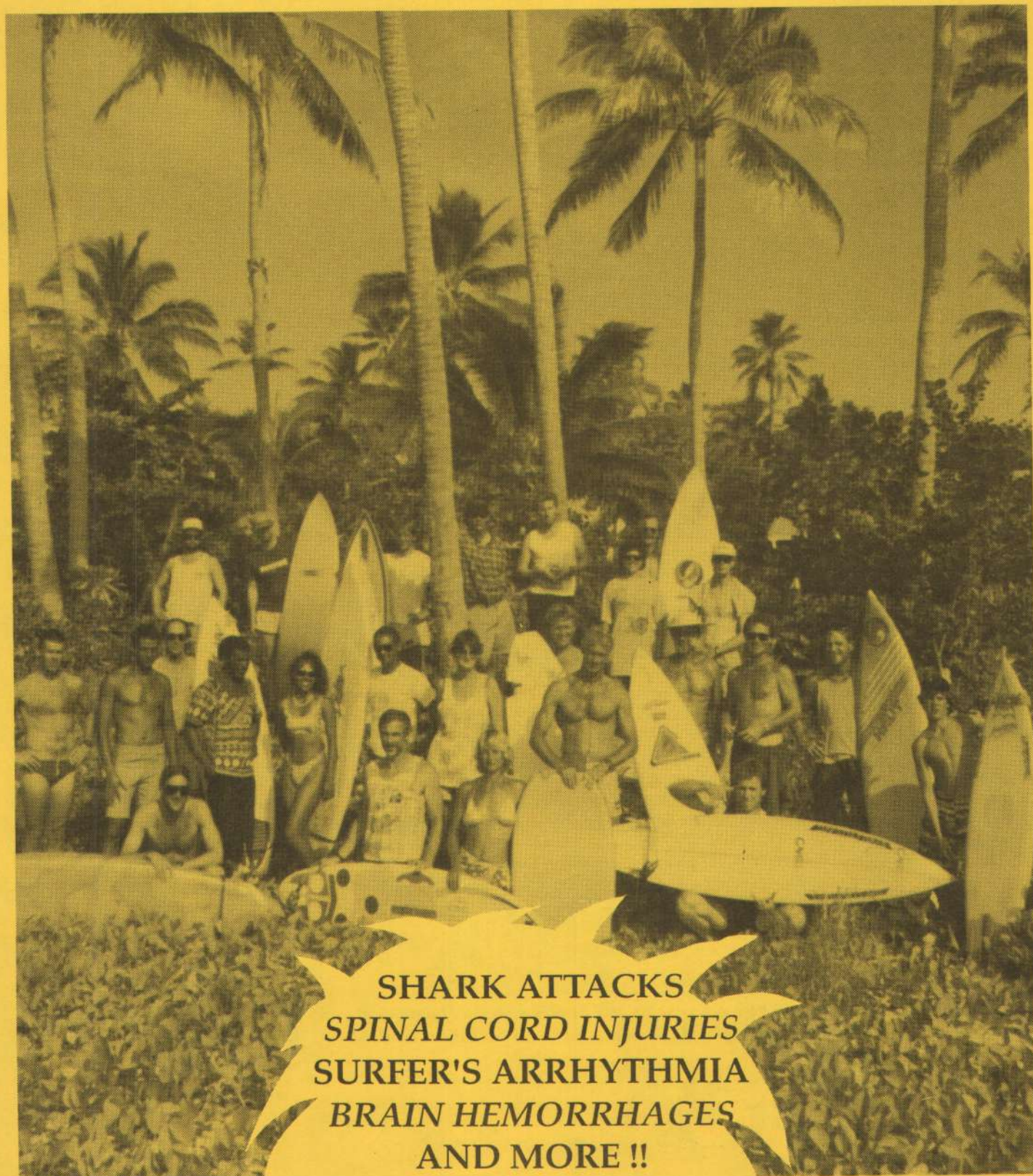


# SURFING MEDICINE

THE JOURNAL OF THE SURFER'S MEDICAL ASSOCIATION

## All Clinical Issue !!



**SHARK ATTACKS  
SPINAL CORD INJURIES  
SURFER'S ARRHYTHMIA  
BRAIN HEMORRHAGES  
AND MORE !!**

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### EDITOR'S NOTES

Welcome to the ALL CLINICAL ISSUE of Surfing Medicine, the Journal of the Surfer's Medical Association. If you haven't figured it out yet, let me be the first to tell you: we offer no pretense of being a traditional medical journal. Shitfire, we're surfers!

In truth, this is the third issue of our journal. In retrospect, we seem to be able to put out an issue every six months, and it will probably continue that way. This particular issue is an experiment in how willing and capable our membership is to actually do work in the realm of what we've chosen to call surf medicine. In addition to Geoff Booth's ongoing and lovingly irreverent chronicling of the SMA, you'll find a slew of original contributions from SMA members. What most excites me about the contributions to this issue is that many of them are from non-doctor SMA members ("Barefoot Doctors").

So, put away your achingly boring New England Journal of Medicine, or whatever "work" journals you read, and get ready to be stoked! Be sure not to put on the back-burner your good intentions of signing on for one of the upcoming SMA trips. Do it now. Set aside a week or two in your schedule, tell whomever it is that you have to tell "I'm going," and be done with it. If you have any hesitation, let me suggest the ultimate question that should help you to decide: When was the last good surf you had?

Live to surf — surf to live,

*Mark*

Mark Renneker (Doc Hazard)  
This issue's editor

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# TAVARUA 88

## PERSPECTIVE — by Mark Renneker

Two purely SMA trips to Tavarua in 1988! One in late March to initiate the Nabila water project, the second in late May for the annual SMA conference. Add to that at least three other trips to Tavarua this year by smaller clusters of SMA members, and you begin to realize, as I do, that Tavarua continues to be the wellspring of the SMA. What Utah and its red soil (that the holy books were dug from) are to the Mormon Church, Fiji and its perfect waves are to the SMA. If it wasn't for Fiji, there may have never been an SMA.

### MARCH TRIP:

Incredibly, the last SMA journal's plea for donations to support the building of a well in our adopted Fijian village, Nabila, yielded over \$2000 in under a month. Five of us (Craig Wilson, who honcho'ed the project, and his fourteen-year-old son, Alistair; myself and Jessica Dunne; and the SMA-fellow, Kevin Starr) traveled at our own expense to Tavarua to initiate the Nabila water project, and to be sure the SMA members' donations were put to the best use. When we got there, we discovered that, for reasons that were never clear to me — but undoubtedly clear to the Fijians — the original idea of building a well had been dropped.

Apparently, some years ago they had a well and, you see, a chicken fell into it, and you know what that means (?). So, the Fijians came up with a better plan: to build a rain-water collection system off the largest, and only suitable, roof in the village: THE CHURCH, guaranteeing a supply of the cleanest, holiest water possible. So, over about a two-week period, we participated in any number of village and committee water project planning sessions, leading to the villagers all pitching in and building a 50,000 gallon rain-water collection tank next to the church in just a matter of days.

The SMA money paid for the construction materials, and the village mayor, Aparosa, kept meticulous records of how every penny was spent. It was decided to officially christen the tank two months later, when the larger SMA group came down. In addition to seeing lots of sick people (including a pushed-out diabetic foot that we managed to save from needing amputation, and a baby with apparent meningitis), we also did blood pressure screening. To our amazement, we found people in their 20s and 30s with

big-league hypertension who had already had strokes, had had no treatment, and had blood pressure readings on the order of systolics over 200mm and diastolics over 130mm. Kevin (aided by Alistair) spent two nights in the village doing a blood sampling study for various parasitic diseases, which turned up two cases of filiriasis and no HIV. While at Tavarua, which is practically deserted that time of the year, we converted some heathen surfers into SMA members (Joseph and Bernie), and scored some excellent surf (better than anything the May SMA group got), including multiple days of double-to triple-overhead Cloudbreaks and screaming overhead Tavarua Left's. That's why we're planning to go back next March [see UPCOMING SMA MEETINGS].

### MAY TRIP:

Geoff's log below chronicles the conference completely, but I thought it would be interesting to clue you guys in on how the group came to be made up. The last issue of the SMA journal (Winter, 1988) announced the May '88 Tavarua meeting, and invited all members to go. Surprisingly, only half of the 24 slots were filled in this manner, and with the deadline approaching for when the SMA had to have all the slots filled by (or lose our exclusive booking), I began calling SMA members to personally invite them. I also asked Geoff to do the same in Australia.

Starting with the Life and Charter Members ("Membership has its privileges") I was able to fill practically all of the remaining spots within a week. People were jazzed at just the thought of going and many threw caution — and their schedules — to the wind and said "yes" (Curiously, they hadn't thought to sign up originally, when they wouldn't have had to scramble their schedules in such a last-minute fashion). Some people, however, could only come for one of the two weeks, and some people flaked at the last moment — which left me to turn to those members I could count on, the "I'll go on any fuckin' surf trip kind of members." You know who you are.

In the end, we had a full slate. Half were health-professionals, the other half non-health professionals (but all were dues-paying SMA members). A perfect mix, I'd say; in fact, my favorite SMA meeting group yet. This year's meetings were to be low-key, more like a retreat. The focus of the first week was the clinical aspects of surf medicine, and each person attending was expected to come prepared

to present a case — but they could do it any way they wanted, straight, funny, whatever. The goal was to have everyone participate equally and to have lots of discussion. I think the plan worked incredibly well. Some of the cases that were presented at Tavarua are what form the backbone of this issue of the journal. All but the last two cases (see Table of Contents) are from the May Tavarua conference. The second week of the conference was devoted to SMA organizational brainstorming and is ably documented in Geoff's account below.

The full lineup for the Tavarua 1988 SMA meetings is as follows: (refer to the cover shot, going from lower left to the right, front to back): (kneeling and standing, 1st row) Mark Renneker (family practice, San Francisco) and my Lopez, Geoff Booth (physical medicine, Newcastle, Australia) and his MR, Winnie Partridge (airline stewardess, Santa Cruz, California), Rym Partridge (dentist, Santa Cruz) and Winnie's boogie, Alex Kaliakin (chiropractor, Santa Monica, California) and his Cahill, Josh Chatfield (junior high school student, Santa Cruz) and his Pearson Arrow; (standing, second row, left to right) Tres Feltman (businessman, Los Angeles), Raf Ghambrial (intern, Sydney) and his famous shorts, Shale Gordon (cardiologist, Hermosa Beach, California) and his Becker, Druku Lalabalavu (Tavarua local), Nancy Romero (physical therapy aide, Los Angeles), Tony Jackson (emergency medicine, Los Angeles) and his Becker, Barbara Chatfield (chiropractic office manager, Santa Cruz), Bob Chatfield (chiropractor, Santa Cruz) and his Chatfield, Brian Lowdon (exercise physiologist, Torquay, Australia) and his stick, Mark Bracker (family physician, San Diego), Scott Thayer (financier, Santa Rosa, California) and his Haut; (third-row, left to right) Phil Jones (contractor, Carmel, California), Helmuth Jones (orthopedist, Paradise, California), Tom Kever (accountant, Salinas, California) and his Ono, and Rick Peters (orthopedics resident/cinematographer, San Diego/Hollywood). Not shown are Ethan Wilson (emergency medicine, Arcata, California), Craig Wilson (public health, San Francisco), Tace Wilson (junior-high school student, San Francisco), Gary Ryan (chiropractor, Pukilani, Maui), and Ron Resnick (family practice, Pukilani, Hawaii). Quite a crew...

## THE UNABRIDGED [BUT ANNOTATED] BOOTH REPORT

On the 3rd Annual SMA International Medical Conference on the Sport of Surfing, Tavarua, Fiji, May 21-June 4, 1988.

By Geoff Booth [annotations by Mark Renneker]

No adrenaline depleted R.E.M. sleep this year at Fiji's Tavarua Island. Mother Nature's in charge and she just wasn't interested in delivering 15'+ Cloudbreak monsters or 8' Tavarua Lefts perfection to the 1988 SMA group.

Call it Karma, call it bad luck, call it lack of sunspot activity. However, be sure it could have been worse: after all, there was surf most days ranging from 3-7'.

Anyway, let's start at the beginning: Day 1 (Saturday, 21st May) The North American crew (mainly Mark Renneker's mates from school, college, beach or university — [in other words, Geoff Booth failed miserably in recruiting more Australian SMA members to come to Tavarua this year] tasted a nice glassy, friendly day at Cloudbreak. Their jet-lagged bodies were soothed by 4-5' outer reef waves. The Australian contingent (Mark Gillett, Raf Ghambrial and Dr. Geoff) arrived late that evening. Raf had been surfing elsewhere in Fiji [at an Australian-run bootleg surf camp] the preceding week and was tanned up and tuned up. He had bought a new pair of boardshorts and really looked good. Mark and I arrived at Nadi Airport 1 hour late (courtesy of Air Pacific trainees on the passenger terminals at Sydney) and with bad attitudes (combination of the most ratshit food either of us had ever experienced in many years of international air travel and having checked the lack of swell during the descent into Nadi). Saiyad, [the Tavarua taxi-man], ever-efficient, had us on the road and to the village of Nabila quick smart. Luckily, conditions were glassy and the 15 minute boat trip to Lake Tavarua was pleasantly dry. Unlike the previous two years, Tavarua Lefts was not working. Nonetheless, it was great to bob around in the warm [85° F, indicating the winter climate (and surf) had yet to occur in the Southern Pacific], very buoyant water and wash away the frustrations of the past year.

Mark Renneker, MD, our man in San Fran, Potato-Patch king and village/handbook kahuna welcomed all to the 3rd Annual Conference of the SMA. Participants, and all in attendance were invited to introduce themselves: who they were, what they did, their philosophy, worst surfing experience and what they hoped to gain from attending this year's conference.

Docs, boat drivers, retirement planners, corporate moguls, wives, kids, managers and hangers-on all had their big chance for Andy Warhol's classic "15 minutes of fame." Adam, a 23-year-old boat driver from Florida, summed it all up:



Geoff Booth -- early attempts at Cloudbreak

"...being at Tavarua is the best job on this planet. I take guys surfing and get to surf myself..." Mark Gillett, an E.R. physician from Australia, spoke for past participants: "... I had filthy waves last year: that's why I'm back..." Josh, Bob Chatfield's irreverent adolescent son, summed up the adolescent perspective "grown-ups don't know what they're doing."

An unusual west wind blew that evening. One could already feel this year would be different. Next morning was small but glassy at Cloudbreak. [Mark Renneker, evoking the tried-and-proven "NABILA=SURF LAW," that the swell will increase in proportion to the SMA's goodwill towards Nabila, led the first in what eventually totalled ten health care trips by SMA members into Nabila.] The last of the Australians, in the form of Brian Lowdon, was found in Nabila where he had spent the night, alone? (more on that later). By lunch time, Wilkes Reef was starting to pulse and surge — a phenomena that I've noticed presages a swell. Sure enough, that afternoon, the sets were starting to hit 5' at Cloudbreak. Perhaps Mark Renneker's sacrificial trip to Nabila had paid off.

That evening Ethan Wilson, Northern California E.R. physician and Doc Ball fledgling, presented a tantalizing surf-related case history: a classic missed fracture of a hand bone (scaphoid) in an Oregonian musician-surfer, confirming the universal truth that even American docs can stuff things up.

Tres (Charles III) Feltman, corporate mogul extraordinaire, presented his own case of a fractured neck. Tres had suffered a heavy wipeout followed by neck and left arm numbness. Although

feeling O.K. at the time, his wife insisted he go to the doc. After the dreaded words "you've broken your neck" were pronounced by the doc, Tres fell to pieces. Chalk one up for Mrs. Tres. It was a long fight back for him both physically and emotionally. Like a typical surfer he went back to surfing before he was told to. Nonetheless, it took a year to fully make it back in terms of regaining confidence and feeling that his neck wouldn't actually break off. He didn't want to fall or wipeout for quite a long time. The messages from Tres' presentation: (1) Get a second opinion (2) See a rehabilitation specialist in consultation with whatever other specialist you see (3) Know your body (4) The best way to get back into surfing is to surf. [Tres is also to be thanked for designing, manufacturing, and presenting to all conference attendees UV-proof, high-tech plastic visors with the SMA logo on them.]

