even for your patients.

### Know Your Ageing Self

Assess how your ability to perform is changing. Be aware of your strengths and your limitations, come to terms with your lower performance levels, capitalise on your strengths and adapt your equipment. By knowing and understanding the physical restrictions that accompany ageing, such as a medical condition, prescription drugs, rehabilitation from injury, and by understanding the sport-specific needs of first aid, stretching and training, you will avoid having a great deal of frustration and disillusionment. You will make surfing safer for yourself and for others in the water around you.

### New Goals for a New Age

Goal setting is crucial for all athletes in all sports as well as for the ageing surfer. An ongoing series of sub-goals will reflect the ageing process to be highly personal, realistic and less competitive. Your goals must allow for the maintenance of a regular lifetime adaptation process.

### Variety Adds Spice to Your Life

Ageing should not be allowed to blunt an adventurous spirit. With the passage of years there is no greater enjoyment than to add variety, by varying your methods of preparation and training, and by making the opportunity to explore new and perhaps exotic countries and surf breaks.

### Share Your Sport

With a friend, your life of surfing becomes more social; it provides more fun, support and safety. As an argument against this concept, surfers do not need to be reminded that the larger the group of surfing friends for any one session - the more crowded the finite resource of your sport.

### Models/Idols

Surfer Magazine, in its 'people who surf' profiles, has included surfers upon whom you can model your goals. Featured have been Kary Mullis, Ph.D. - Nobel Prize winner, 48 years (LaFee 1994), Mary Lou Drummy, 50 years (anon. 1995), Jack Shipley, 58 years (anon. 1995), Donald Cram Ph.D., 74 years (George 1994), and Don Uchimura, 75 years (George 1995). Their participation, histories and contribution to the sport make inspiring reading. My new idol, on whom I have set many of my current long term goals, is Woody Brown, aged 81. His story has inspired me to make the most of what I have and to keep catching waves for many years to come.

### Conclusion

Although it is obviously dangerous to ignore the cumulative effect of chronic injury or disease, it is rare for surfing to be contraindicated entirely. Becoming older will necessitate some modifications of your surfing in relation to your goals, training, expectations, techniques, equipment, and attitudes towards competing with others at your break. However, with sensible planning, a lifetime of enjoyment and participation lies ahead in playing with Mother Ocean's Waves.

**"You don't stop surfing when you grow old, You grow old when you stop surfing".**

(Lowdon 1991, adapted from Somerset Maugham)

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# DIET, NUTRITION, AND LONGEVITY

Anthony Moore, MD, La Jolla, California

Demographic trends reveal a rising swell of aging baby boomers. The first wave will sweep across the continent in a few short years. Dual membership in the SMA and the American Association of Retired Persons will be the norm, not the exception. Our goal will be to defy the biologic imperative of "normal" aging.

Optimal nutrition needs to be individualized. For example, in one patient we seek to define a specific vitamin or mineral deficiency. In another, we may consider nutritional supplementation to what appears to be a "healthy" patient. Any discussion of nutrition and aging is limited by a lack of adequate studies and accepted standards. In establishing nutritional requirements, we must contend with multiple confounding factors: genetic, socioeconomic (e.g. goofy foot vs. regular), and concomitant medical concerns.

There is agreement that deficiency states need to be identified and treated. Both B12 and folic acid deficiency may occur on a nutritional basis. The elderly who live alone or consume alcohol may be at risk. Poor dietary intake of fresh fruits and vegetables may lead to folate deficiency. B12 deficiency may be dietary or may relate to deficiency in intrinsic factors (pernicious anemia) or other gastrointestinal causes of malabsorption. Both will lead to macrocytic anemia (high MCV). A clinical pearl: In patients who are B12-deficient, folate supplements will correct the hematologic, but not the neurologic, abnormalities. Therefore, a correct diagnosis is essential before treatment. (Example: "The case of the Anesthetized Anesthesiologist." A 65-year-old physician colleague presented to me with peripheral neuropathy. He was self-treating with folate while his B12 level dropped toward zero. He never became anemic, but he had very numb, painful hands and feet). Recent attention has focused on folate, as deficiency in pregnant women may lead to babies with neurologic defects. And in the absence of a discrete deficiency, B12 injections remain a popular placebo.

As the grommets grow into the Geritol generation, iron ingestion becomes an issue. In men, iron deficiency suggests a gastrointestinal loss. Labs will show a microcytic anemia (low MCV). However, the latest wrinkle on cardiac research is that excess iron has been implicated by some as promoting atherosclerosis. Fads in iron

supplementation have come full circle.

More dramatic on a global basis is the impact of selenium supplementation in China. In certain areas, the soil was deficient and supplementation with selenium reduced the incidence of esophageal cancer.

notwithstanding. Garlic and onions contain many bioactive substances such as organic sulfides that are capable of interfering with the oxidative process (garlic may prevent cancer, heart disease, and arthritis, but is it better ingested or worn as a wrist bracelet?).

All of our patients have been trained to ask

about their cholesterol (and the more sophisticated will want to know about their HDL or "good" cholesterol, maybe even their PSA). The predictive value of lipids may be overstated, but it does give patients and physicians an objective target to measure the success of their "veggie" diet. Potential further areas of study include the lipoprotein subfractions. Also, what about chromium? We know that supplementation may increase HDL levels and improve glucose tolerance. As with many trace metals, the rhetorical question lingers: "If some is good, is more bedda?" Recall the niacin story: A rush of enthusiasm (followed by a flush) that has been tempered by the observation that slow-acting niacin may cause liver dysfunction. Can cholesterol reduction be overdone? One perplexing observation is the recurring findings of violent behavior associated with low cholesterol levels. Does this explain all the "aggro" vegetarians in the line-up?

And now back to a final caveat, and to Dr. Norm Vinn. The latest food additive fad - on the cover of *Newsweek*, no less - is melatonin. Sold over-the-counter as a dietary supplement, melatonin is actually a hormone. It is secreted by the pineal gland, especially during the hours of darkness. Supplementation may reset the biologic clock and produce a short-term hypnotic effect. Excess secretion may cause hypogonadism. Tavarua corollary: Norm reset his biologic clock with melatonin, but by week's end he was backing off on big Cloudbreak waves; iatrogenic inhibition of the cajones? I am told that Norm is back in fine form, but have we learned anything from the tryptophan misadventure?

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**A final personal note:** I acknowledge being less than compliant with the above nutritional advice. I am placing a lot of weight on the recent Harvard study that showed the more pizza intake (with tomato sauce and lycopene), the less incidence of cancer (prostate and other). Yet another anecdote about antidotes (what Jerry Garcia called "anecdotes"):

## Foods and their phytochemicals

Type of Food	Phytochemicals
Fruits	Vitamins, flavonoids, polyphenolic acids, carotenes, monoterpenoids
Vegetables	Vitamins, flavonoids, plant phenolics, chlorophyll, aliphatic sulfides, carotenes, aromatic isothiocyanates, dithiothiones, phytic acid
Cereals	Vitamins E, phytic acid, selenium
Fats/oils	Fatty acids, vitamin E, tocotrienols
Nuts, beans, grains	Polyphenolics, vitamin E, phytic acid, Coumarins
Spices	Coumarins, curcumin, sesaminol
Tea	Plant phenolics, epigallocatechin
Coffee	polyphenolic acids, melanoidins
Red wine	flavonoids

There is general consensus regarding the treatment of deficiency states; however, preventive therapy with additional supplementation remains more controversial. Some experts argue that the elderly demonstrate no increase in vitamin requirements with increasing age. Nevertheless, "deficiency states" may be a relative term. We do know that with aging, oxidative damage creates "free radicals" leading to damage to cellular DNA, proteins, lipids and carbohydrates. This may lead to heart disease, cancers (including skin), cataracts, and macular degeneration. There is hope, based on some studies, that additional intake of antioxidant vitamins (vitamin C, E, and beta carotene) may slow this process.

Eating well should always be the best defence, and best revenge. Many micronutrients found in plant foods are equipped to help in cellular protection. Known as phytochemicals (from the Greek "phyton" - plant), these compounds exhibit antimutagenic and anticarcinogenic activities. They can inhibit carcinogens such as nitrosamines. They can increase protective enzymes, such as glutathione-S-transferase. See Table 1 for examples of potentially beneficial foods. Note quercetin, a flavonoid contained in grape skin, may contribute to the "French paradox," the observation that the French have a low incidence of coronary artery disease despite a high-fat diet. Spices and herbs such as oregano, rosemary, ginger, sesame seeds and curry powder may exhibit antioxidant effects. Broccoli, with isothiocyanates, may protect against cancer through its effects on enzymes, George Bush and his preferences

# The Biochemistry and Cell Biology of Senescence

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Senescence refers to the progressive loss of physiological capacities that culminates in death, whereas aging refers to changes which occur in the organism from birth through development until death (including growth and maturation as well as the decline in function). The theories I refer to in this brief review concern themselves with senescence but for the sake of simplicity I will use the terms interchangeably.

## Maximum life span potential (MLSP)

Life is like a wave: all waves inevitably come to an end which is determined by basic parameters such as the contour of the bottom and the energy of the swell.

The MLSP of organisms is genetic and appears to be species-specific. Several lines of evidence indicate that the basic clock for aging is determined by the genes of the organism. First, when cells are grown in a test tube the number of cell divisions is species-specific and correlates with the MLSP of the total organism. A rat's cells will divide fewer times in a test tube than a longer-lived organism's, such as human cells. Second, experimental animal mutants have been selected and bred with longer life spans, showing that even within a species the clock can be passed to offspring in the organism's genes. Third, diseases of premature aging in humans, e.g. progeria, are the result of genetic defects which are manifest on the cellular level. Cells from human patients with progeria have a reduced life span in culture.

## Biochemical changes

Several biochemical changes at the cellular level are associated with aging and ultimately result in the declines in ability and death at the organismal level.

Membrane changes (decreased fluidity, decreased sensitivity to hormones, changes in concentrations of receptors) result in decreased function. Changes in extracellular proteins (collagen crosslinking) result in loss of elasticity and regenerative and reparative ability of the connective tissues. Enzymes and intracellular proteins undergo changes which reduce their efficiency and thereby alter steady state levels of cellular constituents resulting in decreased ability to respond to challenges to equilibrium. Alterations in DNA structure (increase in single strand breaks, methylation, shortening of

telomeric sequences) may result in faulty expression of proteins, with effects on regenerative ability or transformation of normal cells to cancer. Decreased rate of DNA replication may reduce regenerative ability. Slower DNA repair (UV) results in loss of function and cancer. Decreased rate and fidelity of the enzyme which replicates the genetic information, DNA polymerase, also may result in reduced ability to respond to injury.