Monday, May 23rd, was perfect at Cloudbreak. Glassy sets in the 3-6' range. Druku, Fiji's first surfer, Happy-hour master, fierce warrior and gung-ho surf rat was pulling off insane moves in some of the late morning shish-kebab (Cloudbreak) barrels.

Afternoon sessions at Cloudbreak were also in the 6' range. Late that evening Tavarua looked like it just might break — or was it teasing? I paddled out but waves were barely 2' and refused to get any bigger.

Big Barb, Josh's silken-voiced momma, presented an in-house case study: her husband's eye injury. This injury was especially important to her. After 20 years, Bob was at last locked in at home powerless against Big Barb's loving

attentions. Bob admitted that after awhile even he didn't miss the surf so much. Bob can literally thank surfing for becoming a chiropractor. He was hit in the chest by a surfboard, suffering considerable and longstanding pain. Chiropractic was the only form of therapeutic relief he ever found. This impressed Bob so much (pain can sure be like that) he stopped his abhorrent life direction (shaping surfboards) and went to chiropractic college.

Mark Bracker, San Diego's answer to 50 questions, spoke to an enraptured audience on the delights of anopheles. A true highlight of the conference was Mark's scanning electron micrograph of a female anopheles mosquito sucking blood; truly in the best tradition of Texas Chain-Saw Massacre (or Surf Nazis Must Die), [and the clear winner of the Grossest Slide contest — the prize, a coveted SMA T-shirt.]

Tuesday, May 24th, dawned with Cloudbreak up to 6' on occasion. Nothing too serious and the crew lapped up the easy surf.

Later in the day Dr. Geoff presented a paper on the "Doctor-Surfer Relationship" aimed at highlighting important preventive medicine messages that doctors must communicate to surfers. Brian Lowdon had brought along his little C.P.R. dolly to Tavarua. Off staggered a hard core group of mannikinophiles to bash and batter the mute model. We're not sure who actually passed the C.P.R. test.

Cloudbreak was interesting at around 7' for the evening session. Trades were up and 210 strokes was side-shore. Evening sessions included a true confessions session by Jeanette. Her husband's (Tom) fight back to surf-rat status after pummeling the depths of stress-induced chemical haze, served as a brilliant example of "love shall conquer all" (well, almost all). Raf changed board shorts for his case presentation: a serious leg fracture suffered by a top Aussie junior surfer at the Coke Surf Classic (Manly Beach) in May 1988, courtesy of a radical floater.

Our man in New York, Bowry-Basher, ex-Tracks correspondent and one of the original Tavarua surf rats, Bill Finnegan, presented a file from his ever-expanding personal list of surf injuries. Bill kind of attracts injury like a flesh-magnet. Whether it's an inner 8th force or just bad luck, we'll never know. This particular injury was to his ankle some years ago. He has been suffering ever since, despite seeing the best roller in San Francisco (courtesy of Mark Renneker) and best saw-bones doc in the world (well, New York anyway.) Needless to say, he still has aches and pains but like a real surfer he still surfs despite episodes of excruciating pain.

Scott Thayer, divorcee, pork belly futures king and born again surfer, presented a truly novel topic: "Retirement Planning for Surfers." Now we all know that surfers ultimately end up in one of 4 ways: (1) Dead, (2) In jail, (3) Millionaires, or (4) As plumbers [carpenters in the U.S.]. Whereas this holds true for surfers throughout most of the world, California (and in particular Northern California) surfers are far more diverse than their Australian counterparts. Scott's years of expertise on the stock exchange, not to mention his personal loss experiences (his BMW, waterfront house and Swiss bank account) to his loving ex-wife makes him a truly qualified financial survivor. Hence, he must be considered an expert adviser to the surfing set. His talk was magnificently prepared. His message simple.. "if you don't save it you'll lose it!" The sooner you start saving, the sooner you can retire.

Barbarella thought it would be an opportune moment to announce the formation of the SMA Women's Auxiliary (SMAWA). Their objectives: to support the surf docs and help the world. Heated debate followed, especially when one cynic (?) suggested the formation of the SMA Gay Auxiliary (SMAGA).

Wednesday, May 25th, was Cloudbreak around 5-6' on the sets during the morning: windy and smaller in the afternoon. Mark Renneker and Dr. Geoff discussed 3rd-5th percentile behavior during the afternoon rap session.

Dinner wine, courtesy of Mark Renneker, was showered on Brian (and in absentia Marg) Lowdon. This was in celebration of the publication of their book, "Competitive Surfing: A Dedicated Approach." Scientific sessions that evening included: (1) Tom Kever on sharks, (2) Winnie Partidge's report on shark attacks in the Northern California triangle, (3) L.A. Surf with Dr. Alex, (4) Jim Bradley's S.L.S.A. safety video.

However, the highlight of the evening was Doc Ball's classic message to the SMA. Here's a guy, 81 years of age, still skateboarding and still able to do at least 3 chin-ups (down from his peak of 35) His message was simple; "Life is a war against death which starts at conception and continues throughout life!"

Apart from good genes, Doc Ball figures that parental love, discipline, abstinence from smokes, booze and drugs, healthy diet, good teeth ( Doc's a dentist so that figures ), plenty of exercise, friendly relationships with others, appreciation of nature and God and common sense all contribute to winning the skirmishes and battles of life. So far, by his calculations, he has had 23 escapes from the grim reaper — gunshot wound, poisoning, disease, electrocution, and drowning to name but a few.

Doc Ball also started the first phone-in "scientific" surf report for the Los Angeles area. (Modern day commercial groups eat your heart out — Doc's was free and very accurate.) In a reflective tone, Doc Ball noted that in those early days he was driven to promote surfing in So-Cal. These days he kind of wishes he'd shut up!

In this humble writer's opinion, Doc's tape was the highlight of all three SMA conferences.

Thursday, May 26th, was probably the best day of surf for the whole conference. Sunny, off-shore, 7' Cloudbreak sets. A few of us — Rym & Winnie, Mark Bracker, Nancy, Tony, Tom & Jeanette, the Chatfields and Dr. Geoff — chugged up the coast to Big John's Island (Tavua). The objective was to see one of Big John's relatives who was very ill with an infected knee. Naturally the coconut radio was humming and we ended up seeing about 2,000 (O.K., I lie, it was about 20) people. An excellent lunch and a cold, wet hour-long trip back were ingrained memories of that day. [What Geoff is undoubtedly trying to forget about this day is the remarks he received after returning from his mission-of-mercy boat ride: "you should have seen Cloudbreak after you left — it went to double-overhead, the best of the trip" .]

Evening sessions started in anger as Josh Chatfield admonished the older surfers for being too aggro. Well Josh, that's one of the prices paid for surfing in Santa Cruz. It's a fact of life that where there's crowds and small surf there's aggro. That's not an excuse or justification, just an observed fact (especially at Santa Cruz). Interestingly, however, it's rare to see the Santa Cruz aggro travel up north to meet the really big winter swells of San Francisco.

When people get together to talk "backs" there's always a divergence of opinion. If there's 10 docs, there's 11 differing views. This conference was no different. Brian Lowdon presented a non-controversial rehabilitation plan for Critta Byrne's back and then Alex Kaliakin discussed Mark Richard's stuffed back.

As a group we all agreed primary prevention to be the key to the surfer back problem. However, we couldn't agree on the scientific basis of primary prevention (i.e., how to do it). We did not agree that warming-up/stretching was a preventative strategy. We agreed that doctor (or, indeed, health professional) shopping was a real problem especially when there was no continuity of care. Most of us felt that it came back (sorry for the pun) to the importance of having a stable doctor-surfer relationship. At least the surfer could go off and see whomever he wanted to, secure in the knowledge that he/she had someone stable (i.e., his own surf doc) to

critically evaluate treatment regimes, philosophies, etc. It was also agreed that, in fact, back problems were probably the biggest bane of a surfer's (long term) existence.

Friday, May 27th, was most memorable for Raf grazing his butt. We had warned him about surfing in "those" board shorts. They just didn't provide any protection whatsoever from the reef.

After-lunch sessions (held in the natural beach-shore amphitheatre of the windward side of Tavarua Island) included Greg Kennedy's workshop on strategies for 3rd world energy supply, notably Nabila; Mark Gillett's report on the in-process Illawarra (South Coast) injury survey; and Bob's chat session on the diagnostic efficacy of lateral bending X-rays. [Discussion focused on the need for chiropractor-surf docs to begin a collaborative research project to look at the most effective methods to treat surfers. In other words, the non-chiropractor surf docs threw down the gauntlet to the chiropractor surf docs.]

Let me tell you, there was such an aura of interest in these discussions that one of the famed Tavaruan sea snakes moseyed up for a look-see-and-listen. He parked by Mark Gillett's leg [Mark didn't notice the snake until it was practically in his lap; he shot three feet into the air. Australians are so squeamish.] and sometime later, happily satiated by the intellectual exposes, lazily slid off into the nearby scrub for a sleep.

That evening, Big John officially opened the 3rd SMA Conference with a traditional Fijian kava ceremony/feast. Following this, Rym "Painless" Partridge presented a mystery case of a fractured leg that actually allowed weight bearing. Dr. Geoff presented the full physical and psycho-social results of his Tracks 1987 Surfer Disability Survey. Galapagos Islands - surf and critters - was the topic presented by Mark da Shark. Our collective appetite was whetted (nay slaked) by Mark's slides of these mysterious equatorial islands.

Saturday, May 28th, was a fishing, healing, leching, relaxing, contemplating day (choose one or more depending on who you are). Surf was 1'. [This was the day the one-weekers left to return home, and the second-weekers arrived to take their place.] An apres lunch SMA traditional Class of 88 group photo was taken. It went off extremely smoothly, mainly thanks to Walt. He agreed to take photos and armed with 32 cameras (note that there were only 22 in the group) he clicked away for about 20 minutes to record yet another annal in the history of the SMA.

New arrivals were welcomed during the day - Shale Gordon (cardiologist), Ron Resnick (family practice), Rick

Peters (cinematographer and orthopaedic resident) and Gary Ryan (chiropractor and major shareholder in Tavarua, Inc.).

Mark Renneker presented the annual Kahuna's address to the gathered SMA disciples. It's worthwhile bringing to members, friends and other's attention the key points from Mark's address:

□ September, 1986 - first Tavarua meeting. Focus was "Production of a Book." Driving force was health and surfing and the idea of developing surf medicine as an entity. At the end of the conference, by a 100% endorsement of those in attendance, the Surfer's Medical Association (SMA) was born.

□ November, 1986 — Back in California. The second meeting of the founding members took place.

□ December, 1986 — Dr. Geoff's article on Tavarua is featured in Tracks. Australian interest generated in the SMA. [Sorry I forgot to mention it, Geoff.]

□ January, 1987 — The first SMA brochure becomes available for distribution to interested parties. Money and enthusiasm start to roll in.

□ April, 1987 — Monterey meeting. This divides into 2 groups, the book group and the brainstorming group. By this time there were about 80 dues paying members and \$3,000 in the kitty.

□ June, 1987 — Tavarua II. The focus was "Science of Surf Medicine." The first and only executive meeting decided (not unanimously but nearly so) to minimize organizational bullshit and use the flexible/free spirit surfers' lifestyle model. Two rules were adopted:

1. If you have an idea, go for it but run it past as many SMA members as possible.
2. The only excuse for not doing SMA work is: "I went surfing."

□ July, 1987 — The SMA Newsletter, Vol. 1, No.1.

□ October, 1987 — Kevin Starr, first NoCal Fellowship in Surf Medicine.

□ October/December, 1987 — The Physician and Sports Medicine feature article by Mark Renneker, MD (October 87: "Surfing: The Sport and Lifestyle": December: "Medical Aspects of Surfing.") Worldwide interest in the SMA [over 100 letters and calls over a short time] reaches a peak following Renneker's articles.

□ October, 1987, — Dr. Geoff outlines Tavarua II (Tavarua and the Surfing Docs) in Tracks. Dr. Geoff goes on to win notoriety for this article in the 1987 Annual Tracks Awards. He gets the

War and Peace award ".... for penning perhaps the longest article ever to appear in Tracks..." [nearly as long as this one]. By October, 1987, 120 dues paying members contribute another \$3,000 into the kitty.

□ October, 1987 — SMA North Shore meeting comes off despite organizational failure. Lots of surfers attend and give high approval rating. Huge mailing to all docs in island attracts only 2 medical attendees. Clarification of relationship with professional surfers on the North Shore who endorse the SMA. Surf clinic idea established.

□ October/November, 1987 — Dr. Geoff visits San Francisco for SMA Book Week.

□ February, 1988 — Second Newsletter, in effect the first edition of "Surfing Medicine: Journal of the Surfer's Medical Association." This historic document includes an up-to-date directory of members as well as shoulder hoppers. by now, total income around \$12,000. "Ask the Surf Docs" column now on line in Surfer Magazine.

□ Beginning of 1988 — Nabila project commences. This is the result of the June, 1987, meeting between Nabila chiefs and SMA members (Mark Renneker, Craig Wilson & Dr. Geoff). It was not possible to fund the villagers' No.1 priority ("A place to meet"). However, their No.2 priority (improvements to the water system) was funded by the SMA from the membership and others.

□ February/March, 1988 — A small group of SMA members [Mark Renneker, Jessica Dunne, Kevin Starr, Craig Wilson] went to Nabila for the commencement of water system improvements (water collection off the church roof).

□ May, 1988 — 3rd SMA Tavarua Meeting "Clinical Aspects of Surf Medicine."

Having brought the Tavarua attendees up-to-date, what of the future? Mark floated the following:

1. Continuation of Surf Doc column
2. Membership "open" versus "contained"
3. Future meetings include the SMA Australia Western Australia (Bluff) July, 1989 conference.
4. Money use.
5. Surfers' "Death Registry" — hopefully to answer the question "what's killing the world's surfers?"
6. Putting together a slide show

for educating docs.

7. Surf survival training — surf rangers/wilderness medicine.

8. Healing the planet - working to protect the environment as well as working to heal ourselves from sexism and racism.

9. SMA retreat — our own surf island.

10. Research: Brian Lowdon to be SMA's "main man" and research facilitator. Gauntlet thrown down to the chiropractors [described earlier]

11. SMA library: all the papers ever written on surf and health from 1938 (Baltic swimmers) onwards.

12. Inclusion of other surfing groups, e.g. windsurfers.

13. Retirement planning: Tom Keever to go through SMA books and make sure San Francisco crew not setting up for their own early retirement. Scott Thayer to act as consultant for surfers.

14. Auxiliaries: SMAWA as well as SMAGA.

15. Continuing education credits.

It was agreed that the major priorities were:

- \*Organizational building
- \*Fund raising

Additionally, small groups were designated to brainstorm on the following areas:

- \*Wives and lovers
- \*SMA island
- \*Surf clinic
- \*Continuing education
- \*Publicity/lay publications

Sunday, May 29th. Surf was up at Cloudbreak (occasional 4-5' sets). Bob Chatfield developed cellulitis on his foot, which was causing him surfing disability and the rest of us revulsion (having to put up with his pusey, infected hunk of red meat elevated on top of our dinner tables). Dr. Geoff opened it up, cleaned out the gunk and threw in a few goodies, one of the chiro's manipulated his back, and Barbara gave him TLC and hot compresses. The next day Bob was back in the surf.

Evening sessions included Rick Peters' case of brain tumor (not him) and Shale Gordon's exercise-induced heart arrhythmia in a surfer. The SMA fundraising group (Scott, Tom and Bob) presented the results of their deliberations. A unified strategy enlisting corporate donations, membership drive, regional offices, financial statements and quarterly journal was presented (early retirement for some of the SMA hierarchy took a quantum leap forwards). [Scott went on-line "to develop a corporate-level SMA brochure when he

returns home"]

Monday, May 30th, saw occasional Cloudbreak sets in the 6-8' range. Paybacks occurred as Mark Renneker hides Dr. Geoff's surfboard and proceeds to blame others. Maybe Mr. Reagan is right about war escalation.