## Aging and Evolution

All of our characteristics, including aging, are so because they provide some sort of definite reproductive advantage. Not only is it interesting to consider why organisms may have evolved to age, but evolutionary theories point to directions for potentially fruitful research.

Aging may serve to keep parents from competing with their offspring for limited food and other resources, thus facilitating the survival of offspring to successful reproduction, i.e. making room for grommies. Aging may also be the result of the pressure of natural selection to delay expression of harmful genes—a genetic dustbin late in life. Another possibility may be that aging is the result of selection for optimal energy allocations in early development—perfect repair mechanisms would take too much energy from development, growth, and reproduction. Foregoing perfect repair allows the organism's energy to be allocated to more pressing functions needed to increase the chances of survival to reproduction.

Two major non-mutually exclusive groups of hypotheses have been proposed to explain the phenomenon of cellular aging. The first of these, error theories, proposes that a passive accumulation of errors in cell constituents (DNA, RNA, protein, lipid) due to environmental insults or byproducts of the inflammatory response compounded by imperfect repair mechanisms result in aging. At least in theory, interventions which would decrease damage, such as avoidance of exposure to injurious substances and ingestion of protective substances (e.g. antioxidants), might prolong lifespan to its maximum. These theories include "rate of living", waste product accumulation, somatic mutations, cross-linking, free radical damage to cell membranes and to DNA (UV, other forms of radiation, metal ions, and

inflammation), error catastrophe, and altered protein degradation theories.

The second group of theories, program theories, is more fatalistic, providing fewer conceivable avenues for intervention, and proposes that aging is an active, genetically programmed event. These theories include codon restriction, sequential inactivation of repetitive genes, shortening of telomeres, terminal differentiation, and molecular clocks theories.

## The beneficial effect of caloric restriction

Organisms fed a diet restricted in calories appear younger in almost every trait examined including sensitivity to hormones, collagen cross-linking, and enzyme activity.

## Summary

Just as every wave shoulders off or closes out, so does every biological life. The decline in function and ultimate death are genetically programmed, likely provide some evolutionary survival advantage, and are manifest at the most basic cellular and biochemical levels. Theories based on the available evidence indicate that life styles that reduce injurious environmental exposures and which include a low calorie diet rich in protective nutrients may allow us surfers to find a long wave and gracefully style on it to its inevitable end.

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Please don't sell my Intense Moments board honey.

# CONDITIONING FOR THE LANDLOCKED SURFER

## DRYSPELL EXERCISES TO KEEP YOU HARD TO THE CORE

Ethan Wilson, M.D.  
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You're a kid with wet hair, trunks, dreams. Life is one long spitting tube after another. Turn around and you are dry; family, profession, and location all conspire to keep you dry. Turn around more and you find that conversations rarely come around to surfing, and then only in the past tense. Then you die.

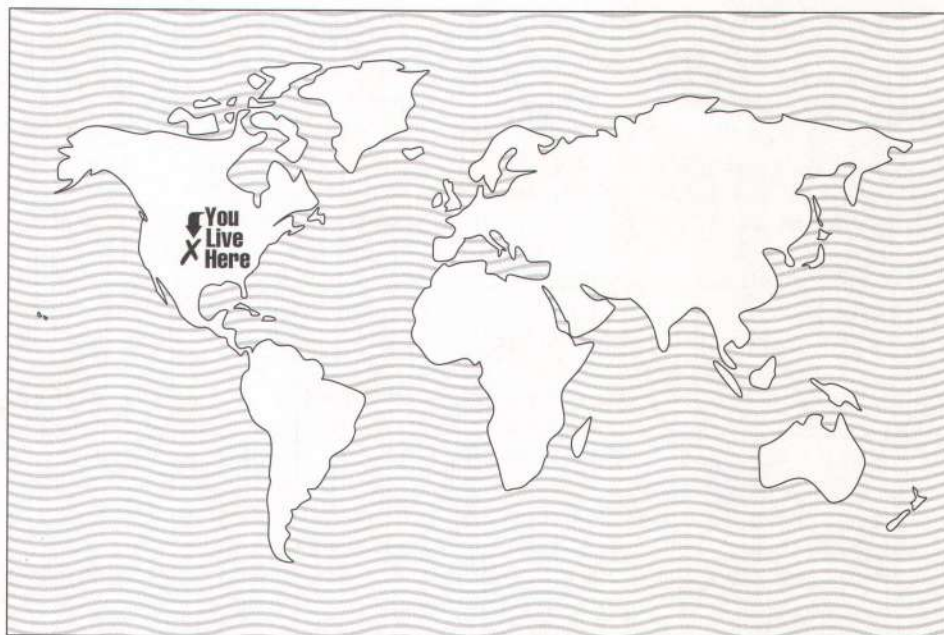
AAAAAARRGH!!! Beads of sweat pour down as you awaken screaming from this most horrible of nightmares. God, that was the worst one yet..... every time more kids running around with dirty diapers and runny noses. Breathe deep and slow, think thoughts only of overhead tubes. Quickly, you down a bowl of Cheerios and grab your board for an early morning session of glassy walls. Then it hits you.....it wasn't a dream. The years have rolled by and you're a landlocked surfer. A weekend surfer. A vacation surfer.

No matter where you live, life can conspire to keep even the most dedicated surf rat dry from time to time. A very important question arises: how are you going to stay in shape for that next overhead go-out?

These problems aren't hypothetical for me, unfortunately. I live in Corvallis, Oregon and the nearest break is over an hour away (75 minutes to be exact). I work in the local ER and have a great family with two daughters. The house seems to be in a perennial state of remodel and the cello and woodshop both draw me to them. That makes for infrequent surf trips. The problem is that I love late drops on overhead waves and deep tubes on shallow reefs. Bad combo.....makes for potential injury if you're not in good shape.

Recognizing this, I asked an exercise consultant to design me a program that would keep me in shape for surfing. He researched a bit and came up with a schedule of stretching, agility and balance exercises, weights, and swimming that worked very well in preparation for this year's Tavarua session.

Some underlying assumptions and beliefs need to be stated. (1) I don't stretch cold. This is avoided by a warm-up bike ride on the way to the gym. (2) Exercise has to be interesting. For this reason, I go to the nearby University gym for my workouts. (3) Aging joints don't like to be pounded. I don't generally run, and infinitely prefer swimming as my aerobic



workout. (4) Plan a workout which trains the right muscles for the projected use. This means that upper body conditioning is going to figure heavily in my routine. (5) The slower and more controlled a move is, the better it is for you. If any of the weight routines has you ending up lurching or throwing the weight, slow down and decrease weight. (6) Rest one minute between sets.

### The specifics of the workout are as follows:

First, an initial warm-up. Can be any low key exercise, biking is most convenient for me. Jogging would be an acceptable substitute. It takes me five minutes to ride to the gym and gets me sufficiently warmed.

### Stretching:

**The self-hug:** Remember the old trick of wrapping your arms around your neck to make it look like you're making out with someone? This is basically the same thing, except for being done one arm at a time. Use the inactive arm to pull the active elbow and increase stretch. Hold for 30 seconds, then reverse arms. Careful that arms don't get jealous.

**Over-head pull:** Walk your left hand over your scalp front to back in the midline and continue walking fingers down the back of your neck and upper spine until they

can't go any further, then use the right hand on the left elbow to increase the stretch and walk further down the spine. Hold for 30 seconds, then reverse.

**Backwards shoulder stretch:** Grab hands together behind you at waist level, pull shoulders backwards as far as possible. Hold for 30 seconds, then reverse.

**Groin stretch:** Starting from a hands and knees position, put left leg (with knee bent at 90 degrees) way out in front, left foot flat on ground. Stretch by attempting to move into splits. Move left foot forward as necessary to keep knee bent 90 degrees and not more. Hold at maximal stretch for 30 seconds, groan, and reverse legs.

### Agility and balance exercises:

**Blind one-legged squats:** Remember Ralph Macchio beginning the secret move (The crane?) that won him the championship in one of the Karate Kid movies? No? Well, you didn't miss much. Anyway, you start by standing on the left leg and lifting up the right leg with the knee bent. Squat down on the left leg as far as is comfortable, keeping the back vertical at all times. Keep going down as far as possible, then slowly raise back up to the starting position. Easy, eh? Now repeat with eyes closed, heh, heh, heh....Not so

easy. Repeat five times. Cheat by opening eyes as necessary to remain standing. You'll get better over time. This is a particular favorite of mine in that it works on subtle proprioceptive skills at all levels from the foot and ankle to the head. A good one for strengthening ankles and improving position awareness for those who are prone to ankle sprains.

**Blind jumping one-legged squats:** This is the advanced level version of the above. From the beginning position of the one-legged squat, with left leg held up, jump four feet sideways to the left and land on the left foot with the right foot now in the air. Come to full one-legged standing position, then jump back to the original position. Be sure to come to a full one-legged stand, unmoving, before beginning the next jump. No cheating with quick jumps back and forth. Each jump should be made from a slightly "coiled" position, each landing should be made in this same coiled position, thus no straight legged jumps which would be hard on the knees. Oh, yeah..... eyes closed once you've mastered it with 'em open.

**Blind jumping rotational squat thrusts:** For master level only. Begin as before, with left leg elevated. Jump straight up and straighten left leg such that knee is at nose level. Rapidly throw head back and rotate pelvis such that the lower half of the body is now horizontal while the head is moving backward toward the ground. Turn head while pulling legs into squatting position. Just before contacting mat, reverse order of moves and land in original starting position. Reverse sides and repeat. Eyes closed of course. Wouldn't want to see that mat coming up too quickly. (Just kidding about this one. It should be performed by professional drivers only in specially prepared vehicles).

## Strength work

**Sit-ups:** Do them on a flat pad with nothing holding down the feet. Bend knees and keep feet flat on the ground. Arms can be behind the head, but not pulling the head up. Come up high enough that the shoulders are off of the ground and hold for 3 seconds, then down. Repeat immediately; as soon as your head touches the ground, you do another sit-up. The only "pause" during each set is the three second hold at the top. Do 3 sets of 10. Hold 'em long enough that by the end of each set your abs are burning. Don't try to come all of the way up to your knees, just lift the shoulders off of the ground.

**Cross-legged sit-ups:** This works on the obliques. Lying flat on a pad in the beginning position for sit-ups as above, cross the left leg over the right such that the left lower leg is sitting on top of the right knee. The left arm is lying on the ground next to your side. The right arm is behind the head in typical 'sit-up' position. Do a rotating sit-up such that the right elbow almost touches the left knee, hold for three seconds. Repeat ten times. Switch legs and repeat ten times. Alternate sets until you've done three sets of ten on each side.