Thank heaven Rym had his "painless" equipment as I treaded on some sharp foreign body. Most of you know what it's like when you get an injection into your foot. It hurts like hell. Let me tell you it was truly amazing to feel no pain whatsoever as Rym skillfully infiltrated the wound with local anaesthetic using one of his "Painless Partridge" needles. I was able to cut into the wound and get all the shit out without any problems at all. Afternoon sessions at Cloudbreak were amazing with sets in the 6-7' range.

New arrivals that day included Craig Wilson, his daughter Tace, and Rick the boatman from Florida. Rick, a really popular guy from last year, is back in action. His horrific eye injury is now well healed. Fellow boat driver, Adam, was stoked to see Rick. The two really close surf buddies dropped in on each other, kicked out at each other and generally hassled each other all through the afternoon Cloudbreak session [and they (plus Dave) thought the surf docs were bad wave hasslers!].

That evening, Brian Lowdon presented the results of his Santa Barbara research work on a surf-paddling fitness testing simulator using prone hand-cranking. The SMA "Surf Clinics" group (Alex, Mark Bracker and Tom) presented results of their learned deliberations. Objectives included SMA promotion, health awareness promotion, optimal injury triage and research projects. Surf clinics to target surfing competitors and all interested surfers. "Drop-in care" and "education and prevention promotion literature" were the suggested methods of SMA-surfer interface.

Tuesday, May 31st. Pre-dawn screams from one of the more northerly placed bures — "I'm not a sexual machine, I'm an athlete." The furtive cries of a well known male surfer on being asked to perform yet again by his ever-ready spouse. Pre-Nabila sets in the 6' range at Cloudbreak.

Nabila Day. Wow, what action. The whole crew hit Nabila village like a smoothly oiled machine, 100+ Fijians seen in consultation ranging from backs to headaches, flu to skin infections, lipomas to gait-training and prosthesis fitting for a below-knee amputation. Some undiagnosed cases of interest included unilateral foot weakness and bilateral foot drop. Feasting and gorging on sea slugs, crabs, chicken, salads and yams. Water project officially opened, and Tabua ceremonies.

Crew arrives back at Tavarua, bloated, exhausted and happy. That evening, Helmuth Jones (orthopedic surgeon) presented three tragic cases of spinal cord injury in surfers.

Summary of Helmuth's talk: (1) The ocean floor doesn't know or care who you are, so know the bottom conditions. (2) Education regarding power of some waves. (3) Surf with a friend.

Mark Renneker presented his view of risks taken in surfing, focusing on night surfing. Highlights included more interesting aspects of night surfing: actually hitting a shark during a night surfing session, the problem of wearing black wetsuits and surfing Malibu at night, big fish thinking surfboards are lures and high risk of injury (2 significant injuries in 30 night surfing sessions).

Big Barb and Wonderful Winnie presented their "Clothing for Nabila" project as part of SMAWA Outreach Programme. Members of SMAGA must have been asleep as no equivalent projects were announced.

Wednesday, June 1st, 1988. Small surf therefore lots of injuries. Bill Finnegan is, of course, in the forefront of reef testers [blood everywhere]. Mark Gillett cops his surfboard in the head for 3 stitches and a black eye. Rick enjoys a bit of blunt trauma to his thigh.

"At Home with the Aussies" could have been the title of the evening's scientific sessions. Brian Lowdon informed participants of the Western Australia safari planned for the Red Bluff/Carnavon area in July, 1989. Brain food, isolation, hopefully interaction with local aborigines, and, of course, surf of excellence will be the highlights of the Down Under SMA '89 Conference.

Dr. Geoff presented a paper on primary prevention of surf injuries.

Late night discussions regarding conceptual framework for the SMA generated lots of frank thought. Basically surf (and surfing) is the center of a triangle with (1) Surfer, (2) Surfing Sports Medicine Researcher, and (3) Health Practitioner, forming the apices of the triangle's boundaries.

Geographical considerations were regarded as an integral part of the equation. Obviously the quality of surf, hazards (both land and water), and the locals' cultural norms would affect the ultimate interface between surfer and surf. The effectiveness, or otherwise, of the SMA will depend on the realization of this equation and the depth of understanding we as a group have of the broad scene.

Thursday, June 2nd, 1988. Swell a little bigger at Cloudbreak with sets to around 5'. Lunchtime was punctuated by occasional Tavarua 4' tubes freighting down the reef on an insane minus low tide. No-one ventured out (a wise decision) after Helmuth Jones' talk.

Rym and Winnie leave, after a morning of "Falling Coco's" filming, for sunny Santa Cruz via their Oahu surf cottage. Winnie pregnant and looking radiant; Rym leaner and fitter but missing the intensity of Tavarua '87 big surf.

Dr. Geoff records an in-depth interview with Dave Clark, Tavarua developer and co-owner. A lot of things have happened over the past 12 months to disturb the equilibrium of surfing and wave "ownership" in Fiji. However the bottom line is the Fijians own the land and the surf and as non-Fijians we are (all) visitors and to some extent exploiters of their possessions. Fijians are only now becoming aware of waves (surfing) as a resource which ultimately should be developed at a pace and in a direction they feel comfortable with. Certainly not in a way dictated by outsiders. Sensitivity to issues of "development," resources, culture and mutual benefit are needed by any person or group wishing to set up "their little bit of (commercial) surf paradise".

Time will tell as to who ultimately gets the best deal and what will be the best model for Fiji. One thing is for certain: changes will occur. For a time these changes will reflect the system of power. However, it is unlikely that (or at least for the time being) the Fiji chief system will change. This means that certain villages (and hence their chiefs) "own" certain islands and fishing reefs; therefore, they "own" the surf. Australians in particular have a problem with access to beaches being denied. This is a concept Americans are used to the concept of "private beaches" and this makes them more aware of the need to buy power and hence "exclusive trader" rights. As a surfer I would regard any attempt to bring Hermosa Beach/Bondi/Bali to Fiji as one of the "great" surf crimes of the century. Probably of the same genre (but in reverse) of the early missionaries' attempts to stifle surfing in Hawaii. I favor Dave Clark's concept of a state (run) water park

with limited but "in harmony" managed development of resources — in keeping with the wishes of the indigenous groups.

Evening sessions included Gary Ryan on surfers neck and the use of video cineradiography, together with a presentation by the SMA "publications group" (Shale, Mark Gillett and Mark Renneker). Methods of dispersal of information to surfers and health professionals (both surfing and non-surfing) were considered a high priority of the publications group. Obviously, surfing magazines are the principle source of information dispersal to surfers. Information pamphlets in retail outlets (surf shops) and coastal newspapers (a particularly big thing in the U.S.) were also considered. At present, only Tracks (10 years), Surfer Magazine (6 months) and Surfing Life (1 issue to date, but more expected) disperse quality health information to surfers. Other media such as television, radio, video and films were also considered. Of relevance was the Dixons' "Surfers Health Video," an ambitious project still in the "developmental" stage. To round out the evening, Craig Wilson presented results from the North Shore Hawaii (October, 1987) Surfer's Screening Clinics.

Friday, May 3rd, saw a few 3-4' waves freighting through at Tavarua, and three of us were out (Mark Gillett, Tom Kever & Dr. Geoff). The rest of the crew hit Cloudbreak [bigger, better]. I managed on one wave to put ten dings in my nice shiny 6'8" M.R. .

Brian Lowdon leaves for home. Helmuth Jones ran an informative "shoulder problems" afternoon workshop for a grateful crew of surf docs and shoulder-hoppers.

The conference's final evening sessions included continuing medical education (Mark Bracker) and discussion on the future plans for the Nabila project. C.M.E. is an all-important part of post-graduate medical practice. If a group conference can obtain C.M.E credits it makes it easier for people to attend in an

official capacity. More importantly, it adds credence to surf medicine. Somewhere down the track, F.A.A.S.M. (Fellow of the American/Australian Academy of Surf Medicine) is Dr. Geoff's ultimate post-graduate qualification.

The final session was really an excuse to discuss a far more important topic "Transient Western Doctors in Third World Countries — Ethics and Politics."

Lots of philosophical discussion ensued reflecting the underlying feelings of many of the SMA members regarding Nabila. However, key issues were openly discussed including:

\*What's practical in terms of treatment?

\*How to get across primary prevention issues — how to educate (and indeed how to educate the educators)?

\*working within existing structures — after all, we're not going to be there tomorrow to deal with our mistakes or consequences of our input.

\*Payment for services rendered. As an aside, it could be conservatively estimated that for our group of medicos purely on the first day at Nabila, there was something on the order of \$10 - 15,000 worth of medical care disbursed in the form of consultations, medications and surgery.

\*How we are actually perceived by the Fijians.

\*Dialogue with health authorities beyond village chief levels.

Dave Clark has, fortunately, offered to act as a consultant to interface between the SMA and Ministry of Health. Finally, Mark Renneker plays the trump card: SMA surf island. He and Craig Wilson will go searching in the Fijian islands for a few days after the official conference ends.

Saturday, June 4th, the conference ended [but Geoff and Mark Gillett stayed on to surf for a couple more days, and to compile this report].



# Nabila Health Project Update

## Origins

During our first conference on Tavarua (September 1986), SMA members became acquainted with the people of Nabila, a nearby village. The hospitality of the Fijians led to the SMA being formally honored in a traditional yagona ceremony, at which time an even greater honor was bestowed upon us — a presentation of a whale's tooth (tabua).

Initially, the reason for holding a medical conference in Fiji was that it is an internationally convenient location, and its "laboratory facilities" are among the finest in the world (with several extraordinary surf breaks). The affinity, rapport, empathy, and bonding of SMA members to the Fijians was totally unexpected. Soon, SMA members had the idea of working in this remote village, seeking improved health for all. They welcomed the opportunity to give something back, rather than always be taking — as is the case for so many traveling surfers (and doctors).

At the June, 1987, SMA Tavarua conference, we staged a number of clinics in Nabila through the village dispensary (administered by Mr. Aparosa Nalima with the cooperation of the visiting governmental health team, including staff nurse Asena Tabuavou, Momi Nursing Station, and Dr. Apisalome Nakolinivalu, of Tau Health Center, Nadroga, Fiji).

Community health discussions were also held on a variety of topics, including nutrition, smoking, diabetes, wound care, sexuality, and exercise. As the villagers were learning modern health techniques, SMA members were learning non-Western Fijian approaches, as well as obtaining clinical experience in 3rd World medicine. It became obvious that our greatest contribution to the village would not be in direct care of patients, but in training village people in how to render such care.

From these experiences, the SMA developed impressions of the health needs of the village and spent quite some time discussing which needs to address first. We finally realized that the village should make those decisions, so we went and met with the village elders to present our observations and to express our willingness to help them. They then organized an all-village meeting to discuss and vote on what would be their health priorities, and enthusiastically requested us to proceed in developing a health project for the village (see copy of letter).

Thus, direct contact with the Fijian villagers has inspired and directed this project. The SMA is committed to working within the traditional Fijian culture, and seeks health improvements

FROM - VILLAGE AUTHORITY  
TO - THE PRESIDENT, SURFERS  
MEDICAL ASSOCIATION.  
2396 GREAT HIGHWAY / 4TH AVENUE  
SAN FRANCISCO / CALIFORNIA.  
U.S.A. 94116

NABILA VILLAGE  
50 NABILA PUBLIC SCHOOL  
P.O. Box 1411  
NABILA  
FIJI  
26.06.1987

Sir,

We the undersigned persons have much pleasure to raise our peoples needs possible from work of ~~organising~~ organising according to the life in the Fijian Village based from our own legal Native Act in the book of LAND NATIVE ACT.

Firstly we wish to send you our very ~~kind~~ sincere thanks to your very kind and loyal.

May we thank you one and all for your great help to the poor sick people consulted and served by your famous Group from which we really miss on your return to your beloved countries.

Just to stress further we will also not forget the owner of TAVARUA ISLAND RESORT manager and all who cooperate to manage your aid to our communities. The sick persons were all released from their worries and we are really excited.

We therefore look forward for your earliest personal touch which will be the blessing of God to use if you may will.

Sir, you may not aware the persons attached to your DIGNOSIS OF EXMINE on their individual, I wish to make it clear to you that persons came from NABI, MOMI, YAKO and Indians including our NABILA peoples were rushing to you for their life and benefit. Before we conclude we will only be overjoyed if there is any way you can visit us or to help us meet the time possible.

From our persons DEMOCRATX RIGHTS we wish to have you as of as we thin and hope we will try our best to follow up in any way we can easily greet you back here in NABILA VILLAGE for our Good.

ALL - sickness usually affected and found in our village listed below  
- HEART FAILURE - HIGH BLOOD PRESSURE - DIBATESE - DIARRHOEA - FILARIASIS - EYE DISEASE  
- SKIN DISEASE - SCRACHING - SCABIES - INFLUENZA - RINGWORM - MUSCLE ACHE -  
- (PILES DISEASE) DHANI - CHLOASMA.

ALL GRADES OF PEOPLES listed and Amount with -

AGES - SEPARATED AS FOLLOWS -

BABY $\frac{3}{12}$ - $\frac{6}{12}$ = 12	1. INFANT 1-5 YRS = 50
PREGNANT = 1	2. CHILDREN 6-12 " = 30
	3. YOUTH 13-21 " = 70
	21-69 " = 72

IF! HOT WATER BOTTLE  
NEEDS

PIPE - FROM THE SOURCE TO THE VILLAGE ON DIRECT PIPE LINE IS -  
ABOUT 2 MILES APART. IF TURNED UP TO THE NEW RESEVIOR IT WILL -  
POSSIBLY RIGHT WE THINK.

Reproduction of letter from Nabila to the SMA

through health education and public health programs — as inspired by the work of the Hesperian Foundation, and also the World Health Organization, London School of Hygiene, and the International Red Cross.

### Goals

The following goals, then, have been discussed and formulated in consultation with the village and have become, in fact, part of our established "kinship ties" with Nabila.

1. To create a community center, as a means of increasing community well-being.
2. To develop safe community water systems, including ensuring that sewage and waste disposal are not a health problem.
3. To help in the training and continuing education of village health workers.
4. To establish health education classes and a health resource library.
5. To eliminate parasitic infections, and minimize other infectious and chronic medical problems.
6. To create basic primary medical care and subspecialty clinics.
7. To promote and develop traditional Fijian medicine ["Traditional medicine is one of the surest means to achieve total health care coverage of the world population, using acceptable, safe, and economically feasible methods, by the year 2000." From WHO report TRS 622, 1978.]
8. To sponsor a village member in going to medical and/or nursing school.
9. To help develop appropriate energy technologies for the village.
10. To have the Fijians continue teaching the SMA about the Fijian way.

The SMA is continuing to work towards meeting the above goals. Our next building project will be the community center, and we will have to seek funding (both from SMA members and outside sources) to accomplish that goal. Also, it has become apparent that in our learn-as-we-go-for-it! surfer-style there are some things that we have not yet learned that we feel we need to know. So we are engineering a situation in which we stand to learn those things. In March of 1989, we will sponsor a hands-on conference at Tavarua (and Nabila) on methods of providing health care and education in the 3rd world (described later in this journal), bringing in outside experts as teachers.

### A Time Of Celebration

One of the milestones in our work with Nabila was the day we celebrated the completion of the water tank. Through the beginning of this year, the SMA raised money for the village of Nabila to use in constructing a rain-water roof collection system (using the only suitable

roof in the village, the church's) and a 50,000 gallon tank to hold the water. The water system was officially christened on May 31, 1988, during the time of our annual SMA meeting at Tavarua.

The village spent days preparing for the event. There was even an official programme (reproduced here as is).

### PROGRAMME

1. ARRIVAL OF GUEST
2. WELCOME CEREMONY
3. GALLANDING
4. SPEECH-S. M. A. PRESIDENT
5. INVITING GUEST-TANK
6. OPENING CELEBRATION
7. PRAYER
8. ENTERTAINMENT
9. LUNCH
10. MEET THE DOCTORS
11. FAREWELL

PREPARED BY

S. V. KULAVERE

All SMA members were in attendance, as was the entire village. First we met together on the village lawn under a specially erected canopy for a yagona welcome ceremony, which included gallanding and various speeches. Then we were led as a group around the church to the tank. To our surprise and enchantment, the entire church choir, magnificently dressed, was standing beside the tank singing a lovely hymn. Standing before them was the bearer of the ceremony, a young albino girl — someone we had many times tried to corner and examine but who was so shy and afraid that she'd run and hide from us. Now she stood proudly before the congregation, unafraid, and holding a ceremonial bark-tapestry on which rested the scissors to cut a ribbon that decorated the front of the tank.