**Squats:** Standing squats on a squat machine, butt sticking out, head up, hands relaxed on the bar. Don't go down below 90 degrees at the knees. Do them slowly, both down and up. Three sets of ten.

**Walking lunges:** With dumbbells hanging in each hand, walk forward with the left foot in a long stride. Slowly lower the right knee to the ground, then rise up and walk forward with the right foot, followed by lowering the left knee to the ground. Each step should be long enough that when in the fully lowered position, the front knee isn't flexed more than 90 degrees. Keep the back vertical at all times. A long hallway works well for this, in that you will take 12 long steps per set. Do three sets with weights heavy enough that the last rise of each set has your buttocks and quads burning.

**Lying hamstrings:** On a hamstring machine, do three sets of ten. Be sure to push your groin down into the bench at all times, especially at the end of each set. Do them slowly and you'll be amazed at how tough they are despite light weight.

**Pullups:** Over hand grip, hands 30 inches apart. Three sets of as many as you can.

**Seated Row:** Sitting with the knees slightly bent, bend forward and allow the shoulders to round forward, then lean back to upright position, pulling shoulders back as you go, bringing hands (holding handles from pulley) in at the waist. If you have split handles, pull just beyond waist. Three sets of ten. Don't go backwards beyond the upright sitting position. Slowly in and slowly out.

**Pull-downs:** Sitting at a lat machine, lean slightly back and pull down in front of you. Use wide over hand grip. Three sets of ten.

**Butterflies:** Sitting on the end of a bench, leaning far forward with chest fully down onto upper legs. Feet flat on floor just ahead of head. Hands holding barbells on floor just behind feet. Lift barbells up into fly position, keeping chest and head down. Lift as high as comfortable, hold for three count, then down. Elbows partially bent at all times. Three sets of ten.

**Bench Press:** Legs bent and feet flat on bench, slow up and down with weights. Come down as far as possible. Three sets of ten.

**Triceps push:** On lat machine, stand with knees slightly bent, hips slightly flexed, leaning slightly forward so that the cable is passing just in front of your head. Keep elbows in to sides, keep shoulders down at all times. Slowly push down with hands starting with elbows flexed just beyond 90 degrees, ending with elbows at 30 degrees. Narrow over-hand grip, slow pushes. Three sets of ten.

## Aerobic work-out

Swimming is my aerobics of choice. I swim one mile freestyle, breaking it up into varying sizes of windsprints followed by longer stretches of slower pace. Be sure to keep the pace up such that you're working it the whole time, not cruising. Another favorite is paddling my board on the Willamette River, upstream 1-2 miles and returning. Biking ten miles is yet another possibility. Least favorite, because it results almost consistently for me in a subsequent knee effusion, is running.

The workout can be broken into two parts if desired: Weights one day, swim the next. The weight session takes about one hour, the swimming 30-40 minutes. If you have enough time, the combined workout, weights followed by swimming, will leave you on an endorphin high sufficient to make even the most mundane day flash by in a smile.

The bottom line on all of this is that it represents a poor cousin to the real thing. If I can make it to the coast just to get wet, I get a great paddling workout even if the waves aren't stunning. If the surf is working, who needs some scummy weight workout routine, eh? That's for the flatlanders. Meanwhile, you all keep in shape now, hear?

# FLEXIBILITY AND STRETCHING: AN OVERVIEW

Richard Ferdinand, PT Capitola, CA

*Surfing for life: What a concept. Surfing into your fifties, sixties, seventies, or eighties would have seemed unlikely a generation ago. But as you know, it is becoming more common for three or four generations to be out in the lineup at once.*

If surfing for life sounds good to you, few would argue that to continue to paddle, get to your feet, and turn requires a certain amount of flexibility. However, asking medical or fitness professionals for advice about flexibility and stretching is like asking your buddies who the best surfer in the world it. It depends.

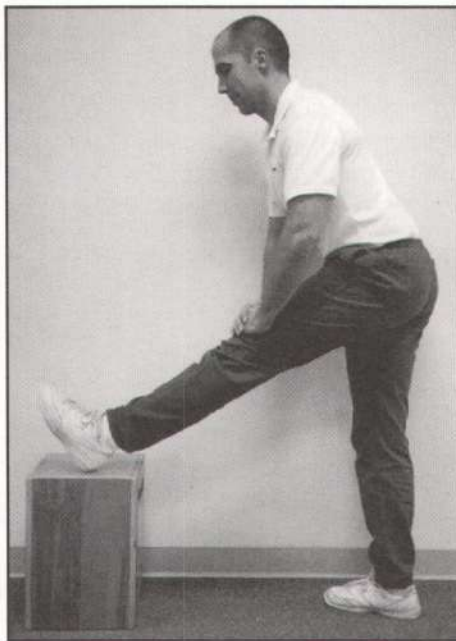


Figure 1

## **FLEXIBILITY: What is it and how much is enough?**

Flexibility has been defined as the ability to flex, extend, or circumduct your body's joints through their intended full range of motion without significant decrease in strength (Hatfield, 1993). You need enough flexibility for any situation that you will normally encounter in day to day life, plus a little more for life's emergencies and/or your chosen sport's demands. This little bit extra

is your flexibility reserve. The amount of flexibility that you lack is your flexibility deficit. Besides having the flexibility to roll out of bed, get in and out of the car, sit in front of the computer and reach the mouse, you need enough flexibility to reach forward while paddling and squat down for that tube ride (your reserve). If you are tight in the neck and upper back and have difficulty lifting up your head while prone paddling, or can't get down low to make the tube, you have a deficit.

So now your buddy has to zip up your wetsuit for you because you can't reach behind your back. How did you lose that flexibility? There are many factors which may affect flexibility (Hatfield, 1993, Evjenth and Hamberg, 1989). Genetics, age, and sex are factors. Genetically, an individual may be predetermined to have poor flexibility. As one ages, it is common to lose flexibility. And men typically are less flexible than women.

Past injuries or surgeries with resulting adhesions, joint degeneration, or soft tissue contractures may have a significant impact on flexibility. Heavy work or physical training may produce highly toned but shortened muscles. Monotonous or one-sided movements may cause a muscle imbalance around a joint which restricts movement in certain directions.

Poor posture may even lead to a loss of flexibility. For example, an individual who develops a slumped posture will lose the ability to bend backwards. As that motion is lost, prone paddling and holding your head up becomes difficult or painful.

Even the time of day and your core temperature are factors. If you are doing a dawn patrol in Santa Cruz in January, it's still dark and you are shivering, you may have difficulty reaching behind your back to zip up.

## **METHODS OF IMPROVING FLEXIBILITY: Stretching Guidelines & Techniques**

Range of motion and flexibility can be improved by stretching, plus there are additional benefits. Stretching has been demonstrated to improve coordination by allowing freer and easier movement. It also may decrease post-exercise soreness. Stretching is important for injury prevention, especially in older surfers, since tight muscles are more prone to injury and altered joint

movement from muscle tightness and imbalance may lead to degenerative changes in joints. After an injury it is important to restore full motion (and strength) to attain optimal function and reduce the chance for reinjury.

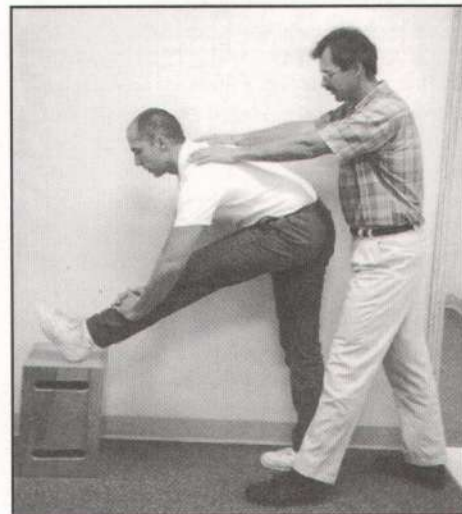


Figure 2

Before initiating a stretching program, consider when, how much, and how often. Stretching should generally be done when the muscles are warm. Think of taffy. If you try to stretch cold taffy it is more likely to break than stretch. If it is warm and you apply a slow, steady stretch it will lengthen. Muscle, ligament, and tendon tissues are more pliable and elastic when warm. So elevate your body temperature before you stretch. This is best accomplished by active warming (5-10 minutes of light exercise) rather than passive warming (a hot shower).

No pain no gain? Not necessarily. When stretching, the target muscle should "hurt so good". You should be able to control your facial expression. If you stretch too aggressively, not only will it be more difficult for the target muscle to relax and stretch, but there is more of a chance for injury.

How long a stretch is applied depends on the type of stretching technique that is being utilized. The stretch may last for 5-10 seconds or up to a minute. How often to stretch depends on the situation. Generally, stretch after exercise, especially those muscles that have been worked hard. If you are tight or inactive, stretching daily for several months will improve flexibility. If you are an older surfer, you should consider a regular stretching program, perhaps daily. If you are restoring motion as part of an injury rehabilitation program, stretching several times per day may be necessary.

The three basic stretching techniques which will be reviewed are static, dynamic, and PNF. Stretching the hamstring muscles using the three techniques will help illustrate the three techniques. Static stretching is the most common form of stretching (Hatfield, 1993). Hatfield states that static stretching is the most effective for post-exercise recovery purposes. With static active techniques, you assume the stretch position, move slowly into a more stretched position, and hold for 10-30 seconds (Figure 1). With static passive stretch, a partner would push you into the stretch as you relax (Figure 2). Both stretches should be performed in a slow, steady manner, breathing naturally. And do not bounce!

Dynamic stretching may be either the ballistic or active type. Ballistic stretching is active, rapid, and hard (Hatfield, 1993; Enjenth and Hamberg, 1989). These stretches tend to be sport specific, for example kick stretches in martial arts (Figure 3). When performing ballistic stretches, there is considerable risk of overstretching and injury. This technique tends to provoke a protective stretch reflex for the muscle to save itself. Ballistic stretches are not recommended as a normal stretching routine.

Active stretching is based on the neurological principle of "reciprocal innervation" (Peters and Peters, 1995). With reciprocal innervation, when one muscle or group of muscles contracts, the opposing ones relax under neurological control. This technique uses one muscle to stretch the opposing tight muscles. In (Figure 4), the arms are used to support the leg under the thigh. Then the quadriceps are tightened to straighten the knee. This stretches the hamstrings. When using this technique the stretch is held for 10 seconds and repeated three times. Active stretching is a good technique for pre-

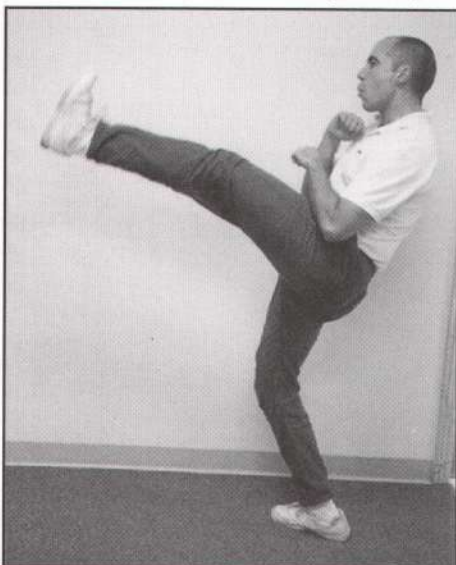


Figure 3

warmup. It also work well to stretch calf and hamstring cramps while surfing. While sitting on your board, straighten your knee and bend your ankle up. Hold for 10 seconds. Repeat this three times and it may solve your cramping problem.

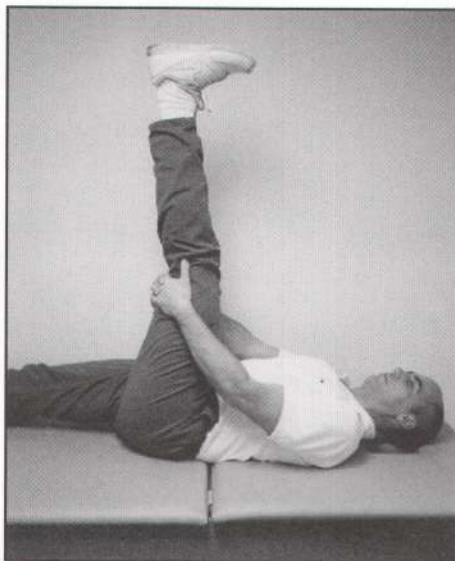


Figure 4

Proprioceptive neuromuscular facilitation (PNF), or contract-relax, is a technique which works to inhibit the stretch reflex (Anderson, 1980). This technique requires a partner who carefully places your muscle on stretch (Figure 5). You then perform a five second isometric contraction with the muscle being stretched while your partner offers resistance. Then you relax for a few seconds and your partner gently stretches a little more. This sequence is repeated several times. The stretch is finished by contracting the muscle opposite to the one being stretched. So if you are stretching your hamstrings, finish by contracting the quadriceps.

#### SUMMARY & SUGGESTIONS:

Maintaining adequate flexibility is crucial if one adopts a surfing for life philosophy. There is much to consider when starting a stretching program to help restore or maintain that flexibility. When, how much, and how often you stretch is important. The stretching technique itself is a consideration.

#### Here are some final suggestions:

1. Consider active stretching as part of your warmup, perform your exercise or surf, and finish with PNF or passive stretching.
2. Be sure to stretch those areas where you have lost flexibility, and be sure to strengthen in the new available range of motion.

3. If your flexibility is good, just a warmup may be fine before exercise or surfing. However, if you have surfed or trained hard, it may be a good idea to finish by stretching those muscles that have really been worked or where you feel tightness or muscle fatigue.
4. If you have an injury, be sure to restore flexibility and strength.
5. If you are an older surfer, you may benefit from an ongoing total body flexibility routine.
6. Make sure you feel the stretch in the intended area, not in your back. Keep your spine stable and protected while stretching.

It is beyond the scope of this article to describe and illustrate a complete stretching program for the primary muscle groups, but there are many good reference books available at most bookstores.

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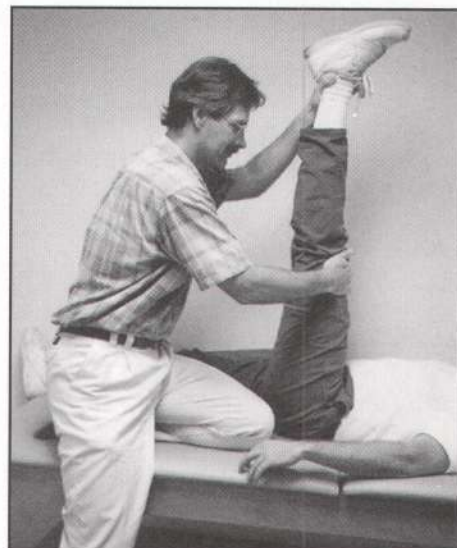


Figure 5



# THE SMA - A LIFETIME AFFAIR

By Steve Titus, Esq., Manly, Australia

*Recollections and excerpts  
from a talk given at the  
SMA Tavarua Conference,  
June, 1995*

In early 1991, I did not know anything about the SMA. My girlfriend advised me that she was going overseas and not to wait and I decided that the best thing to do was to go surfing. I made a few enquiries and found out about an SMA conference in Tavarua and headed off for week in March, 1991. I met some interesting people at that conference and had a great time.

Tom Kirsop was aged 61 and walked with a walking stick. He got into six foot Cloudbreaks on an 8 foot board and also a belly board and was much involved with the Australian Conservation Foundation and other conservation groups and was a very impressive fellow.

Paul Despas was a 53 year old cardiologist who was an eccentric. Paul and I were sitting in the surf one day just wearing board shorts when this American paddled past wearing a full-length lycra suit, a wetsuit, booties and a Gath helmet and Paul said to me: "These Americans really dress up to go surfing." Paul was a keen fisherman. One morning we were standing in the restaurant getting our breakfast when he suddenly started jumping over seats and whatever and running down towards the beach saying - "they're biting! they're biting!" as he ran down to his fishing rod plonked in the sand.

Paul's best story was that he caught a decent-sized fish on the island and in his words: "These two Frigate birds started to work me. Have you seen Frigate birds? They have a wing-span about 6 to 8 foot long with a beak about 4 inches long and big claws. The two of them are hovering round me staying just outside rod reach and despite my throwing stones and waving the rod, they kept working on me. Just like soaring Pteradactyls. I gave them the fucking fish."

Anyway, I had a great time with really good company. I had to leave two days early and flew back with John Butworth. He was an Australian psychiatrist. He was a hot wave ski rider and I hadn't spent any time talking to him on the island. He spent a lot of time with Mark Renneker's father, whose

company he really enjoyed. John was the best company on our flight back to Sydney and I arrived home in the best of spirits.

I got over to Manly and my flatmate had my car and I was feeling great. I went for a walk down the hill and called into one of the local hotels, the Steyne. I don't usually go there, and it would be fair to describe the hotel as a bit of a blood bath. I'd ordered a drink and was standing at the bar just surveilling things when I looked around and noticed this well-dressed, obviously out-of-place woman at the bar. As she proceeded to order one drink for herself, I thought: "Nothing ventured, nothing gained." I approached her and said: "Can I talk to you?" She said: "I'm meeting someone." I said: "Well, until he comes, then."

If I can take it from Joanne's viewpoint: It transpired that she had been to a wedding with one fellow that day and had left early and was supposed to meet someone else and he had suggested that they meet at Ivy's at the Steyne. She was running 2 hours late and in fact had come in the back lane entrance to the bar while he was waiting at the front. She ran into this hotel she had never been in beforehand and gets accosted by this man who is very suntanned and has red eyes. At the end of March in Australia that is very unusual — I was coming down with conjunctivitis — and she thinks: "Oh God, I've got the town surf drunk."

But she was the best company and great fun and after a while, everything else seemed to be excluded so that after an hour Joanne said: "Can we go now in case he finds me?"

So Joanne and I go on from there. I just liked her so much. I burnt about 4 or 5 guys off. My life went wonderfully haywire spending all my time with her. I headed off to Indonesia in July and when I came back I think I formally moved in. I'd been moving in more and more shirts before that time. In Joanne's words: "How do you know when a guy is living with you? When he starts farting in the ensuite?"

In July 1992 I went off with the SMA conference to Grajagan, Java. Again I had a wonderful time with good surf and great bunch of guys. One morning I saw some person take off on this wave, throw this insane re-entry, hook on the tube then get closed out on and I thought: "Wow! Who

was that?" I realised that it was Malia Jones, the fourteen year-old daughter of John Jones and realised that time was moving on. Again I had to leave early but as I was leaving saw a big tiger or leopard paw down on the beach as I was ready to go. I'd gone through seven days of good surfing without injury and was going out in the small Nautilus boat and we had to get through these one or two foot waves. We got caught inside by a big 2 foot set and I suffered more injuries there than in the whole seven days beforehand.

Joanne and I eloped to Noosa in October, 1992 in a beautiful romantic wedding, ringing the Mums the next day to tell them the news. Then we come on to this Tavarua conference where again we've had great company and great waves. I recall on Tuesday when Black Jack (Jack Martinez - co-owner of Black Flys sunglasses) got the wave of the day out at Restaurants and attacked it like a black panther with pure animal drive and just killed it. Dean [Schoonove] and I sitting out there and he saying to me: "God we're fickle" as this perfectly good 4 foot wave comes near us and neither of us even look at it, waiting for the sets. Jack's friend, Tom Tare, was just the best guy in the water. He is almost a quasi Aussie. He just lifts the stoke level calling everyone on. He was great to have around.

So at present I am a married man with two daughters aged 26 and 22. We have our fights and it's not all smooth sailing but it's all worth it. Many of you are involved or married and you appreciate that fact. I don't surf as much as I used to and I'm getting older but there are many things which compensate. I hope every second year to be able to get away on SMA conferences. I have good company and great waves and feel safe with all these doctors around.

As this conference is about surfing for life, I will just finish with a bittersweet story. My father died a few years back aged 66, playing top level veterans tennis. He was a very good tennis player and loved his tennis and was leading 4-2 and 40/15 on his serve when he fell down dead. I thought it was the way he would have wanted to go. I had a private with one of my best friends and we were talking and agreed that it was the best way for him to go. Stephen (Dr. Stephen Etheredge, also an SMA member) said, after we'd had lots of drinks: "Knowing you Tito, you'd go out being tubed on a ten-foot wave, screwing some girl and smoking a joint." I'd settle for a ten-footer, my wife and an SMA conference.

# REFLECTIONS ON TAVARUA '95

## THOUGHTS OF AN SMA NEWCOMER

**Mike Pedicini**  
Moorpark, CA

Although I've been in the SMA for nearly a year, the 1995 Tavarua conference was my first SMA trip. When I first signed up, I didn't know a soul going on the trip, but from talking to conference organizers and a couple of the other prospective attendees, it was clear that we were all going to show the same level of stoke. What surprised me however, was the extent of that stoke among newcomers and veterans alike. The trip turned out to be much more than anything I had expected.