A moving speech was given by Steven Loa, an elder and spokesman for the village. He told the story of how the tank had come to be constructed and he vowed that the story would continue to be told, handed down from generation to generation, so that the people of Nabila would forever know the story. He then presented the SMA with yet another tabua and the stage was set for the tank to be officially opened.

Craig Wilson and Aparosa Nalim shared in the honor of jointly cutting the ribbon and stepped forward to open the

tank's tap. They drew off just enough water to fill their cupped hands, and as they drank of this truly holy water, the choir sang, and there wasn't a dry eye in the house.

[To everyone who gave money to help in building the water system and tank, let it now be said that your generosity will forever be appreciated.]

Each SMA member then paired with a member of the village and stepped forward to also drink of the water. This was followed by a prayer, and then a second yagona ceremony (at which time the SMA reciprocated by presenting the village with a tabua). There then was a feast of delectable seafood and Fijian specialties. We saw sick people afterwards, and late in the afternoon returned to Tavarua. What a day! [And there will be more such days to come...]

The Nabila Health Project's next goal is to build a community center. This may sound like a lower priority than, for example, eliminating parasitic diseases or training village health workers, but work will continue along those fronts also.

To understand why the community center is the number one priority of the people of Nabila is to begin to understand Fijian culture. Their health as individuals derives from their health as a community. As a community, they feel unhealthy unless they have a place to all gather within. The wealthier (and healthier) Fijian villages all have a community building, and all village ceremonies (of which there are many), business meetings, community improvement projects, committee meetings, and many vital social activities take place in such centers. For example, the health education activities (and library) the SMA intends to initiate in the village would require there to be such a building. Also, we have made our helping them build the center conditional on there being no smoking in it (and that we expect the village to accept as a goal to give up smoking). They have agreed to this.

**We call on SMA members to again generously give to the Nabila Health Project. Last time, there were a number of donations in the \$200 to \$250 range, and we hope that will again be the case. Make your checks out to the Surfer's Medical Association, earmarked for "The Nabila Project." And be sure to make plans to come on one of the future SMA trips to Tavarua/Nabila. You'll see what your contribution has helped accomplish, and you will be blown-away!**



# CASE REPORTS

## "Shark Attack"— Point Sur, California, September 1974.

Tom Kever  
Financial Officer  
Salinas, CA

During a small, clean swell in September 1974, Kirk Johnston, Ed Guzman and Charley Allen went down Hwy 1 to Point Sur (in Big Sur). It's a long, isolated beach known for its postcard-beauty, with the Point Sur lighthouse capping the scenic promontory at the beach's end. A powerful beachbreak, it is only rarely surfed. The three paddled out into perfect three to four foot waves, with hard offshore conditions.

Kirk soon lost his custom Ono board (no leash), swam in, retrieved it, and paddled back out. Just after he went to sit back up on his board, he felt someone (something) push him forward. He thought it was a friend, Ed or Charlie, playing a joke, until it took him and his board deep underwater and violently shook him. He struck out with his hand, hit something hard — and was released. He surfaced in a panic, saw mushrooms of blood around him, his board being blown further out to sea and a large white shark. He let out a primal scream as the shark started toward him again.

Luckily, a wave appeared, and Kirk backstroked into it and managed to bodysurf into the beach. He lay there bleeding. Ed and Charlie quickly came in, and were in a state of panic. Kirk told Ed to go to the nearby lighthouse for help. Ed ran a mile-and-a-half to the lighthouse, unthinkingly carrying his board the whole way. Kirk could see that his wounds — mainly to the lower and mid-body — were severe (see photo). He told Charlie to tie a tourniquet. Then Charlie wrapped all their beach towels tightly around Kirk's wounds to slow the bleeding.

It took 4 hours to get Kirk to the hospital. He spent two-and-a-half-weeks and about 150 stitches in the hospital. He spent 3 months in rehabilitation and physical therapy, and was back in the water in 4 months.

He now goes by the nickname Shark Bait and still surfs Big Sur. His board was never found.

**Discussion:** If you surf major coastal promontories, where marine wildlife such as seals, sea lions, and sharks tend to congregate, be prepared for trouble. In this case, Kirk managed to save his own life by luckily getting to the beach, but he probably would have bled to death there if it hadn't been for his

friends. Kirk's board may have been a factor in his survival: it had a super strong glass job and may have kept the shark from being able to fully close its jaws on him.

The size of the shark in this case was apparently enormous (fifteen-foot plus). But sharks of small size, under six-foot even, have been known to inflict fatal wounds. Still, it must be kept in perspective how few shark attacks occur worldwide. According to John McCosker, director of the Steinhart Aquarium in San Francisco, there have been only 51 shark attacks in Northern California since 1926, and only five (about 10%) resulted in death. Nine of those attacks were on surfers — with eight since 1972. The rate of shark attacks, especially on surfers, is clearly on the increase. McCosker describes their attack pattern: they wait well underwater, down current, swim rapidly up at a 45 to 90 degree angle, take one big bite, swim away and wait for the victim to die, then eat it. Rarely does the victim see the shark before the attack.

As horrible as that all sounds, keep in mind that shark attacks are extremely rare. Your risk of dying from a shark attack is insignificant compared to your risk of dying from a drive to the beach.



*Shark Bait's shark bites.*

## Surfing Promotes Good Health

by Jeanette Kever  
Salinas, California

This is a case of a twelve-year-old boy whose mother bought him a boogie board and took him all summer to the beach. Also, in this same year, this boy started experimenting with drugs on a small scale, as part of the social scene. In spite of this experimentation, the boy

plays sports in high school through junior year. At fourteen, he is surfing full-on and this fills his sports efforts, so he drops out of organized sports. A college is chosen which will accommodate surfing. While going to school and surfing, the social scene continues to be drug-related, and this very much includes alcohol.

He graduates from college and comes back to his home town. Many of his friends have not changed anything in their life: they haven't gone to college, are still hanging out and doing drugs. Slowly the social drug scene changes around and he starts doing lots of alcohol and cocaine. He surfs less and less because he is staying up all night and is too hung over.

This lasts for several years until his wife is upset that he is doing drugs and alcohol everyday and that he is no longer surfing. But she loves him and wants him to stop, but just talking to him doesn't seem to help. She screams, yells, and nags, but this only propels him further into the drug and alcohol cycle.

Finally, she takes a stand for herself. She goes to Al-Anon, and learns that she has in fact been contributing to his drug problem (as an enabler). She learns how to cope with the problem.

Things start to change as soon as the wife gets out of the way and allows him to be completely responsible for his situation. The first sign of change comes when she began getting out of the house and doing things for herself, for example, she started going to an aerobics class. It wasn't too long before her husband began going, too. Soon he quit drinking and taking cocaine. Soon he was surfing again!

Now he's more full-on into surfing than when he was a teenager. He surfs, does aerobic workouts on days when there is no swell, and the only "nagging" he gets from his wife is when she encourages him to go surfing. To surf takes a healthy body and mind.

## Cardiac Arrhythmia in a Surfer

by Shale Gordon, MD

Cardiologist  
Hermosa Beach, California

A 19-year-old surfer without prior medical problems presented to me at Kaiser Hospital with a 3-month history of surfing-related palpitations (pounding heart), associated with weakness, lightheadedness, and anxiety.

On physical examination, the

only abnormal findings were in the cardiac examination. On listening with a stethoscope, he had a mid-systolic click and late systolic murmur. A two-dimensional echocardiogram (sound wave test) was obtained and revealed significant late systolic mitral valve prolapse. Mitral valve prolapse is a relatively common condition, and is controversial as to whether or not it is a true disease state. The "slipping back," or prolapse of the mitral (heart) valve is sometimes associated with other heart abnormalities. A doppler echocardiogram confirmed mild mitral regurgitation (blood slipping back over the mitral valve during contraction of the hearts' ventricles).

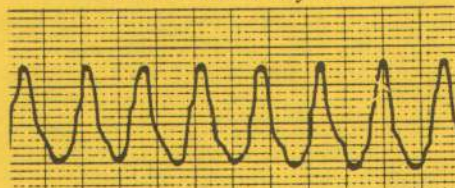
An exercise stress test was obtained, but instead of using a walking treadmill, arm ergometry (requiring heavy physical use of the arms) was used in an attempt to duplicate the exercise of surfing. During the stress test, no ST-T wave changes (signs of heart strain) were noted nor did the patient experience chest pain. However, after 9 minutes of exercise, when the heart rate reached 150 beats-per-minute (BPM), non-sustained ventricular tachycardia occurred. This is a dangerous heart rhythm associated with sudden death. (see EKG's) During the tachycardia, the patient complained of palpitations and anxiety and his systolic blood pressure dropped by 20 millimeters. The test was stopped and the tachycardia ended spontaneously. After a short wait, the exercise test was repeated and, again at a heart rate of 150 BPM, the tachycardia was reproduced and again spontaneously terminated with cessation of exercise.

The patient was placed on a beta-blocker, a medication which can sometimes prevent such abnormal heart rhythms. In this case, propranolol 120 mg per day was used. He had complete resolution of his symptoms. He was retested with an exercise stress test on this medication and reached a heart rate of 180 BPM without ventricular tachycardia. He now surfs four times a week and has remained asymptomatic for 6 months.

**Discussion:** Exercise-induced ventricular tachycardia is an uncommon but well described cardiac arrhythmia. It may occur in patients without obvious cardiac abnormalities, or, as in this case, may be associated with mitral valve prolapse or other structural abnormalities. The recommended mode of therapy is beta blockers for either exercise-induced ventricular tachycardia or ventricular tachycardia associated with mitral valve prolapse. However, exercise tolerance can decrease on beta-blockers if they are unable to raise their pulse in accordance with the rigor of exercise. Some researchers have shown the more selective beta-1 blockers, like metoprolol, to have less effect on exercise tolerance.



Normal Heart Rhythm



Ventricular Tachycardia



### WIPEOUT— What Parameters Should We Have to Seek Medical Treatment?

by Rym Partridge, DDS  
Santa Cruz, California

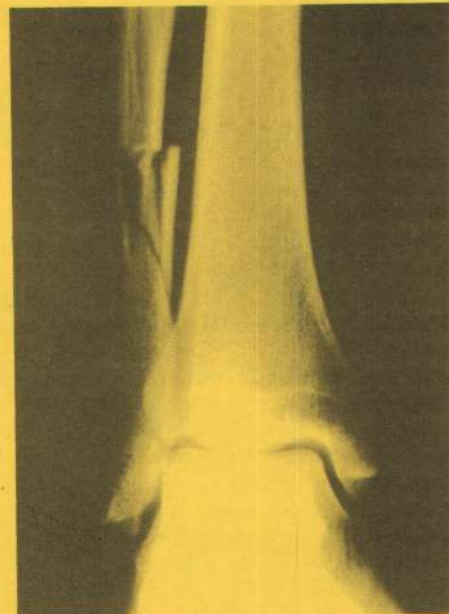
On his last day in Hawaii, a 38-year-old male dentist was surfing 12-15 foot Sunset, did a late takeoff, wiped out and was struck in his right lower leg (probably by his board). He noticed intense stinging in the heel area. Upon reaching shore he could stand but had trouble walking up the beach. Looking at his right leg, there were two small cuts on the right side of his ankle, with minimal bleeding.

Not really wanting to spend the money to go to an emergency room, and not thinking there was really much wrong, he went down the beach to have a friend of his, a veterinarian, look at his leg. She cleaned it as well as possible and sutured the wound.

He flew home the next day, able to walk easily. Because of moderate swelling and pain though, he began taking penicillin — hoping to avoid an infection. He was able to go to work, but noted sharp pain whenever he put pressure on the ball of his foot.

Three days later, the pain was reduced, but still present. The wound seemed to be healing well, with no infection. Because the pain continued, on the fourth day after the injury he went and got it X-rayed.

Pause now, look at the X-ray taken at that time and try to answer these questions—1. What's the diagnosis?  
2. What should he have done differently?



With the X-ray in hand, he had the diagnosis — a compound, comminuted fracture of the fibula. "Comminuted" means that the bone was broken in more than one place, in fragments. "Compound" means that it was an open fracture, that the broken piece of the bone was sticking through the skin! The X-ray was read by the radiologist as also showing sand particles, and the orthopedic surgeon that was called in was concerned about a possible osteomyelitis.

Then the bones were properly set and cast for three months. He healed fine, and found himself surfing ten foot Bell's Beach one week after the cast was removed.

**Discussion:** Take-home message? He who has himself for a patient has a fool for a patient? No, not really in this case. He did consult a fellow health professional, even though it was a veterinarian (maybe because this particular surfer has always been something of an animal). What this case shows is that even health professionals can be fooled. If something doesn't look or feel right and what you're doing isn't making it better, have it checked out. For example, skin can be torn from underneath, by a broken bone.

### Spinal Cord Injuries in Surfing -- Surf Tragedies

Helmuth Jones, MD  
Orthopedist  
Paradise, California

Spinal cord injuries associated with surfing may be the most devastating injuries of all, short of death. These are permanent injuries which affect all activities of daily life, and, in almost all

cases, make a return to surfing impossible. Prevention, then, of spinal cord injuries is of the utmost importance. I cared for three surfing-related spinal cord injuries during my training in Southern California.

**Case 1:** A 17-year-old male, an experienced surfer, buried the nose of his board while surfing Newport and was pitched forward into the water, striking a concrete structure in the sand. The result: immediate quadriplegia. He was saved from drowning by a bather who was close by and came to his immediate aid. Diagnosis: compression-burst fracture of C-5; C-5 quadriplegia, no function below that level (unable to walk, minimal use of his arms). He never was able to surf again, obviously.

**Case 2:** A 14-year-old male was body surfing at the Wedge, Newport. A large wave pitched him and he hit the sand head first. The result: immediate quadriplegia. Luckily, he was saved from drowning by onlookers. Diagnosis: C5,6 fracture-dislocation, C-5 quadriplegia, with no return of function. He was never able to return to surfing.

**Case 3:** A 52-year-old male bather, while running out into the waves, attempted to dive through a breaking wave. The lip caught him and bent his neck backwards. His arms became paralyzed, his legs weakened. He was helped from the water. On X-ray, he had no fractures but his legs and arms were extremely weak. Diagnosis: central cord syndrome.

Outcome: return of leg function, but permanent partial complete upper extremity weakness. This man is permanently disabled.

**Recommendations:** beach users and surfers need,

1. Education about preventing spinal cord injuries.
2. Removal of hidden underwater obstructions in surf areas.
3. To not surf alone.

NOTE: Hoag Hospital in Orange County, California, has been a leader in educating the public about spinal cord injury prevention. Their program is called PROJECT WIPEOUT, and it includes a 28-minute video-tape, articles, educational T-shirts and decals, and on-the-beach training programs. For more information, write or call:

Project Wipeout, Hoag Memorial Hospital  
301 Newport Blvd, Box 4  
Newport Beach, California, 92663  
(714) 645 - 8600

## Back Pain in a World Champion Surfer

Alex Kaltakin, D.C.  
Chiropractor  
Santa Monica, CA

**1. History:** About the time of the 1984 O.P. Pro Surfing Contest in Southern California, which I manned a health booth for, I received a call from Australian Mark Richards, the four-time world champion surfer, who had to pull out of the contest due to acute back pain. He asked to be seen. The history that he related was that he has had lower back pain for 7 years, with about 5-6 episodes a year, but that this episode was the worst ever. As a professional surfboard shaper, he usually noticed pain while shaping boards (having to hold his back in a fixed flexion), but this time he had apparently injured his back surfing. He was told he had a hypolordotic (flat) spine which causes the second and third lumbar spine to "cock up." Previously he had seen various MD's, physical therapists, and a chiropractor - all without much help. He had had ultrasound, muscle stimulation, joint mobilization, taken Naprosyn, and worked out on a Nautilus gym 3 times a week at home. He also had a history of headaches and neck stiffness. The rest of his health history was unremarkable.