The island of Tavarua is magical. To be able to surf Cloudbreaks at 5'-7' Hawaiian with Restaurants consistently overhead for 5 days was a dream come true. By the second day I was completely relaxed. The almost 100% vegetarian meals were an Epicurean delight, even for someone with my jaded L.A. tastes.

The talks after dinner each evening were an excellent way to end the day. The information provided at the evening conferences were pertinent to us aging surf-junkies, with a focus on issues that we face every time we paddle out or travel to exotic locales. The information will help me maintain and improve my personal health and my surfing for years to come.

While the surfing, the island and the lectures were outstanding, the big surprise was the emotional experience our visit to the village of Nabila. The diabetes project was a novel experience for a non-professional. I realized that while the testing we did would be routine in the US, it was a major step forward for the villagers.

I also quickly realized that the Nabila villagers are truly special people. They were unexcelled in their ability to make the stranger feel welcome. In fact, I and some of the other first-timers didn't feel like strangers at all. These people welcomed us into their homes and into their hearts, and now, they are in my heart also. It was clear that these people had so little compared to us and yet, they seemed happy. Maybe it's the other way around: they are the ones who are well off and it is we who have so little. It's hard for me to express the feelings that I left with, except to say that the people of Nabila can show us what is important in life. I felt privileged to have been able to spend a day with them.

All in all, the Tavarua conference was of the best things that I have done in my 45 years on this planet. The other SMA members were a great bunch to surf with and spend time with. I look forward to many more SMA trips.

## TAVARUAN TEETH

**Frank Wilkinson, DDS**  
Laguna Hills, CA

The Tavarua conference was an unqualified success. Besides the good waves and fellowship, there was the opportunity to provide some healthcare information to the village of Nabila. The dental team, including myself, Walter and Matt Brannan, Joel Morrison, Jim Gelifillan and Tim Tacquard, visited the grammar school for the village and surrounding area. There are approximately 180 children in the school and they range from 1st to 8th grade. The kids were assembled in groups of three to four classes at a time, and all given oral hygiene instructions. Each was given an examination for any gross decay, and a report to bring to their parents to let them know if their child was in need of immediate or routine dental care. Each was given a toothbrush and tube of toothpaste so that they could put into practice the new information they had been given.

I must admit I was amazed at the amount of dental disease present in these school children. I would estimate that over 90% had alarming incidence of decay. As a rule, their oral hygiene practices were poor or nonexistent. A major factor is the abundance of sugar cane; the children cut a piece and suck on it on the way home from school every day! There are a limited number of dentists available to treat the inhabitants, but a greater limiting factor is that the people have little money to spend on their children's oral hygiene. Consequently there is little social stigma associated with tooth loss, even of front teeth. We tried to convey the idea that good brushing habits would reduce the need for dental work, thus saving time, money, and unnecessary discomfort and loss of teeth.

## THE EYES HAVE IT

**Jon Morrison, OD**  
El Toro, CA

Imagine being goofy foot, going to one of the best left surf spots in the world, taking your 16 year old son who is also goofy foot, having a nice group of docs to share the experience with, being able to help the locals with their eye health, and learn something new. This was the essence of my Tavarua experience.



Boat loading on the way to Tavarua on the horizon.

When we arrived, the wind was blowing opposite from the normal trades and I thought, what a bummer! But I soon found this was no problem at Tavarua, as it only meant that the island's righthand break would have offshore winds. By the second day the winds shifted back and Cloudbreaks was going off as usual. During the middle of our stay the waves dropped to a fun 2-3 feet and then starting picking back up each day until on the last day when it went to over 8 feet. In the beginning I was a little intimidated by the coral reef and the power of the waves, but it only took one day to acclimate; plus my son and I wore surf helmets. On the one day one of the docs didn't wear his helmet, he ended up with stitches in his forehead.

We spent one day at the village of Nabila providing health education to the villagers, focusing on prevention rather than just providing care and leaving. For my part, I provided eyeglass prescriptions, sunglass supplies, and education about the need for ultraviolet protection, while referring those villagers in need of eye surgery. I was even able to demonstrate a bifocal contact lens technique, called "mono" vision, to our conference leader, Tony Moore. This is where you fit the dominant eye with a distance-correcting lens and the non-dominant eye with a near-focusing lens. It has its limitations, but Tony found it useful.

As if this all wasn't enough, my son and I got in a couple sessions of snorkeling at Restaurants while the surf was down. The colors of the coral and fish were breathtaking. However, we also saw two surf leashes wrapped around the coral heads, which gave us pause before our next surf session.

All that in one week! Now I'm trying to figure how soon we can afford to go back again. Hope to see you there. Bula!

# BIG FLAT 1995: HOT WAVES, HOT TUB

Ward Smith  
Aptos, California

Aerial shot of the point at Big Flat.



Another great meal such has made this conference famous.

The 1995 SMA Big Flat conference, held during the second week of November, was a resounding success. For eight straight days the hot tub was hot and there was always at least a head-high wave to be found. Conrad Block, a conference participant and dentist extraordinaire, wrote this on his conference evaluation form: "Where else could you roll out of bed, walk out for a morning surf, come in for a hot jacuzzi, then hot food, more surf, jacuzzi, five-star food, sleep, surf, jacuzzi, food... awesome!"

Of course, the conference itself was equally bitchen. Tom Moss, a survivor of many SMA conferences, said it was the best he'd ever attended. On the first night we relaxed after the hike in. On the second night we learned about the history of Big Flat. On the third night the dentists took over. Remember to floss only the teeth you want to keep! On the fourth night we discussed the definitive "Surfer Joe and the Barefoot Doctor" first aid kit. Look for the contents of that kit to be written up in a forthcoming Surf Does column in Surfer magazine. On the fifth night we discussed surfing and ageing. We created a survey on this topic and all participants filled it out. Look for an article on that survey in a forthcoming issue of the SMA journal. On the

sixth night, we discussed current theory on the mind. Finally, on the last night we watched surf videos shot during the week. Everyone was stoked.

The 1996 conference will take place from November 9 to November 16. The focus of the conference will be the first ever SMA Barefoot Doctor training. Learn how to dress a wound, suture, immobilize part of the body, perform CPR and other first aid techniques. The cost will be \$500 (\$50 of which covers the medical supplies needed for the training). This should be a popular meeting so send your money to the SMA soon to reserve a space, which is limited!

From the song "Big Flat Boogie (in E)" by "Dr. Dick" at the 1995 conference:

**Barefoot doctor and Surfer Joe**

**Hydrogen peroxide, yes or no?**

**Id or superego? ask Sigmund Freud**

**Surfin's an addiction you shouldn't avoid**

**Watch out for baldness! Take vitamin E,  
(that last wave taught me some hu-mil-i-ty!)**

**Nice waves, lazy days**

**Surfin at the S.M.A..**



Relaxing in front of the main house and catching some sun. One of the many things to do while the hot tub is warming up.

# ALL AROUND US: COINCIDENCE OR PREDICTABLE?

by Mark Massara

During the last five years visibility at the Big Bend National Park in Texas has declined from 200-300 clear days per year to 10-15, according to US environmental officials concerned about emissions from nearby power plants in Mexico. Big Bend encompasses a spectacular canyon and river area along the Rio Grande River adjacent to the US-Mexico border. Mexico operates two coal-powered, government-owned power plants just across the border which together spew 250,000 tons of sulfur dioxide into the air annually.

Many problems associated with "sick" buildings are caused by fungi and molds, and not by paints, carpets, building materials or cleanup supplies, according to researchers at the Georgia Institute of Technology. The microbes give off volatile organic compounds (VOCs) that can congest the lungs and irritate the eyes and skin. Scientists Charlene Bayer and Sidney Crow collected fungi samples from sick buildings and allowed them to grow in the lab. Bayer said the VOCs given off by the cultured fungi were "identical to those originating from solvent-based building materials and cleaning supplies." Bayer: "We think some of the manufacturers are being blamed for emissions from their products when the emissions may actually be coming from the microbes."

Scientists are also becoming interested in what they call "hormone disrupters." Based on new evidence, EPA is expected to announce new, stringent rules for testing chemicals for their possible impacts on human reproductive systems. Researchers increasingly suspect that synthetic chemicals, among them compounds common in pesticides, plastics, detergents and toiletries, are interfering with the human hormone system.

New research suggests that the average male sperm count has dropped by almost 50% in the past 50 years and scientists suspect other "derailed" developmental processes in the unborn and young, causing a raft of later problems, including cognitive deficits. Evidence from the animal kingdom supports this thesis. In Florida's Lake Apopka, which is subject to agricultural runoff, male alligators' penises are one-quarter shorter than normal length.

The problem is that once ingested, hormone disrupters do not break down and cannot be excreted like most natural hormones. Instead, they are drawn to fatty tissues and are stored indefinitely. As smaller animals are eaten by larger ones, the chemicals move up the food chain. For example, it is known that the carcinogen DDT can only be eliminated from the human body in two ways - have a baby or breast feed one (which obviously precludes males from ever reducing DDT contamination, and doesn't offer much hope to females either!).

Of tens of thousands of tons of chemicals dumped into the air, water and soils each year, only a fraction have been tested for even basic toxicity. Donella Meadows of Dartmouth College: "Chemicals aren't like people; they should be assumed guilty until proven innocent."

On March 4, 1996, thirteen protesters from Rainforest Action Network (RAN) boarded a Brazilian ship docking in Savannah, Georgia in an effort to prevent it from unloading its cargo of tropical mahogany. RAN researchers say the mahogany was illegally logged in the Amazon rainforest.

Honduran lawmakers have sent its army troops to the border with El Salvador in an effort to prevent Salvadorans who are illegally logging Honduran forests. According to the Honduran army, armed former guerrillas from El Salvador are taking raw logs back to El Salvador, which is almost completely deforested. In a similar case, Venezuela has announced it has arrested 10 Colombians for chopping down trees on the Venezuelan-Colombian border.

On the bright side, a two-year study conducted at the University of Minnesota shows that biodiversity improves production of plant material and improves soil's ability to retain nitrogen, boosting the ecosystem's productivity. Researchers planted between 1-24 native prairie species on more than 147 100-square-foot plots at MN's Cedar Creek Natural History Area. After a year, researchers found that greater numbers of species led to increases in biomass, or plant material, and nitrogen retention. The scientists speculate that the more species there are on a plot of land, the more efficiently those species will use the resources present.

Meanwhile, this spring genetic engineering will burst out of the nation's laboratories and into everyday farm crops like corn, soybeans and cotton. Despite concerns regarding the unleashing of untested plants into the environment, giant multi-national corporations like Monsanto, W.R. Grace and Du Pont are demanding payoff and profit for the hundreds of millions of dollars they have invested in building bigger and better tomatoes.

The new crops help farmers prevent frostbite, fight off insects and increase yields. Experts say at least half of the acreage of the nation's major crops will be covered with plants harboring at least one foreign gene by the turn of the century. An example is soybean, which traditionally has died when sprayed with Monsanto's Round-Up insecticide. When fortified with petunia gene soybeans can withstand a full blast of Round-Up and still be delivered to your plate - Yum! Critics also worry that new plants will attract new insects and usher in a new era of even more resistant insects.

In a related story, the World Resources Institute reported on March 1, 1996 that deaths from exposure to pesticides may be vastly underreported worldwide. The group cited hundreds of studies on animals and people and said "hundreds of millions of farm workers, farm households and consumers" are probably exposed to dangerous pesticide levels. The pesticides have been linked to cancer, infectious disease and other illness. In many cases the chemicals merely weaken immune systems, masking the real cause of death. Growing evidence shows that pesticides may raise susceptibility to certain cancers, including Hodgkin's disease, melanoma and leukemia.

**LAST BLAST:** The Great Old Broads for Wilderness formed five years ago to draw attention to the "nation's fragile landscapes and to combine humor with passion as a tactic to save them." Last fall, some 40 of the group's 1,000 took part in a month-long, 150-mile "broadwalk" through Utah wildlands to show their support for a campaign to save 5.7 million acres of the land as wilderness. "Huffing and puffing," they aimed to disprove the argument that roadless areas discriminate against the old and infirm. Cecilia Hurwich, a "spry" 75-year-old: "Political activism is good for us. It keeps us young." Sounds kinda like the SMA, doesn't it!?

## UPCOMING CONFERENCES

**Tavarua 1996:**  
June 24 - July 8

Our return to Tavarua in 1996 will mark the 10th anniversary of the founding of the SMA. Thus, a special program of looking both back and forward will be presented, in addition to the usual scientific conference. We expect a full contingent and this conference is filling up fast, so if you are interested, please contact Paula at SMA Central.

**Big Flat 1996:**  
November 9-16

As noted in this issue's writeup of the 1995 meeting, we will be returning to Big Flat in November, 1996. There will be a Barefoot Doctor Training at this conference, in addition to the usual waves, stunning scenery, great food and hot tubing. Cost is \$500, which should be sent to SMA central as soon as possible, as this meeting fills up quickly.

## OTHER RANDOM BITS

### Want a Job?

SMA member Tom Mulholland forwarded a job announcement for a locums position in a "accident and medical clinic" in New Plymouth, West Coast, North Island, New Zealand, with "great surfing, fishing, diving plus 20 minutes from mountain," with free return airfare, excellent wages, etc...However, Tom sent this some months ago and that job may be filled. But he may have others, and if you're interested, Tom's numbers are: PH: (06)759-8915; Fax: (06) 759-8917.

### SMA Star(r) Summits!

And speaking of mountains, last August SMA member Kevin Starr and 3 partners made a "first ascent" of the north face of the Nameless Tower in Pakistan, spending 20 days on a 3800-foot vertical face complete with overhangs, blizzards, and wearing the same underwear for weeks. Kevin's slide show covering this feat gives new meaning to the word "awesome." You think Maverick's is scary?

### "Dr. Ding"

SMA member Mike Janich, DDS of Los Osos, CA was recently featured in a front page article in his local paper under the headline "Dr. Ding: Have drill, will fill - and that goes for teeth as well as old surfboards." Apparently Mike wedges longboards into his dentist's chair, fixes 'em up, and even wins contests for the beauty of his work. So send your dings to Mike - he gasses 'em first, so they feel no pain.

### Thanks

The SMA thanks member Neal Derechin for his very generous contribution in the memory of Richard Renneker, MD. It will be put to an appropriate use, such as celebratory trophies for the 1996 Tavarua Golf Links Invitational?

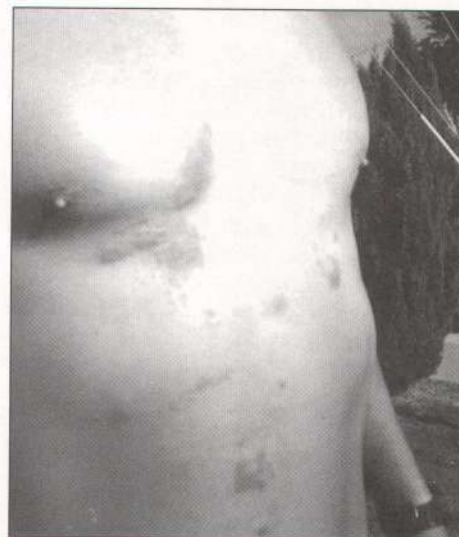


Photo of Bob L. Jones with mysterious rash from Fiji

### Mystery Rash?

This rash developed in Fiji by Bob and a few others - What is it? Does any SMA Doctor know?



## Surfing Medicine: A Pier-Reviewed Journal

Here's your chance to add a significant publication to your resume: consider making a submission to the Journal of the Surfer's Medical Association. Send us your surfing related case reports, research, proposals for upcoming trips or projects, stories, pictures, and anything else you feel is relevant to surfing and medicine.

#### Rules for Submission:

1. Send material in early — next deadline July 15th 1996.
2. Include pertinent references.
3. We'll love you forever if you put your material on a Mac disc, using Microsoft Word.
4. Include any graphics and photos (especially surf pics, particularly if they are of you).
5. Proof-read your stuff a couple of times — have your kids correct your spelling and punctuation.
6. We'll publish anything sent in that looks good and passes peer-pier review (we pass it around to SMA members and other derelicts hanging out under the pier; if it meets their rigorous standards, it's in).

**Give yourself a  
break and learn  
something new.  
Join the SMA and  
go to an SMA  
conference!**

## CPR AND WATERLOGGED LUNGS

Dear SMA:

I've been watching with great interest the magazine letters, articles, and most recently the Surf Docs piece covering Mark Foo's death. The last suggestion in the Surf Docs article that everyone learn CPR is what I'd like to comment on.

Cincinnati is the home of the Heimlich Institute, of the Heimlich Maneuver fame. Years ago, Dr. Heimlich began to advocate the maneuver as a first step in treatment of a drowning or near-drowning victim, before the initiating of CPR. His rationale is that air cannot enter water-laden lungs until the water is displaced, with CPR doing little to remove that water. This view, of course, put Dr. Heimlich at odds with the American Red Cross (ARC), which advocated CPR first. The dispute between Heimlich and the ARC came to my attention in 1993 when drownings occurred at municipal pools administered by the Cincinnati Recreation Commission (CRC). Suburban pools and swim clubs follow Hemilich's recommendations, whereas CEC pools follow ARC guidelines. Dr. Heimlich stated on the news that these drownings would not have been fatal had lifeguards been taught to use the Heimlich maneuver. When I heard of Foo's death, I remembered this dispute and requested some material from the Heimlich Institute, and thought I'd pass on this information to you for consideration.

The other item of interest concerned the 80% blockage of one of Foo's coronary arteries. It just drove the point home that no amount of conditioning of physical activity is going to remove the threat of heart disease if I have a lousy diet. I see so many surfers and other athletes who pay no mind to the amount of fat and cholesterol they eat, thinking that if their bodies are lean, so are their arteries'. For me, vigilance over my diet has stepped up a notch.

Sincerely,  
Joe Adkins  
Cincinnati, Ohio

[Interesting points, and thanks for writing, but what's this about seeing "so many" surfers - in Ohio? Is there something we should know about? -ed]

## NEWS AND THANKS FROM NABILA

Dear SMA:

I am here to thank you for your great and generous help regarding your visit to us in June. We found your visit to be very useful

and important. This is because it improved most of the villagers' knowledge about the diabetes problems and in most cases how to take good care of themselves in order to minimize the complications of this illness.

I would also like to thank you for the diabetes screening blood test which you offer us. We found the machine to be very useful. Most of the villagers visit our dispensary once or twice every week to test their blood. We also have been expecting people from Yako village who come for the blood test.

Last week we had a week for youth members in our church, where they had one night for healthcare. They invited me to speak on diabetes and they found it very interesting, as it increased their knowledge of how to take care of themselves, especially at older age.

We would also like to convey our sincere thanks to Dr. Norman Vinn, Dr. Tony Moore and Dr. Lens for their time and work in upgrading the standard of our health. Although they had limited time in the village we still find their short stay with us to be very beneficial and we really appreciate them for their work.

Once again thanks to the SMA for your help. We look forward to seeing you again.

Yours faithfully,  
Aporosa Nalima  
Nabila Health Committee  
Nadi, Fiji

## SURF REPORT

Dear SMA:

FYI: It's flat here.

Eric Crawford  
Baltimore, Maryland

## HANDICAPPED NEED HELP IN FIJI

Dear Surfers:

Maybe you can help since many of your members have probably surfed Tavarua Island in Fiji. I've been a scuba diver in Fiji for the past several years and an instructor with Jean-Michel Cousteau's educational group at Savu Savu. During this time I've come to love the Fijian people and to delight in their wide-eyed, playful, trusting children. I was the writer for a film on handicapped scuba diving which we filmed in Fiji, and I became aware that in our small district alone there are 12 children who are severely disabled. The medical officer from Savu Savu has identified the equipment they need. Nine need chairs, one needs orthopaedic shoes, one needs a walking frame, and one needs a restraining bed.

I'm trying to locate sources who might donate such equipment, even used. Would

you put me in touch with anyone who might be able to help? Since my body still works (not well enough to surf, unfortunately), I want to make an effort for these kids who are having a difficult time with theirs.

Best wishes,  
Pamela Stacey  
7528 Whitlock Avenue  
Playa del Rey, CA 90293  
Ph/Fax: 310-301-4010

"I've got what you'd call a surfing subspecialty."

*—Dr. James Norcross, Family Medicine*

*Born and raised in the beach community where he practices medicine, Dr. James Norcross has been sailing since age five. His patients bring him their bumps and bruises from surfing and boating mishaps — as well as their coughs and colds.*

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## LEASHES WORSE THAN HURRICANES?