**2. Lower Back Exam:** Showed restricted range of motion on flexion, pain on both left and right lateral flexion bending, positive Kemps test, pain on raising the right leg and at the lumbar-sacral junction, and palpable tenderness at the spinous process of L5.

**3. Diagnosis:** this appeared to be a reaggravation/flareup of the lumbar/sacral junction, causing pain and spasms.

**4. Treatment:** Home treatment was recommended, to include: cryotherapy (ice packs) on the lumbar/sacral junction, avoidance of flexion, and pelvic rock and extension exercises. Office treatment included high-voltage electrical muscle stimulation, ultrasound, spinal adjustments to the 5th lumbar, and light massage. I also recommended calcium and manganese supplementation to possibly aid in the healing process.

**5. Results:** He responded very favorably within 1-2 weeks time and 4 visits. However, at the last 2 visits, manipulative adjusting was difficult for reasons not ascertained. He left to continue on his surf-related business and contest travels and was at that time asymptomatic, but I've heard he later had many other episodes of back pain.

**6. Problems:** This was a frustrating case for me, because I didn't have the opportunity to follow up with further evaluation and treatment. This has no doubt also been frustrating to the patient since he has seen a wide array of health professionals, is not well, and still has no specific diagnosis or idea of what's wrong. The result is his having to live with the pain, and possibly harboring worsening degenerative disc disease.

**7. Conclusion:** Surfing with pain; cost factors; a confusing medley of health theories, opinions, and prejudices of treating doctors; uncertainty of diagnosis, inconsistent and often skimpy research on the treatment and prevention — the back pain world is frustrating to patients and practitioners alike. A lot of surfers are suffering, and more should be done to help them.

## Back Rehabilitation of a Professional Surfer

by Brian J. Loudon, MA in P.E.  
Torquay, Australia

Chris (Critt) Byrne surfed the world professional tour in 1979 and 1980, but frequently was beset with chronic low back pain. In 1980, he finished eighth in the world pro-ratings. Following the Stubbies Contest in Sydney, in 1981, his low back pain was so severe that he was hospitalized. He was diagnosed with five stress fractures of the pars interarticularis (where the vertebrae join) at four locations as well as spondylolisthesis (slipping forward of the vertebrae). He was placed in a body cast from armpits to buttocks for 6 months. It's unknown whether he injured himself all at once (he remembers one particularly intense lay-back) or if his injuries had just been building up.

In March 1982, after he got out of the cast, Critt moved from Wollongong, NSW, to my home town of Torquay. I was asked to direct and supervise his rehabilitation. Critt had been a subject in my study of elite surfers two years previously, so I had insight to his superb athletic ability.

His workouts began with trunk relaxing and mobilizing, and with static stretch and hold exercise. These included:

1. Supine lying, knees rotate to left and right,
2. Prone lying, trunk extension,
3. Sitting cross-legged, trunk twist,
4. Supine lying, alternating with knee-hug-to-chest,
5. Kneeling "angry cat" (low back flexion and hyper-extension),
6. Prone lying, with leg raise (hamstring stretch),
7. Side-lying, thigh stretch,
8. Cross leg sitting (groin stretch). He also followed a light swimming program, 3

times per week.

After one month, dynamic stretches were added, including: 9. Hanging from bar by hands, with twisting, 10. Standing calf stretches with both bent knees and straight knees, 11. Sitting with one leg straight and the other leg crossed with the foot to the medial thigh, and doing trunk flexion forwards and sideways.

To add muscle tone and endurance/power, the following exercises, using body weight only, were added: 12. Burpees, 13. Bent leg sit-ups with a twist, 14. Half squats, 15. Prone lying and back arching, with head and trunk raising, 16. Press ups, 17. Chin ups, 18. Side lying with double-leg raises.

Throughout this period Critta had fear and apprehension that his back pain would reappear. But it didn't. Towards the end of April, it was time to begin board paddling again, but with his technique modified to keep his chest, head and shoulders low to the board (in order to reduce low back tension). As he progressed in regaining his board paddling strength, "overload" was added by the use of drag buckets.

By mid-May, Critta's confidence and fitness was returning, and muscle endurance exercises were included: 19. Tuck jumps, 20. Wall slaps, 22. Scoring runs, 23. Dips, and 24. Bench step ups. At this point his full "surfing fitness circuit", took him 36 minutes to complete, but after a 4 week period he had it down to 24 minutes.

After 16 months of not surfing, his Wollongong medical specialist agreed with me (and Critta) that he was ready to surf. On a cold Victoria winter day, he paddled into the line-up and caught and surfed 4 small waves. On coming in, he said, "It was unreal to ride a wave again. I wanted to release, and to rip those little waves apart, but I have learnt self-control and will hasten slowly until next year when you'll all know that I'm back."

Critta is a natural athlete and, although he was unsuccessful in further major contests, he is now the coaching director of the New South Wales State Government Academy of Surfing and is without back problems.

Ref: B.J. Lowdon "Critta Byrne — Comeback Trail. TRACKS Magazine, October, 1982.



## South Swell Free-Fall

by Gary Ryan, DC

Chiropractor,  
Pukilani, Maui

On April 27, 1988, a major South swell hit Maui, and Larry, a hard-core, 40-year-old surfer found himself out in perfect La Perouse surf. However, on an 8-foot grinder ("eight-foot" Island style, probably twelve-foot anywhere else) he found himself free-falling with the lip. He landed flat, had the wind knocked out of him, and came up short of breath and coughing blood. But what bothered him most was a sharp pain in his neck, low back pain, and headache behind his right eye. These symptoms lasted into the evening and he called me. I suggested he go to the emergency room.

On their evaluation he was "fine" (including neck X-rays, read as normal). But the pain — especially in the neck and mid-back — continued, so he came to see me. With my X-rays, (full-spine chiropractic, AP and lateral films) I could easily see that he had an acute subluxation of C5 and T7, producing nerve pressure spasm and pain.

My treatment consisted of a single, specific chiropractic adjustment to C5 and T7 — checked by Derma Thermo readings. By the time of his second visit, a short while later, he was asymptomatic. I did, however, continue adjusting him every three weeks for the next six months.

**Discussion:** In this case, chiropractic had immediate benefit. There was, however, not an explanation for his coughing up of blood — other than to say that it must have been a really radical wipeout.

## Big Bucks or Broke — Retirement Planning for Surfers

by Scott Thayer

Money Management Consultant  
Santa Rosa, California

The issue of obtaining good medical care is somewhat dependent on your having some money, if only to pay for getting stitched up or for traveller's health insurance. Most surfers don't worry much about the future, they just figure they'll manage somehow.

The following three cases present ideas on ways to ultimately work less, and surf more.

### CASE 1. Young surfer, low income:

Knows he should be concerned about retirement income but it all seems too far away. Lives for today and surfing.

**Solution:** Establish an IRA Retirement account and begin tax deductible contributions of \$500 a year. If a young surfer were to start an IRA account early enough, the growth of the plan can be substantial at retirement age of 59-and-a-half. Example: Assume \$500 annual contributions, beginning at age 20, earning 10% return. Retirement future value = \$221,246. Assume \$1,000 contributions and the future value = \$442,592.

### CASE 2. Self-employed surfer (with a business income around \$50,000 a year):

Would like to surf more now and perhaps work less in the business but is concerned about retirement. If his retirement was secure, he would cut back the hours he worked.

**Solution:** Establish a Defined Contribution Profit Sharing Pension Plan. You may contribute up to 15% of your net business income each year on a pre-tax basis. In a good year, when you surf more and work less, if your income is low in that year, you are not required to contribute to the plan. Let's assume you are able to contribute \$5000 a year for 20 years. At 10% earnings your retirement would equal \$286,374. If you started early enough and contributed for 30 years, your future value would equal \$822,470.

### CASE 3. Surf Doctor:

Surf Doctor, age 35, considers retirement very important. The medical practice earns (net) \$100,000 to \$120,000 a year and the doctor is concerned about the amount of taxes he must pay in addition to funding his retirement plan to its greatest potential. The practice employs 5 members on staff, to all of which he would like also to provide retirement benefits. Surf Doc does not want to be obligated to make plan contributions if the practice has a lean year.

**Solution:** Establish a combination Defined Contribution, Money Purchase & Profit Sharing Plan. The Money Purchase Plan contribution will be set at 10% of net business income and the Profit Sharing Plan at 15%. The Profit Sharing Plan will be integrated with social security to take into consideration the taxes the practice already pays to the social security system. In any given year, the Doctor can contribute up to 25% of net business income with a maximum contribution of \$30,000 per person. In a lean year, the practice is only obligated to contribute 10% to the Money Purchase Plan. Each individual employee receives a similar percentage contribution to the plan based on their individual earnings.

Future value at retirement  
assuming 10% growth:

1. \$10,000 per year for 20 years  
= \$ 572,749
2. \$15,000. = \$ 859,124
3. \$20,000. = \$1,145,499
4. \$25,000. = \$1,431,874
5. \$30,000. = \$1,718,249

Additional information for SMA members  
on retirement planning, contact:

Scott G. Thayer  
Retirement Plan

Specialist for the California Medical  
Association, and Hard-core SMA life  
member

Second Vice President  
Shearson Lehman Hutton  
(707) 578-7100  
633 First Street  
Santa Rosa, CA, 95404

## FINNEGAN'S ANKLE

by William Finnegan

(Sole member of "The New Yorker" surf  
team)

In January, 1985, while surfing at Dead Man's in San Francisco, I free-fell several feet on a backhand takeoff on a ledgy wave that was probably a foot or two overhead. I came down hard on my forward foot and my ankle buckled, causing me to stagger but not to fall. I rode that wave, but my ankle hurt and, on my next wave, I could hardly turn. I went in, found weight-bearing painful and dorsiflexion (a term I didn't know at the time but that I later learned, to my sorrow) impossible, and the next day went to see George Pugh, a young orthopedist in Oakland. George said that I had "suffered more of an internal derangement/contusion type injury rather than the usual inversion-type ankle sprain" and put me on crutches.

I blamed my own aggro attitude for the injury — I had decided that the way to make the takeoff at Dead Man's consistently was to commit oneself more enthusiastically to every wave than cautious, lean-back instinct would normally recommend — but my Rolfer blamed himself. Rolfering, for those not familiar with it, is some kind of hippie-fascist massage program for wealthy masochists; I had enrolled a few weeks before, hoping to ease some chronic back spasms. Rolfers believe that good posture is the key to health, and see the body as a bunch of blocks imperfectly stacked, so they like to start with the feet and ankles. My Rolfer had been torturing my lower extremities only a few days before the fateful free-fall at Dead Man's, so he was happy to take credit for the injury. He

reckoned that he had increased the range of motion in my ankles beyond what the structures in the region were used to supporting. If he had known that I was going to go out and do something ankle-stressful like surf juicy lefts, he would have taken it easier in his manipulations — he never worked on athletes before a game or dancers before a performance, he said. But he seemed quite pleased, all in all, with what he obviously considered evidence of his prowess, and I haven't spoken to him since.

The ankle, which never really swelled up or felt sore to the touch, never got much better, either. I used the crutches for a couple of weeks, then hobbled for a few months. The pain moved around, but generally felt like it originated somewhere near the center of the joint. I couldn't walk more than a block or two, though I soon started surfing again. With the ankle heavily duct-taped, it wasn't too bad, as long as I didn't try any radical turns or lip-bashes, take any heavy drops, or hit any chop at high speed.

George Pugh eventually ordered a CT Scan, which revealed two subchondral lucencies, one in the plafond and the other, smaller and not quite opposite the tibial one, in the talus. Osteochondritis dissecans was mentioned. George wanted to try arthroscopy.

I consulted a couple of other orthopedists. One in Berkeley said arthroscopy might work, but that I could end up with ankle fusion — the first suggestion I heard that I might have a permanent problem. Robert Kerlan, aged team doctor for the L.A. Lakers, had an even more disturbing suggestion. He said arthroscopy would not work, because there was not enough room in the ankle joint to operate, and recommended arthrotomy — a full-scale assault involving a saw (Skill-saw or table saw, he didn't say), six months in a cast, a year of no weight-bearing, and only a fifty-fifty chance of success. When I asked about ankle fusion, he said that it might come to that, but I shouldn't worry, because nobody was going to force ankle fusion on me — by that point, he said, I would be begging to have the ankle fused.

I let George Pugh do the arthroscopy. He said that I would only need to be on crutches for three days. When I awoke from the anaesthesia, he adjusted that prescription — it would be more like three, uh, months on crutches, he said. It seemed he had found a big tongue of torn cartilage on the plafond, and a lot of necrotic bone in the tibia, all of which (cartilage and bone), he had removed. I needed to give it a lot of time to fill back in, he said. The operation had gone well, though, and my ankle would be as good as new after it healed. The

cartilage on the talus had looked good, so he hadn't touched that side.

I was a compliant patient. I didn't walk, or surf, for three months. When I started walking again, though, my ankle was not as good as new. It was the same, only stiffer. I went to see a foot specialist, who suggested that I wear a heel lift, to help ease the pain of dorsiflexion, but that I otherwise do nothing for six months, and see if it improved.

I did nothing, except move from San Francisco to New York, for nine months or so. The ankle had good days and bad — on the hard Manhattan sidewalks, more bad than good, it seemed. In September, 1986, I went to a physical therapist. She said she thought that the surgery had probably cleared up the ankle-joint interior, but that my favoring the sore leg had shortened the Achilles tendon, let the anterior tibialis atrophy, and generally weakened and stiffened the area. She put me on an intensive physical-therapy program, and exercises to strengthen the lower leg and increase the ankle's range of motion. After four months, it still hurt to walk, sometimes quite badly, and the physical therapist said she was stumped — maybe I needed more surgery, after all.

Another CT Scan seemed to indicate that the lucency on the talus was larger than it had been two years before, when George Pugh operated. Two New York orthopedists volunteered to try arthroscopy again — for fees several times the size of George's. A distinguished, older, Upper Fifth Avenue orthopedist was recommended to me by a theatrical agent who stressed the fact that he was both Philip Roth's and Bette Davis' doctor — said it probably wouldn't do any harm, and it might even help.

I went with Stuart Springer, a fast-talking character about forty who said he had operated on dozens, if not hundreds, of ankles, some of them famous, with problems very like mine, and all of them were now out playing tennis. Springer operated on at least a dozen other people — all of them that I met, knees, not ankles — on the same day that he operated on me (which helped explain why I had so much trouble reaching him over the following weeks and months).

On me, according to the Operative Record, he performed "a subtotal synovectomy." He found "grade III and grade IV chondromalacia" on "the undersurface of the tibial plafond near the medial malleolus and grade III - IV chondromalacia on the medial aspect of the dome of the talus." He shaved cartilage and he abraded exposed bone, but as far as I can tell from the Operative Record, he didn't remove any bone from the talus. I never did understand exactly what he did in there. He didn't provide me with a

videotape of the operation, as George Pugh had, and his explanations were so full of flashy, violent metaphors drawn from car racing and military strategy that I couldn't tell the arthroplasty from the flanking attack from the four-wheel drift.

My ankle began to feel a bit better toward the end of 1987 — the operation had been in early October. The range of motion did not increase, but walking was less painful, on the whole. Running, not to mention pivoting, was still impossible, however, some days were still quite bad; and a new problem developed — a sharp, unpleasant cracking of the joint after every period of inactivity and in certain weight-bearing positions. When I described the cracking to Springer, he said it sounded like he had neglected to round off a corner of two. If it was still bad in six months, he might have to go in there again, he said. That was more than six months ago, and the cracking is still bad, though less alarming than it was at first. Walking is still relatively easy — on very good days, I can walk a couple of miles with no serious problems. Dorsiflexion remains very poor, and stiffness is a constant problem — it's bothering me as I write this, 30,000 feet above the Azores (en route to Portugal and then Mozambique, on assignment for *The New Yorker*).

My understanding of the damage to my ankle is limited. The phrase "arthritic changes" does not evoke detailed anatomic images in my brain. Nobody seems ever to have quite decided which came first, the takeoff at Dead Man's or the osteochondritis dessicans. If it was the dessicans, the idea seems to be that the cartilage was undermined and thus easily torn with a twisting impact. If it was the takeoff/compression/blow, then the dessicans may simply be where the bone was injured and died from lack of blood supply. I have also heard at least one doctor say that the condition in my ankle never was osteochondritis dessicans, but something or other else. I don't know what's become of the subchondral lucency on the talus, which was allegedly growing. The likelihood that my ankle problems are permanent is excellent, of course, and is slowly making inroads on my consciousness.

Ironically, surfing is one of the few sports I can pursue these days without feeling seriously handicapped. I surf very little, living in New York, but when I do — always with the ankle duct-taped — it usually feels pretty good. After surfing, the stiffness can be severe, sometimes lasting several days, and my backhand attack is definitely more restrained than it once was. But even if my ankle were one hundred percent, I doubt that I would hurl myself into ledgy lefts with the same abandon I once did.

## Spontaneous Brain Hemorrhage in a Surfer

By Chris Carver, MD  
Neurosurgeon  
Salinas, California

This 38-year-old surfer (Surfer M.M.) recently returned from a surfing trip to South Africa. He had a history of drug and alcohol abuse in the past, but had "cleaned up" and had not used any of these substances for at least a year. He presented to the emergency room on June 8, 1988, with severe headache, nausea and vomiting and a stiff neck. I was called in to see him. On my examination, Surfer M.M. was quite uncomfortable, with a severe headache. He could not see in the right half of his visual field (he could see no objects to his right side), he had a stiff neck and was quite sleepy. I suspected a brain hemorrhage.

An emergency CT scan of his head revealed evidence of a large blood clot deep in the brain with compression of brain structures. Surfer M.M. was quickly seen in consultation by a cardiologist to rule out a heart infection as a source of this hemorrhage and he was taken emergently to the operating room where he underwent drainage of the spaces inside the brain into which the blood clot had ruptured.

He then spent approximately 10 days in the Intensive Care Unit. Very fortunately, the drainage procedure (called ventriculostomy) pursued on the day of admission sufficiently relieved the pressure so that no further surgery was required. Subsequent testing showed that Surfer M.M. had no other cause for this spontaneous hemorrhage (i.e., an infected heart, using intravenous drugs, or using blood pressure-elevating drugs such as cocaine and amphetamines.). Further scans showed that he had an abnormal tangle of blood vessels deep in the brain which had caused the blood clot. It's probably something he was born with.

Surfer M.M. was discharged from the hospital after approximately two-and-one-half weeks. He had poor memory and poor vision, but both are slowly improving. His final diagnosis was an arterio-venous (AV) malformation, which had both thrombosed and bled intraparenchymally (in the brain) and intraventricularly (into the open spaces of the brain).

He has been unable to return to work and has not been able to surf in light of his difficulty seeing to his right side. It is quite different to be missing the right half of your vision in both eyes than to be completely blind in just one eye. For example, he couldn't see the lip or shoulder-hoppers on rights. It's hard to predict to what extent he will recover his visual function. It may be some months

before he is able to return to surfing.

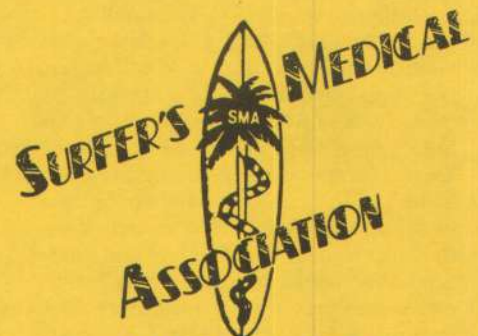
**Discussion:** This case has many illustrative points. First, one never knows what congenital or inherited abnormalities are in your brain. Although the incidence is only four percent, if you are in that four percent, you may have problems. Such actions as abusing substances that elevate your blood pressure, e.g., cocaine and amphetamines, may well push an abnormality into a life-threatening situation such as occurred with Surfer M.M. In his case, although he had not abused those substances at the time of his event, he had in the past and I think it may very well have brought on his calamity.

Secondly, apart from blowing out aneurysms, one has enough other evidence to avoid use of intravenous drugs. By sticking a needle in your arm, you may inject foreign and infected substances into your blood stream. This can lodge either in your heart or other organs and subsequently lodge in your brain, provoking an infection, abscess and/or spontaneous bleed such as this patient experienced. Don't use IV drugs. There are a number of surfers who do (or did — some quit, some died). Don't be one of them.

If you or one of your friends experiences a severe headache with associated nausea and vomiting that won't go away, don't ignore it. Don't write it off as the flu. Be seen immediately. I am not talking about a typical headache, like with the flu. I am talking about "the worst headache you've ever had," with nausea and vomiting. Specifically, if it came on suddenly. These are worrisome signs and may require emergency treatment, but hopefully not emergency neurosurgery, such as Surfer M.M. needed.

We all get an occasional stiff neck from vigorous physical activity, but a stiff neck associated with a headache may be a sign of inflammation of the layerings over the brain, and consultation with a physician is needed.

Also, if you should experience persistent headache associated with nausea and/or vomiting or blurred vision after even a minor blow to the head (such as a board head-bash) this warrants evaluation by a physician.



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## The Bill Wise Story

[I vividly remember reading the following article when it first came out in Surfer magazine in 1969 (Vol 10, #3, pp 62-65). It impressed me then — as it does now — for what Bill Wise has to teach us.]

MR



A mile south of Bethany Beach, Delaware, six surfers were enjoying a slightly less than perfect, small but hollow beach break. Almost unnoticed, a brown body dropped heavily in a shallow water wipe-out, and then floated to the surface face down.

Intently, a surfer named Skip Baumgardner watched as the floating surfer was pushed about by the inside white water. Skip immediately sensed that something was wrong.

Indeed, something was terribly wrong. It was a critical situation. The wiped-out surfer was totally paralyzed and unable to move one muscle to save himself from drowning. A one-in-a-million freak accident had occurred. In spite of instinct and training in thousands of similar wipeouts, the arms that were thrust forward for protection had not done the job. Somehow the surfer's head had hit the solid sand bottom at precisely the right angle. The neck was whipped back, breaking two cervical vertebrae and crushing the spinal cord. The linkage for nerve impulses between brain and muscle had been severed.

Peculiarly, the downed man was conscious. Agonizingly aware of his

inability to help himself, the seconds dragged on and on; an eternity. The lungs ached for fresh air. Involuntary chest muscles began to expand against his will. There was nothing to draw between the clenched teeth but the salty water of the Atlantic. He begrudgingly allowed it to enter. But only in small quantities, and then he swallowed it into his belly rather than allow it into his lungs. The end was near. He could only fight so long. Suddenly, Skip was at his side in the three-foot deep water shouting, "What's the matter? Are you all right?" No answer. But who can talk under water?

Skip's hands and arms lifted a grateful face above the water line. In a whoosh of exhaled carbon dioxide and sea water, the words came out: "Get me the hell outta here!"

And so, on August 10, 1965, Bill Wise's physical intimacy with the sea ended. Severely paralyzed, he was fated to life in a wheelchair instead of on a surfboard. Destiny, which had given this surfer a broken body and a heart that ached for the physical self-expression of surfing, was also to provide him with the understanding of surf people everywhere.

"On that day, my beautiful blue-green world collapsed around me. I laid on my back for more than six months, and nearly cashed in my chips several times," Bill recalls.

Then, slowly, interest in life and surfing ebbed back into his now frail, paralyzed frame. Friends fanned the spark, and Bill returned home to his wife and children with new ideas about surfing and expressing it.

Words, maybe. But Wise had more to say. He spent the summer of '67 figuring out the complexities of surf photography with paralyzed hands from a wheelchair. Bill rigged up his camera so he could flip the shutter with his teeth and focus with a special handle that was attached to the lens.

Then there was a trip to Hawaii

arranged by his friends. And Bill was in paradise talking to the Duke, shooting pictures of Pipeline, Sunset Beach, Haleiwa.

Then summer and the short board and new photographic challenges. Bill Wise was totally locked in again.

Bill welcomed the revolution. "In the past, wave riders have been so blinded by the pure physical joys of surfing that they weren't even aware of the other potential available. I do not put down the physical when I say this. Rather, I point out that beyond the physical lies a limitless horizon of mental and emotional experience. The mind can carry the whole person places where it is impossible for the body to go. The physical part of surfing is deeply involved and beautiful. Yet this should be a stimulus, a switch to turn on what is beyond.

"I am sure it is difficult to imagine how a person like myself, so paralyzed that even the simplest of tasks are a monumental undertaking, can identify and become deeply involved in something so powerfully physical as surfing. I am often not sure if I understand this personal involvement myself. I only know that when I see a surfer take off on a wave, my mind flies with that rider through his entire experience. The ultimate thing in living is to share a feeling with another. I am fortunate that so many surf people are willing to share with me their own thing. I have ridden with Van Artsdalen at the Pipeline, Carroll at Cotton's Point, Edwards at Sunset Beach, Troy at Noosa Heads, and a thousand other surfers on a hundred thousand other waves.

"Surfing for me now is a single facet of my life that acts as a catalyst, drawing all other things together into beautiful perspective. Rather than fear or despise surfing for cutting my legs out from under me at the peak of my active physical life, I have been able to look deep into myself, life, and surfing and perceive that ultimate and infinite goodness and beauty abound wherever one chooses to look. And thus my family is drawn closer to me, as well as all people. It is after seeing the small, brown body of a boy, feet firmly planted on fiberglass, streaking alone ahead of a flashing curl, that I realize that the cycle has come full round. The joy in my heart is now also in the heart of my son on that surfboard, and it will be so for all time. This is the wonder that is surfing."

["The Bill Wise Story" was not used with permission of SURFER magazine...we forgot to ask them. But how could they object?]

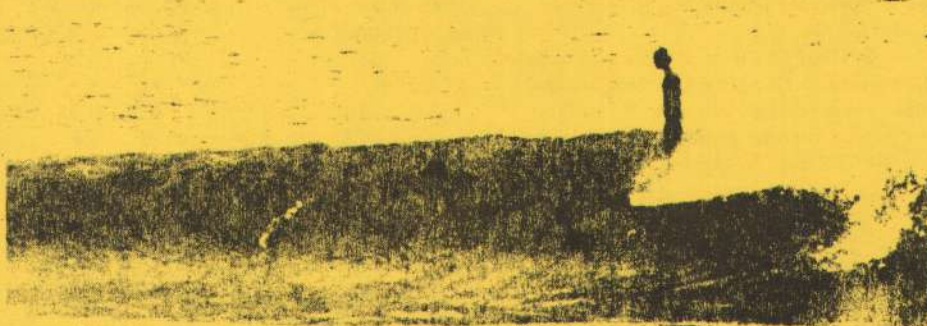


photo by Bill Wise



# ORIGINAL RESEARCH



## Psychosocial Aspects of Adult Surfers

By Bill Rosenblatt, Ed.D.  
Loch Arbour, New Jersey

### INTRODUCTION

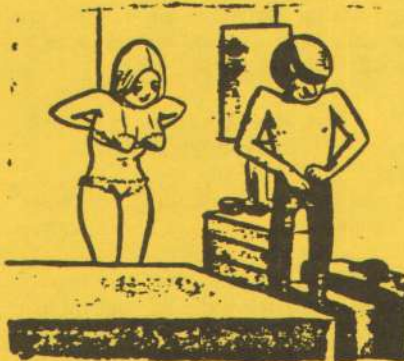
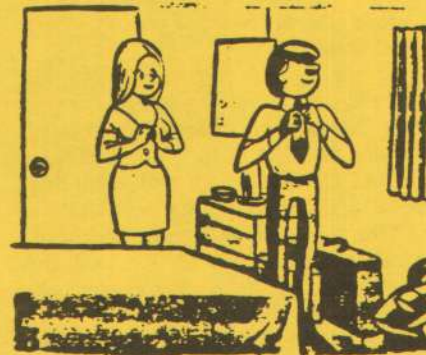
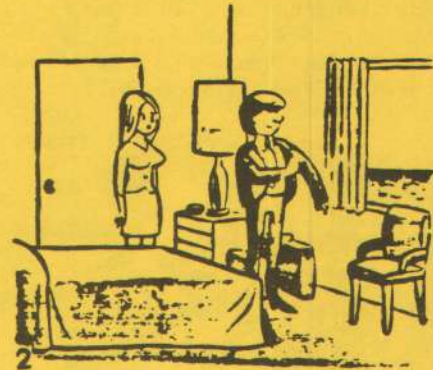
The sport of surfing is growing. There are presently an estimated 5,000,000 surfers worldwide (Renneker, 1987). Over 400 competitors from 26 countries were in Puerto Rico at the 1988 World Amateur Championships (George, 1988). Paskowitz (1987) reported that even in Israel, not generally perceived as a surfing mecca, there are over 10,000 surfers.

Most surfers don't compete, yet thousands are members of the National Scholastic, Eastern, Western, and Hawaiian Surfing Associations. Similar organizations are in Australia where a rich surfing tradition exists. Professional surfing has become a sport where top-rated surfers can earn six-digit incomes.

Despite the interest and remarkable growth of surfing, little empirical data exists concerning its physical demands on participants. The entire surfing scientific literature is approximately 30-40 articles.

### PSYCHOSOCIAL CHARACTERISTICS

Pearson's (1980) sophisticated sociological studies determined that, for surfers, surfing is primarily a means of attaining psychological and physical well-being. Studies in sports psychology have observed that participants in specific sports share traits and characteristics which set them apart from athletes in other sports and from nonathletes (Fisher, 1976; Kiester, 1984; Morgan, 1980; Suinn, 1980). There have been no studies examining psychological traits of surfers which have used standardized psychological instruments. What is known of surfer psychology comes largely from media stereotypes. Surfers have been portrayed as unmotivated (except to surf), irresponsible, immature, impulsive, somewhat hostile, and non-productive. Recent evidence has challenged the stereotype. For example, Dr. Donald Cram of UCLA won the Nobel Prize in chemistry, and has been a surfer for over 30 years (a fact well-publicized by the media). Stories of surfers who are doctors, lawyers, college professors, scientists, businessmen, actors, legislators, and honor students often appear in print. This pilot study is the first to examine psychosocial traits of adult surfers from an empirical base, using standardized instruments and procedures consistent with the sports psychology literature.



(From Playboy)

John Dampier

### INSTRUMENTS

Three instruments were used for data collection; (1) a Personal Data Questionnaire (PDQ), (2) the Type A Behavior Inventory, and (3) the Minnesota Multiphasic Personality Inventory (MMPI).

The PDQ was designed to gather information in 12 areas: age, sex, marital status, years surfing, number of children, occupation, income, education, tobacco/drug/alcohol use, frequency of participation.

The MMPI provides an objective assessment of major characteristics. The Mini-MMPI (72 items) devised by Kineron (1959) was used in this study. It has 8 clinical scales and 3 validity scales. Personality characteristics assessed are: hypochondriasis, depression, psychopathic deviate, paranoia, psychasthnia, schizophrenia, hysteria, and hypomania. The

inventory generates codes for pattern analysis.

The Type A Behavior Inventory (Friedman, 1972) was used. Type A behavior is characterized by hostility, impatience, aggression and achievement orientation.

### SAMPLE

Total sample size for this pilot study was 30 adults over age 18. The sample came from Hawaii, N = 10 and New Jersey, N = 20.

### DATA COLLECTION

A variety of methods were used and tested. Test packets and descriptive letters were distributed to surf shops. Shop owners were requested to ask customers to complete packets and return them by mail to the investigator. Additionally, packets were handed out at popular

surf breaks. In Hawaii, packets were distributed as part of the Surfer's Medical Association screening clinic. Participants were assured of anonymity.

## RESULTS

### PDQ

Data from this sample indicated a mean age of 27.6, with a range of 18-38 years. The sample was predominately male 27:3 male/female ratio. The mean years of surfing were 12.95, with a range of 1-24 years.

Most surfers (77%) were unmarried with a 23:7 unmarried/married ratio; only 1 of the females was married. Six or 20% were parents.

Most surfers in this sample, (70%), were employed. Twenty-five percent were students, including graduate students (i.e., law or medical school) and only 5% were unemployed. Occupations varied, including sales (4), small business owners (4), life guards (4), college professors (2), members of the armed forces (2), banker, chemist, landscaper.