Dear SMA:

Well, the hurricanes are over! Here in New Jersey we had two deaths, one coma, and a lot of injuries. And I got a sinus full of Proteus Mirabilis. One drowning death was caused by a leash getting caught on a jetty in Atlantic City. Myself and another surfer had near-drowning experiences when our leashes got wrapped around swimming area ropes. Leashes are bad news. Recommend quick release! Also my longboard leash did a hand-cuff-type knot around my ankles and I backed out of a close-out - the board went over the falls and I didn't, but I felt like my feet got torn off by the leash. Minor abrasions and mucho pain.

Bill Maher  
Cape Mag, New Jersey

## LOWER BACK REHAB REVISITED

Dear SMA:

Your journal convinced me to keep subscribing. I recently rehabilitated my own lower back injury and Ross Clifford's article

(issue #14) was accurate and confirms my own trial and error findings. I would add two general comments for surfers: One is, as previously noted by Mark Richards, certain surfboard designs place more stress on the back than others during turns (a board which has continuous bottom curve, as opposed to flat-bottom kicktail, and is not prone to suddenly sliding out at the tail would be a good aim. This may seem vague but any longstanding shaper should be aware of this. In other words, the entire design of the board contributes). Another comment is that I personally gained rapid improvement when I ceased doing specific rehabilitation exercises and returned to normal activities (surfing, skiing, judo, etc) while avoiding any extreme movements that promoted segmental hypermobility (eg surfing - snap floaters).

*So keep up the good work.  
David Tree, MB  
Queensland, Australia*

[Q: Judo is safer than surfing? - ed]

## FIRST PLACE IN FRANCE

**Dear Friend:**

I am happy to inform you that I did well in the 95 Eurosurf championship held in Sintra, Praia Grande, Portugal from September 19-24. I was there with a double cap as a medical doctor for the French team and a competitor in the Master category. The championship format had two preliminary contests and one grand final on the last day. I came first on the first row, finding a rare solid tube (hands in the back) on a right hander that surprised even the surfers in the Open category and that French coach Francis

Distinguin (SMA member) did not expect from a late bloomer surf doc. Then I came in third on the second row and first in the grand final in choppy six foot conditions.

Part of my success is due to modern surgery because I probably made it thanks to recently acquired good vision - I underwent surgery for myopic eye in '93 and had radial keratotomy on the left eye (vision improved from -4.75 diotopes to nearly normal). I am sure that improved my surfing ability, especially in contest conditions.

*Hope to see you.  
Nicholas Guerin  
Bordeaux, France*

[note: Dr. Guerin is also something of an expert on surfer's ear, and we have encouraged him to summarize his work on this topic for this journal - ed]

## NEW BOOK FROM BRAZIL

**Dear SMA:**

Some of you might recall my name from the first open surfer contest for docs and the conference on environmental health we organized February 1991 in Phillip Island, Australia. Since 1992 I have been living on the island of Florianopolis, Brazil, and have been responsible for a monthly medical column for Inside Surfing magazine in Brazil, where we are promoting SMA ideas.

I am writing to you about a book we have been working on titled Surfing Medicine. It is directed to surfers, has about 30 chapters, and we are in the first steps of putting this project together. It has its inspiration from your Sick Surfers book. I would like to have

someone write a chapter on the history of the SMA. I would translate it to Portuguese. Dr. Geoff Both is being invited to write about head injuries and surf helmets. I look forward to hearing from you.

*Best regards and keep surfing,  
Dr. Joel Steinman  
R. Laercio Costa 13  
Florianopolis, Santa Catarina,  
Brazil CEP 88036-310  
Ph/Fax: 048-2343756*

## NET NEWS FROM MOSQUITO COUNTRY

**Dear SMA:**

Just now back from deep in the Pacific after months on a private relief mission to Savaii, Western Samoa. Some critical testing of the insect control systems, including what I feel to be the best all-around designed mosquito nets. We've tried different shapes and sizes and materials and surfer ergonomics. The "Mosquito Netty" is the best nomination to date.

*Good Waves to you!  
Dr. T.R. DeRoche  
701 N. Central Ave.  
Flagler Beach, Florida 32136  
904-439-5447*

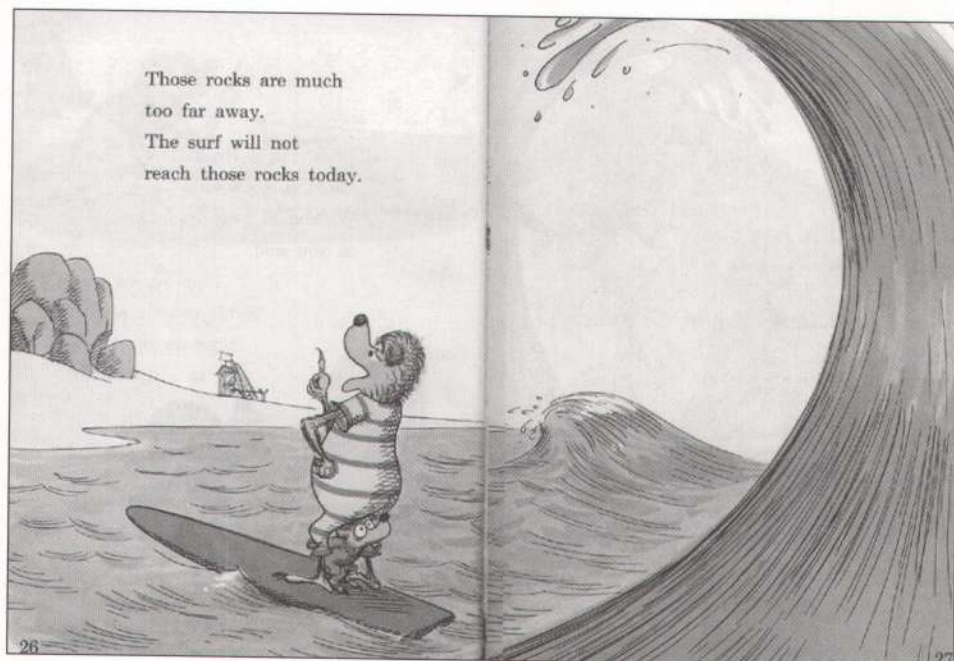
[Note: SMA member Theodore DeRoche apparently is selling these nets, for \$64.95, and while we don't usually run marketing stuff, hell, malaria's on the rise and he's from Florida so might know something about bugs, so if you're interested, get in touch - ed]

## ROGUE MEMBER BLASTS SMA MEMBERSHIP PRACTICES!

*(or, The Resurgence of Ron's World)*

**Dear SMA:**

It had to come out sooner or later. Let's just hope we can keep this scandal in-house, and that the EEOC won't find out. Somebody has finally analysed the demographics of the SMA membership. The glossy brochure says every surfer is welcome to join. The fifth wave of "goals and objectives" says the SMA is committed to creating a network of bare-foot doctors and surfing health professionals around the world. I say bull! The emperor has no clothes. After ten years the SMA is nothing more than a USA-Australia alliance of monocultural clones. Look at the latest directory: 501 men from USA, 46 USA women, 48 men and no separately listed women from the Aussies; next come the Canadians and New Zealanders with a total of 15 members (2 women) - and if you had a party, the entire European SMA delegation





Jutta Bockhold, Germany.

could come in a Volkswagen Van. The entire Latin American delegation could fit in a phone booth! Thats it. Out of 160+ countries in the world only 13 would have any representation. No Asians, no Africans, no Indians. We have annual conferences in Mexico, Indonesia, Fiji, and the Maldives, yet we have yet to recruit one surfer or doctor from those places. Are we mere colonialists? Have these people nothing to offer our conferences? I want to blame someone for this state of affairs, to point the finger at our President and Board of Directors. But we don't have any such officials. The only thing I can do is stand in front of a mirror and point the finger at myself. Why have n't I recruited more SMA members from around the world, more foreign doctors and surfers, more women? The only excuse is, I never thought of it before!

Ron Bockhold  
Alaska, Florida, Earth, and elsewhere

ps: Here is a picture of Jutta Bockhold - the lone woman on the German SMA delegation - she's lonely and wants more European members!

[Note: Besides the above missive, our Rogue Ron forwarded a detailed graphic analysis of the SMA membership demographics, some fetching photos of competitive French surfer Lisa Bosc, a new female SMA member whom Ron thought should be our cover girl, a detailed article on malaria and the new vaccine developed by Dr. Manuel Pattaroyo of Columbia, publication of which will have to wait for a future issue due to space and illegibility factors, half a dozen suggestions for future

articles, postcards from around the world, proposals for a new SMA health award for famous contributors to well-being such as Pattaroyo, the director of the World Health Organization, and Jack Kevorkian (?), a coupon for a free bottle of wine at a local Indian restaurant for your managing editor who didn't see it until after it expired or he surely would have partaken (thanks anyway, Ron), an update on the over 28 shark attacks in Florida in 1995 and on the escalating violence spurred by competition for waves there (see Ron's landmark article on this topic in issue #12), a humorous/sad clipping/comment on gun control, a proposal for an "SMA Disaster Relief and Surf Team," a request for more training courses for Barefoot Doctors (see Big Flat 1996 announcement in this issue), and many more ideas. For the multitudes of SMA journal readers who were shocked and appalled by the unprecedented and disturbing complete absence of Ron's World from our last issue, you may rest assured that he

is still out there and back in action. Anyway, some more of Ron's items should appear in the next issue of this journal if we can just catch up with the restored flow....- ed]

## COYOTE JOE RIDES AGAIN

Editor:

Here's a poem for your next pub. As we age we see more easily and clearly the immensity yet finite condition of living...so coyote, the creator/trickster of the ancients thought:

Coyote wouldn't make a monopoly  
game out of the oceans

So he sculpted a dancing (surfing)  
man instead

And hoped he wouldn't blow up in  
the kiln.

Joseph Lemire

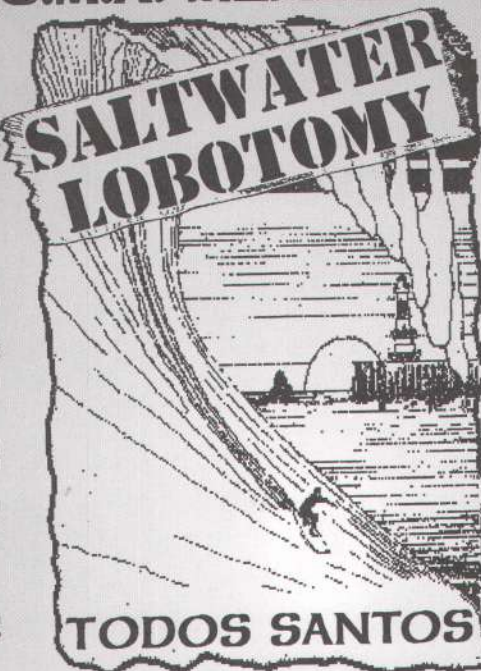
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# CUT OUT AND MAIL IN THE EASY WAY TO GET SICK SURFERS ASK THE SURF DOCS AND DR. GEOFF

Essential reading for all SMA members, health professional and barefoot doctor members alike. Sick Surfers is the essence of the SMA, the realization of our goals, methods, philosophies (and irreverence).