The entire sample had graduated from high-school. 30% had completed 1-3 years of college. One individual had an associates degree, 23% (7) bachelor's degrees, 10% (3) master's degrees, and one had a doctorate.

Of the surfers sampled, 46% earned less than \$10,000, 13% earned between \$10-20,000, one individual \$30-40,000 and 10% (n=3) over \$50,000 per year. Most surfers (80%) reported not smoking tobacco, while 16% smoked less than 1/2 pack daily and 6% up to a pack per day. Alcohol use is varied: 26% do not drink, 13% rarely drink, while 20% - 26% once or twice weekly or on week-ends. There were 13% reported drinking daily and two individuals reported having drinking problems and being in Alcoholics Anonymous.

Drug use is varied. All those sampled have tried marijuana. Approximately 50% have tried L.S.D., amphetamines, barbituates, or cocaine. Ten percent have tried heroin. Thirteen percent use drugs daily, 13% report weekly use, 13% monthly use. One surfer reported having had a drug problem and being in a recovery program.

### TYPE A

The mean score on the Inventory was 59. This score suggests levels of aggression, hostility, impatience, and need for achievement at the A-/B+ level, roughly the mean for the total population.

### MMPI

One clinical scale fell above a T-score of 70 which is considered significantly elevated, (scale 9, hypomania). Two scales, #8, schizophrenia, and #4,

psychopathic deviate had scores of 69 and also are considered high. All others were between 50 and 62 (within the mean range). The following list of descriptions is identified with the profile generated by this sample: eccentric, courageous, open/frank, energetic, enthusiastic, social, adventurous, curious, likes drinking, generous, soft-hearted, affectionate, sentimental, idealistic, expressive, guileful, potentially deceitful, and self-centered.

Actions and behavior of this profile group is influenced by intangible subjective feelings of a highly personal nature. Enjoyment is sought in aesthetic sensuous activities.

## SUMMARY

This data suggests that surfers have a distinct profile, like other athletes. The "average" adult surfer is a 27.6 year old male who has graduated from high school, attended college, is employed and earns less than \$20,000 a year. He does not smoke, drinks occasionally and in moderation, has tried marijuana, cocaine, LSD, amphetamines, and barbituates, and uses drugs on occasion.

He is frank, idealistic, individualistic, eccentric, sociable, self-centered, adventurous, curious, and quite impulsive. Additionally, he can be soft-hearted, generous, and sentimental. He surfs for highly personal, subjective, and intangible reasons, not for competition. However, he has a guileful and potentially deceitful side.

This data-based profile supports both surf-lore and media myth. "Soul Surfers," "surf surfaris" and "the brotherhood of waves" are explainable. Movie characters like North Shore's Chandler, Big Wednesday's crew, and real-life characters like Mickey Dora (and the SMA) all seem to fit

Obviously this pilot study has methodological shortcomings: the sample was small, the locations were not random and quite desperate, and data collection procedures varied. Nevertheless, the consistency of the profile is noteworthy.

As a special witness to  
The President's War on Surfing Committee,  
Bill the Cat reveals his sordid past



"At first, I just did it on weekends, with my friends, you know? We never wanted to hurt anyone. The girls loved it. We'd all hit the beach and do a little surfing. It was just a lick. At least that's what we thought. Then it got worse.

It got so I'd have to do some surfing during the weekdays. After a while I couldn't even wake up in the morning without having that craving to go surfing. Then it started affecting my job. I would just have to do it during my break. Maybe a quick wave or two in the company pool. I eventually started surfing just to get through the day. Of course, it screwed up my mind so much that I couldn't even function as a normal cat. Surfing got me fired from my job.

I'm lucky today. I've overcome my surfing problem. It wasn't easy. If you're smart, just don't start. Remember, if some warden in a swim suit offers you a surf board, just say no."

SURFING...

Just Say No!

19

## BACK PAIN IN SURFERS: IS IT STRENGTH RELATED?

By Kim Bodkin, MS  
Montara, California.

[Kim Bodkin is an exercise physiologist in the Bay Area. Predominantly a wind-surfer, she has had a long-standing relationship to surfing, i.e. she's married to a surfer. She is a contributor to the Dear Surf Docs column, and the Handbook of Surf Medicine. She should be seen as something of a role model for other SMA members, having convinced her back rehabilitation company (Backs to Work) to fund and support her research activities in this area — a nice marriage of work and SMA/surf medicine pursuits. Bravo! - ED.]

## INTRODUCTION

Weak trunk muscles and decreased trunk muscle endurance have been identified as significant risk factors in the recurrence of low back pain (1) In Australia, Ian Gilliam found that surfers have limited flexibility of the low back and hamstrings (based on a sit-and-reach test), and low abdominal strength (based on a timed sit-up test). It is hypothesized that surfers may suffer low back pain (LBP) as a result of an unbalanced musculature and perhaps an overuse syndrome due to isometric hyperextension of the back during paddling. Normative data is available on measurement of spinal range of motion using 2 bubble goniometers (2) and trunk strength measured isokinetically by Cybex Back Systems [those impressive high-tech contraptions that look like 21st century torture machines but are actually computer-calibrated, selective muscle testing devices].

This project was undertaken to further quantify flexibility and trunk strength in surfers. This preliminary report is based on measurements of 8 surfers. Initially, the project set out to test 2 groups of surfers: surfers with no history of LBP and surfers with some history of LBP. All of the surfers tested to date have a history of some LBP. This report will not address the results of surfers who have been tested while symptomatic at the time of testing.

**SUBJECTS:** Eight male surfers volunteered to be screened for posture, range of motion (ROM), and isokinetic trunk strength. The group averaged: age = 37, height = 71.5 inches, weight = 170 lbs. For the most part, they all are involved in fairly sedentary work, but all are fairly active surfers.

**MEASUREMENTS:** The testing took place at Backs To Work, a physical conditioning facility in San Francisco.

1. Range of Motion: Tests included spinal range of motion using bubble

goniometers by the method of Mayer (2), and straight leg raising, also quantified using goniometers. The bubble goniometer technique of measuring range of motion allows the tester to effectively isolate the joint area being measured and provides a reproducible means of measuring range of motion.

2. YMCA Healthy Low Back Test: Also known as the Krause-Weber test, this testing battery scores 6 different observations of holding strength in the hip flexors, abdominals, trunk extensors, buttock muscles and quadriceps and a measure of flexibility with the sit-and-reach test.

3. Trunk Extension Flexion (TEF) and Trunk Rotation (T): Testing multi-speed isokinetic dynamic trunk strength utilizing Cybex Back Systems. TEF measures torque and work output in a sitting position, isolating trunk musculature in right and left rotation. In plain English, the TEF machine measures stomach and back strength. The measurements of right and left rotation are largely reflective of stomach strength, specifically the oblique muscles. All of the results from the TEF and TR testing are normalized for the subject's body weight and compared to a "normal" database.

The isokinetic measurements of peak torque and work are computer generated. Additionally, graphs can be generated so that torque output can be analyzed over the range of motion that is tested. The graphs shown (Fig 1 and 2) demonstrate the difference between "strong" and a "weak" trunk musculature in two surfers.

Table 1 shows the results of the ROM (Range of Motion), and isokinetic strength testing.

TABLE 1

FLEXIBILITY	MEAN	SD	
ROM (total spine)	70.7°	25.4°	
ROM (extension)	13.6°	8.5°	
Straight-Leg Raise	82.0°	15.5°	
YMCA test	97%	6.0%	

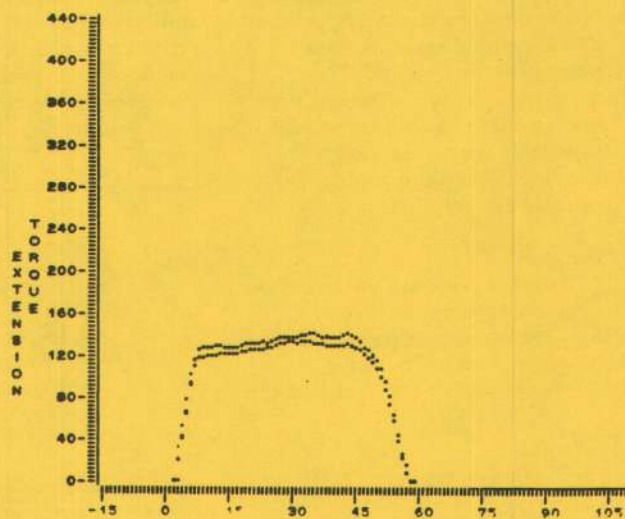
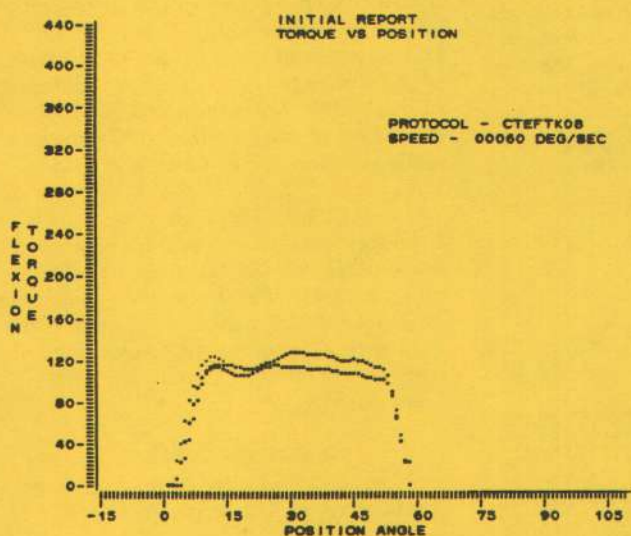
CYBEX STRENGTH MEASURES	60°/SEC		120°/SEC	
Flexion Total Work	181	22.7	167	29.2
% Normal Flexion Work	88.2	13.3	95.6	18.3
Extension Total Work	227	52	202	59
% Normal Extension Work	95.5	24.7	103	33
Flexion/Extension Ratio	0.83	0.19	0.87	0.17
Flexion Peak Torque	176	13.6	173	17.5
% Normal Flexion Peak Torque	88.2	7.0	87.7	10.8
Extension Peak Torque	222	40.8	99	35.3
% Normal Extension Peak Torque	86	18.5	84.3	17.3
Right Rotation Peak Torque	117	28.7	113	23.1
% Normal R.Rot. Peak Torque	108	26	110	24.2
Left Rotation Peak Torque	115	37.5	111	23.7
% Normal L.Rot. Peak Torque	107	32.7	107	24.9
Right:Left Peak Torque Ratio	1.08	0.22	103	13.3

**DISCUSSION AND CONCLUSIONS:**

This group of surfers showed an average spinal range of motion (ROM) of 70° where 75° is considered normal. This group did show a wide variation in spinal range of motion ranging from 55° to 120°. The slightly lower than average ROM in the spine is for the most part due to surprisingly limited spinal extension, averaging 13.6° where 25° is normal. This low figure for low back flexibility is surprising because of the seemingly hyperextended position surfers paddle in. Hamstring flexibility was measured with straight-leg raising. Normal motion is 80° and this group averaged 82°.

The isokinetic measure of trunk flexion and extension showed good overall

strength when compared to norms (generated by the Cybex company). The surfers showed 88% and 95% scores at 2 speeds in total muscular work output in abdominal strength. In back extension muscular work, the surfers showed 95.5% and 103% scores at 2 speeds. The good scores at both speeds of 60°/sec and 120°/sec indicate both good strength and good endurance work. The ratio of flexor work to extensor work of 0.83 at 60°/sec is indicative of excellent overall muscular balance, where 0.80 is the optimal score. The muscles that flex the back (the abdominals) are normally about 80% as strong as the muscles that extend the back (the lower back muscles, that hold a surfer in the usual bent-up back prone paddling



Sample data from Cybex machine, in this case on amount of strength (torque) as the subject bends at the waist, forward (flexion) and backward (extension) at a calibrated resistance and speed (60 degrees per second)

position).

The measures of peak torque represent maximum muscular tension generated. It is measured at one point in the range of motion and these are also reported from tests at 2 different speeds (Table 1). On the average, abdominal strength measures were 88% normal and back strength averaged 85% normal. The lower peak torque values in back extensors compared to total work may suggest that surfers have greater muscle endurance than muscle strength. Excellent abdominal strength is demonstrated in this group by the scores of Torso Rotation. Surfers scored better than 100% on all measures of right and left rotation indicating terrific abdominal stabilizing muscles of the trunk: the internal obliques (the muscles that wrap around from the mid-back to the lower abdomen).

Overall, this preliminary data indicates that this group of surfers has both good abdominal and back strength capabilities. The group did demonstrate better abdominal strength than expected and certainly better than others have reported (3,4). Another surprising result is the close-to-perfect muscular balance of abdominal to back muscles of 0.83. It was

hypothesized that surfers would show a much lower ratio, due to low abdominal strength and/or high back scores; however, this wasn't the case. The flexibility measures were also somewhat surprising. Gilliam reported lower back flexibility in surfers and these preliminary results agree with his findings, except for hamstring flexibility, which was in the normal range. The discrepancy between Gilliam's measure and this data may be due to the type of test and measurement. A sit-and-reach test, a field test generally used to measure hamstring flexibility, also involves the lower back. This group of surfers, which also scored well on the sit and reach test in the YMCA test may have better range of motion due to involvement in yoga exercise.

The overall picture of this group of surfers is that they have good trunk strength and endurance characteristics in both the abdominals and the back, and acceptable flexibility except in the low back, where they do not show hyperextension as predicted. While this report cannot point to a cause of low back pain in surfers, it suggests that poor back flexibility and overuse, perhaps isometric back extension, may be involved. Certainly,

many more surfers need to be tested, those with and without low back pain.

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Kimberly Page-Bodkin, MS, Backs To Work, 2876 California Street, San Francisco, CA 94115 (415) 931-5111

*If you would like to participate in this study, or know some one who would, call Kim Bodkin at Backs To Work (415) 931-5111. Surfers with and without a history of back pain are needed.*

### Surf Injuries in Illawarra

(N.S.W. Australia)

By Mark Gillett, MB

Illawarra, Australia

(adapted from *Australian Surfing Life*, December 1987 issue)

I have just finished correlating the results of a surfboard injury survey conducted in the Illawarra region of NSW in the twelve months between July 1st, 1985 and June 30th, 1986.

The data was collected at the Casualty Departments of the Illawarra's public hospitals — Bulli, Wollongong, Port Kembla, Shellharbour and Kiama.

During the surveyed period, 200 surfboard related injuries were reported in an area with an estimated surfing population of over 10,000.

Not surprisingly, 99% of all injuries involved males; there being only two female surfers presenting during the survey.

Teenage surfers fared the worst in the injury stakes, with 140 (70%) of those treated being between the ages of 11 and 20 years. This fact may reflect several factors, amongst which are (1) the high number of surfers in this age group, (2) this group's relative inexperience and unbridled "go for it" attitude and (3) their surfing tends to be done during relatively crowded times e.g: weekends and at the more easily accessible, hence crowded breaks. The age at which you were most



likely to be injured was 15 years.

The preponderance of injuries due to riders' own boards underlies the need to maintain control over, and be aware of the position of one's board at all times. As far as parts of the board go, the fin was understandably the culprit most often, causing 49% of injuries with the nose of the board running second with 20%.

Lacerations (skin cuts) were the commonest injuries (87%) with the bulk of the remainder being soft-tissue injuries (bruising, swelling, strains and sprains).

Of the more serious injuries, 4 fractured bones were seen — forearm (radius/ulna), leg (femur), spine (crush fracture due to violent back arching), and ribs.

Additionally, two surfers suffered vascular (blood vessel) injuries and one sustained visceral (internal organ) damage.

One worrying trend was the high incidence of head and facial injuries (43% of total. This fact has been noted in most previous surfing injury surveys. The danger in this group is the risk of permanent eye injury and severe (possibly fatal) closed head injuries. Legs and feet were the next most likely area to be injured.