Here's the best of our Surf Docs columns from Surfer magazine and Dr. Geoff's Tracks articles, covering virtually the entire field of surf medicine - everything you should know as an SMA member: CPR and rescue techniques for surfers, the latest on Surfer's ear, identifying and treating skin cancers and other common dermatologic problems of surfers, comprehensive sections on back problems, up-to-date surf travel medicine - the latest on malaria prophylaxis, prescribing nutrition to surfers, dental health for surfers, what the SMA is and how to join.

Buy a stack of 'em, to give to friends or have in your office. It's a cool, inexpensive gift for friends who are surfers (non-surfers find the book fascinating, too). And, it's a for-real practice pleaser,

especially for coastal primary care physicians, dentists, chiropractors, physical therapists, orthopedists, ENT'ers, ER docs. Prescribe it, sell it, or give it away to your patients. Or if you are in surf club or coach a team, get copies for everyone.

The publisher is radically discounting the books to SMA members in the U.S. (Oz and Kiwi members contact the NSW distributor; other countries write/call Bull Pub. for info). The book normally sells for \$12.95 (U.S.), which with tax and shipping costs would regularly come to \$17.02 per copy. Bull Publishing will sell it to SMA members for \$12 per copy, tax and shipping included. And if you buy 10 or more, it will be \$10 per copy, tax and shipping included. So, for \$100, you can have a stack of 10 copies to use as you please.

Remember, the largest share of royalties go to the SMA's Steve Baser Memorial Fund (for the health of village children), and the rest of the dough goes to Kevin, Geoff, and Mark to keep them from bumming wax from everyone else.

(Xerox, cut, or tear here-your choice)

To Bull Publishing. I'm a member of the Surfer's Medical Association and would like to order "Sick Surfers, Ask the Surf Docs and Dr. Geoff. As per the special discount you are offering to SMA members in the U.S., my order is as follows:

# \_\_\_\_\_ (indicate amount) 1 to 9 copies for \$12 each (covers tax and shipping)

# \_\_\_\_\_ (indicate amount) 10 or more copies for \$10 each (covers tax and shipping)

Enclosed is a check for \$ \_\_\_\_\_

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In Australia/New Zealand, contact: Ozzie Wholesale Book Co., 5/5 Kaleski Place, Moorebank, NSW, Australia 2170



**SUMMER IS COMING SOON!**

Give YOURSELF and others SMA SUMMER TIME GIFTS!!

(And be donating to the SMA at the same time!!!)

**SMA Memberships**

A fantastic gift - join someone up to the SMA (or renew or upgrade your membership). See the listing of membership categories on the reverse of this page, and complete the membership form. Indicate if a gift membership on the membership form (don't worry if you don't have all the relevant information; just put the name, address, and type of membership - we'll have them fill in the rest later).

**T-Shirts**

High-quality (Hanes), colorful SMA logo on back and front pocket, short-sleeve in bone color only. Medium - Large - Extra Large, include self-addressed, stamped(include weight of envelope!) envelope (they weigh about 8 oz. each, and one will easily fit into a 9 x 12 in. envelope). Classic gifts. The medium is fairly small, and reasonably fits children and smaller adults. \$15.00.  
 Number of shirts: \_\_\_\_\_ Size(s): \_\_\_\_\_  
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 Must include SASE.

**New! Decals!**

New colors: fade-resistant red, blue, purple, hot pink SMA logo on white mylar, about 5 x 6 in., perfect for surfboards, car bumpers, windows, notebooks, and office doors. Include self-addressed, stamped envelope (1/2 oz. each, 7 x 10 in. envelope so they won't have to be folded). \$2.00 each.  
 Number of decals: \_\_\_\_\_  
 \$ Enclosed: \_\_\_\_\_  
 Must include SASE

**Wall Diplomas**

To place alongside your other diplomas, whether from high school or medical school, this signed, slightly surf-motifed diploma officially confers upon whom-ever you indicate "the rights and privi-leges thereto pertaining to membership" in the Surfer's Medical Association. Get it framed, and give it as a gift! Include self-addressed, stamped envelope (1/2 oz., 9 x 12 inch envelope, so they won't have to be folded). \$5.00 per diploma.  
 Diploma in what name(s): \_\_\_\_\_  
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 Number of diplomas: \_\_\_\_\_  
 \$ enclosed: \_\_\_\_\_

**Books: The Collected Surf Medicine Works  
 Volumes 1, 2, and 3**

Each volume is about 300 pages, in a 3-ring binder with Collected Surf Medicine Works on the spine. They will look handsome on any bookshelf, and be a powerful reference and educational tool. Each volume costs \$35.00, plus \$2.40 postage (first class, U.S.), or \$18.00 foreign (if air mail) or calculate sea-mail foreign postage costs for two pounds per volume. Or, order all three volumes for \$100 and the SMA will throw in the postage for free (if U.S.). Vols. 1 & 2 ready for delivery. Vol. 3 still in press.

Volume 1: World Literature on Surfing and Medicine	\$35 each #	_____
Volume 2: The Complete Dr. Geoff and Dear Surf Docs	\$35 each #	_____
Volume 3: Handbook of Surf Medicine -	\$35 each #	_____

Complete set of all 3 volumes \$100 # sets \_\_\_\_\_  
 Postage amt. \$ \_\_\_\_\_  
 Total amount \$ \_\_\_\_\_

**Steve Baser Memorial Fund**

To memorialize SMA member Steve Baser, who died May 3, 1993, the fund is devoted to supporting sustainable disease prevention and health education programs for village children in Fiji, and elsewhere. Independent of the SMA, but a cause that the SMA fully supports, overseeing the fund will be his twin-brother, Mike, and a small group of village-experienced SMA members who knew and admired Steve. Regular reports on the Fund's work will be in this journal. Make your (tax-deductible!) check payable to "Steve Baser Memorial Fund" and send care of the SMA.

**Instructions**

Follow the above instructions per item ordered, and make your check out to the SMA.

**Mail to:**  
**Surfer's Medical Association**  
**P.O. Box 1210**  
**Aptos, CA 95001-1210**

These items are only available to SMA members.

Total amount enclosed  
 (all of above) \$ \_\_\_\_\_

# MEMBERSHIPS

**Memberships are for one year unless otherwise specified, and include a decal, membership directory, a journal every 6-8 months, and invites to all SMA conferences. Membership is a way of both joining and contributing to the SMA. Choose your category accordingly.**

**Life Member:** Totally Committed and has some bucks — pay once and you belong forever. \$500

**Charter Member:** Wants to be a Heavy Local in the organization. \$100

**Health Professional Member:** the Surf Doc Membership — for those who spent too much time going to school and now want to surf more. \$50

**Professional Member:** for non-health professionals with real jobs. \$50

**Barefoot Doctor Member:** Nonmedical members — for surfers interested in learning how to take better care of themselves and others. \$20

**Corporate Guilt Member:** for those who have exploited surfing for personal gain — you know who you are, now pay up. \$1000

**Gremmies Member:** for beginning or young surfers. \$10

**Silver Surfer Member:** for the elders of our sport (over 60) No charge, but donations welcome.

**Corporate Sponsor:** philanthropy has its costs...\$500 and up.

**The John Cherry "I Won't Join Anything" Membership:** for the truly hard-core non-joiner. \$109.95

**Life's A Beach Member:** for wealthy patrons who believe the surfer's life-style should be supported to the max. \$100

**Illegal Member:** \$100 cash or equivalent. Anonymity guaranteed (unless Newt wants to know).

**Surf Parent Member:** for those who want to see Johnny come home in one piece. \$30

**Surf Family Membership:** the family that surfs together, stays together. \$30 (\$60 if any family member puts a degree down after their name).

**Surf Widow Membership:** for spousal equivalents of surfers — the SMA can help! \$10

**I'll Join Anything Member:** for non-surfers who think it would be cool to join a surfing medical association. \$19.95

**Join Now, Pay Later Member:** send us your hard-luck story. \$0

**Organizational Member:** let's trade memberships to keep each other up-to-date. \$0

**Surf Professional Member:** for career surfers — you endorse us, we endorse you. (the SMA supports pro surfing). \$0, and maybe an occasional favor.

**Hodad:** interested in joining, hasn't paddled out yet.

**Shoulder-hopper:** those who drop-in on the SMA without paying their dues.

**Snake:** a flagrant, chronic shoulder-hopper (always promising to pay their dues)

**After-Life Membership:** for Life Members, a chance to surf in the hereafter — the SMA will do everything possible to see that your organs are donated to surfers, and we'll provide a lovely surfboard tombstone for your grave. \$1000

**TO RENEW:** When did you first join, or last renew? Was it a one-year membership? Figure it out (reminders abound). Consider Life Membership to simplify things in the future.

**TO JOIN:** Choose your membership category, fill out this form, make out a check payable to the Surfer's Medical Association (in U.S. dollars), and mail to: Surfer's Medical Association, P.O. Box 1210, Aptos, CA 95001-1210. Phone/FAX (408) 684-0916. Be patient if you don't hear back from us right away (especially if the surf is good).

## PLEASE SEND US THIS INFORMATION

*Copy or Xerox if you don't want to disfigure your journal*

Date \_\_\_\_\_

New Member  Renewal

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Zip \_\_\_\_\_ Country \_\_\_\_\_

Work phone \_\_\_\_\_

Home phone \_\_\_\_\_

Membership Category \_\_\_\_\_

Amount [Non-USA members, please add \$10] \$ \_\_\_\_\_

Type of surfer (stand-up, boogie, etc.) \_\_\_\_\_

Years surfing experience \_\_\_\_\_

Present number of go-outs per month \_\_\_\_\_

Your worst surfing injury \_\_\_\_\_

Type of work/specialty \_\_\_\_\_

Job title/Academic position \_\_\_\_\_

What about the SMA stokes you the most \_\_\_\_\_


Name/address of a surfing buddy(s) who you think would appreciate being invited to join the Surfer's Medical Association: \_\_\_\_\_




P.O. Box 1210  
Aptos, CA 95001-1210 USA

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