Summer and Autumn proved the dangerous times to surf — the six months from December to May producing 71.5% of the injuries. Again this most likely reflects firstly the higher numbers surfing in these periods (Summer = warm weather/water and Autumn = season of highest quality surf on the East Coast with still temperature water/weather). Possibly the frustration of surfing in relatively

crowded conditions is exacerbating this trend. Winter (June to August) were very quiet times for injuries making up 7.5% only of the total.

Our survey reinforced the idea suggested by previous studies that surfing is a relatively safe sport, especially when compared to body-contact sports such as football, hockey and the martial arts.

However, a significant number of injuries are occurring and although most are fairly trivial (medically speaking), enough serious injuries and worrisome patterns of injury do occur to make further research in this area worthwhile.

The worrisome trends are the high incidence of head injuries including those involving the face and its easily permanently damaged structures, such as eyes and teeth.

You don't have to surf for too long to realize that the most lethal object in the ocean is your own board and from our figures the sharp regions — fins, nose and often the tail also — are the areas of most concern.

The recent push recommending the general introduction of rounded or cushioned noses and the use of blunter tips and trailing edges for fins, would seem to be a well-based and logical move in surfboard design. This is made more desirable with both designers and advanced riders producing and using this type of equipment with no discernible loss in performance.

Several trends seemed to come through on specific interrogation of the injured people. Many blamed the pressures (imagined and real) of a large

crowd for mistakes and consequent injury. Multiple riders per wave (i.e., drop-ins) was a constantly cited cause of mistakes and accidents occurring.

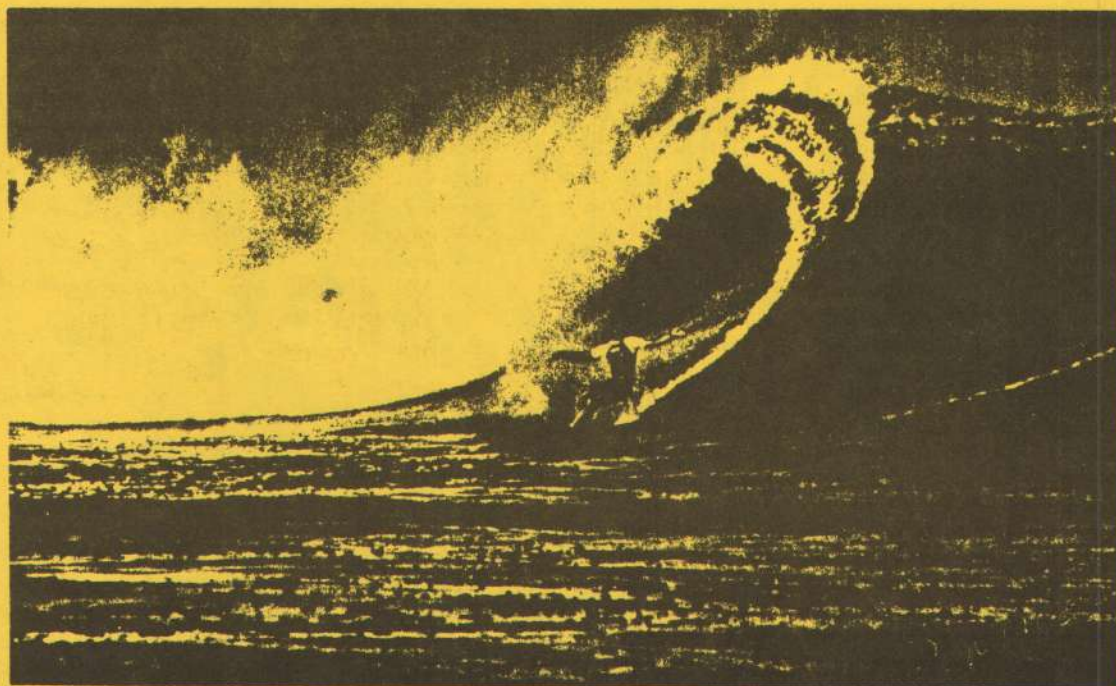
Recent legal cases in which people have successfully sued for damages following accidents caused by negligent drop-ins may hopefully ensure some rationalization of the increasing "kami-kaze" tactics of some riders.

From our results the most feasible and obvious ways of reducing your chance of injury are (1) improve your technical proficiency on your board, (2) surf at less crowded times (early and off-peak) and less crowded conditions, (3) control your board as best you can and stay aware of its position relative to yourself, (4) cover your eyes/face when (and if) you wipe out, (5) stay down until the leg rope slackens, (6) ride a well designed board with a rounded fins with blunted trailing edges, (7) don't drop-in and avoid those that do.

All this is not meant as a downer on surfing, but rather just a few tips to try and beat avoidable injuries. You can't carve when you are injured and confined to land.

You needn't even be in the water to be injured by a surfboard. Possibly the strangest injury we came across during the study was that of a fellow struck on the back of the head by his board after the wind blew it off the car roof-racks. He required twelve stitches — definitely unlucky.

We shall be continuing to study board injuries (in more depth) in the Illawarra area over the next few years and will keep you posted of the results.



Cloudbreaks -- MR, June 1987

Photo -- Sato

# 88- UPCOMING SMA CONFERENCES -89



SMA member Bill Hetck performing a radical cutback in Galapagos. (Photo: Mark Renneker)

Two upcoming SMA conferences — which means two surf trips — are described below. First, though, a “you guys really missed it” story deserves to be told, a parable of why you should sign up for one (or both) of the upcoming trips right now.

A plan for an SMA trip to the Galapagos for February 1988 was presented in the first SMA journal (Summer 1987), thanks to the organizational efforts of SMA member Greg Raymond. But not enough people sent in their deposits (i.e., only one person!) so we lost our group reservations (on a boat that would have housed us for the conference) and had to cancel the conference. It turned out, though, that two SMA members, Bill Heick and Nelson Swartly, forged ahead and arranged their own trip to the Galapagos, close to the same time period the SMA trip had been planned. About two weeks before it was time to leave, a spot became available on the four-man boat they had chartered and they invited me (MR) to fill

it. Having been infinitely disappointed in the SMA for having wimped out on a Galapagos trip, I said “shit yeah, count me in,” and resorted to some creative re-scheduling of my clinics.

Boy, was it worth it. What a phenomenal trip: two weeks aboard a four-man, 38-foot trimaran, exploring the Galapagos Islands and finding surf and adventure everywhere. A pristine ocean environment with Hawaii-like air and water temperatures, there were both north and south swells, and we scored waves at seven different spots (some had never been surfed before) on three different islands. There were no other surfers, just wave-riding sea-lions (one actually rode with Nelson on his board), marine iguanas, and about a zillion other incredible creatures — all completely unafraid of people. Probably because of the animals not fearing man, there is an immense sense of safety and calm in the Galapagos. I'd say it was one of the finest trips I've ever been on. You guys really missed it.

[Incidentally, the boat we were on, the *Windshadow*, is owned and operated by Ricardo Nunez, the only surfer-captain in the Galapagos who, by coincidence was one of the first surfers to write in to our *Dear Surf Docs* column (having had a spontaneous pneumothorax — a hole in his lung). Ricardo is interested in doing more charters for surfers, and would especially welcome SMA members (at reduced price, too). The rate is about \$250/day, including all meals and accommodations (you live on the boat), which divided among four people (ideal for two couples) works out to be a good deal. Write to Ricardo c/o *Windshadow Sailing Charters*, Puerto Ayora, Santa Cruz Island, Galapagos, Ecuador.]



# MAKING YOURSELF USEFUL IN THE 3RD WORLD

## Tavarua, Fiji, March 18 – April 1st

This two-week conference is an outgrowth of the Surfer's Medical Association's ongoing health-care relationship with the village of Nabila. It became clear to most of us attending the last Tavarua conference that, despite our collective years of specialty training, none of us had any real training in how to provide health care in a 3rd world setting. For example, some of what we were doing may well have been culturally inappropriate or just "band-aid" medicine — when what was really needed was education and working towards long-term solutions. So, how do you do that? Let's learn. Let's have a series of in-the-field training workshops run by an expert(s) in this field.

We will be inviting David Werner, author of "Where There is No Doctor," as our guest faculty member, or one of the other members of the Hesperian Foundation (a California-based organization devoted to training and educating village health care workers). Using their methods, any person — physician or non-physician — who is interested in helping out with the health problems in the 3rd world would immediately have a comfortable and useful way to begin. That's what the plan is for this year's Tavarua conference.

Tavarua is where we have held the past three SMA Annual Meetings, but this year that honor will go to the Western Australia SMA Conference, planned for July, 1989 (described on the next page).

But for those of us who are Fiji-philes and feel committed to continuing our work in Nabila (and who can't make it through the year without a good surf at Tavarua), this two-week chunk of March will be essential.

For those who haven't been to Tavarua before, it's located about an hour from Fiji's international airport in Nadi (which is about a six-hour plane ride from Honolulu). It lies about three miles from Nabila, just off the southwest corner of Viti Levu. Tavarua is only about 25 acres in size, and there are only 12 cabins (two-person). The entire island is reserved for the conference.

Each day there will be either an afternoon supervised field-trip in Tavarua's boats to Fijian villages on nearby islands, or a seminar on Tavarua. There will be lots of time for surfing, windsurfing, fishing, diving, and other luscious South Pacific activities.

This conference will be unique for two basic reasons: it will not be on surf medicine, and it is open to non-SMA members, i.e., non-surfers. It will be advertised to other professional groups, and half the conference slots will be reserved for them. The thinking is that many other people would welcome the opportunity to go to a tropical place (perhaps with their spouse and family) for a combined vacation and learning experience; that the idea of doing something useful for people in a 3rd world country has been in the backs of the

minds of many people, but that they've never figured out how to act on it. This is their chance. And it would be in a non-life threatening circumstance (i.e., Fiji doesn't have malaria or some of the other kill-you-dead types of diseases).

The SMA stands to gain a lot by helping facilitate this conference, of providing an "Introduction to 3rd World Health Care" to the general public. For what it's worth, we should move up a few rungs in the non-surfing world. And, at the level of complete selfishness, opening the conference to non-surfers will eliminate the occasional crowding problems that we've had in the surf.

The cost will be \$100/day for one-person, or \$150 for a couple, plus a \$250 conference fee. Airfare will be around \$800, or less, from California. Call or write the SMA for additional information, or if all of the above sounds good to you, reserve a spot now by sending a \$250 deposit (your conference fee). Travel bookings can be made once your conference fee is received, and should be made via Aquarius Tours, c/o Chris Burroughs (805) 683-6696.

All SMA members, especially those who have been to Tavarua before, should take stock of which of their non-surfing friends might be interested in going on this unusual trip. You know the ones, they saw your slides or heard about these SMA Fiji trips, and got that certain longing look in their eyes. This year invite them to come with you!





# THE FOURTH ANNUAL SMA INTERNATIONAL CONFERENCE

*Western Australia (The Bluff),  
June 24 - July 8, 1989*



Leave it to those scrappy SMA-Australian members to come up with an SMA-trip idea of such caliber as to lure the annual SMA meeting from Tavarua. Jim Bradley, SLSA/Surf-Survival/Radhat extraordinaire, has taken on the chief responsibility for coordinating this conference. The trip is being arranged through "West Coast Surfaris," who specialize in taking surfers to the wilderness areas of Northwestern Australia (i.e., the Bluff). If you've seen the book "Surfing Wild Australia" — that's the Bluff on the cover. (reproduced above) June/July is peak season for the Bluff. It's a truly world-class wave.

Not all of the details of the trip have been worked out, but the general plan is to meet on June 24th in Perth, Western Australia, which is about 24-hours flying time from the West Coast of the U.S. (\$1100 to \$1200, group-rate in U.S. dollars), and about four hours flying time from Eastern Australia, (about \$1000 in Australian dollars). Then pile into buses and head north to Carnarvon, where we'll be met by the West Coast Surfari's 4-wheel drives. It's two hours to the Bluff from

there. Alternatively, we could fly from Perth to Carnarvon, the only semblance of civilization near the Bluff, on Anset airlines (cost pending).

Upon arriving at the Bluff, West Coast Surfaris will set up a base camp: tents and cooking/eating/toilet/meeting facilities. There are a number of excellent breaks in the area, and the various vehicles can be used to explore and sample them all. There is also a plan to make health care visits to nearby aborigine settlements (Dr. Geoff will be invaluable in that, having spent a number of months working with the aborigines in the outback).

The focus of the conference has yet to be determined — that's up to the SMA Australia organizers. As always, the number one goal will be to get filthy good waves. A second goal will be to use the conference as a rallying call for Australian SMA members, to get them all in one place for discussions on health and surfing and the SMA. Out of it should come the long-awaited SMA Australia beachhead.

The cost of two weeks (all food and accommodation) will be about \$1100

Australian (about \$880 American), plus a conference fee of \$250 Australian (\$200 American). Enrollment is limited (probably) to 25 people. If you want to go, send the \$250 conference fee (in Australian dollars) payable to "The Surfer's Medical Association" to Jim Bradley (address below). The deadline is March 31, 1989, to be guaranteed a spot.

Those coming from the U.S. may want to make a month-long trip out of it, spending two weeks in Bali (only about \$250 more in airfare), New Zealand (probably won't cost any more), Fiji (on the way), Eastern Australia (stay with fellow SMA members!), Tasmania, or the coast south of Perth (Margaret River — awesome, consistent, huge surf).

For more information and to sign up ahead of the pack, write Jim Bradley, PO Box 131, Warilla, New South Wales, Australia, 2528. Or call Jim at (042) 377297 (h), (042) 561888 (w). American members can call Mark Renneker (415) 664-7027, who will be coordinating the American contingent. There will be some kind of special award for the SMA member who travels the greatest distance to attend this conference. See you down there, mate!

# TOM BLAKE : LEGENDARY WATERMAN

## Tom Blake Portfolio Offering --- Exclusive to SMA Members

By Gary Lynch

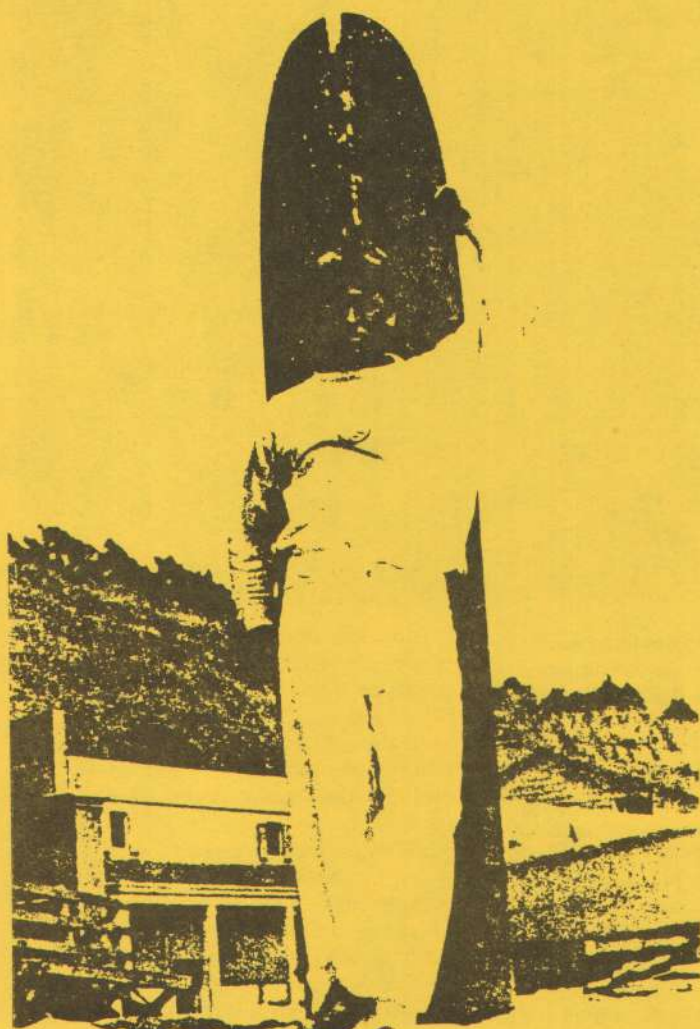
Rarely, by fortunate chance, a human is born that is destined to become a legend. This article is intended not only to enlighten you to one of those legends but to offer the SMA an item of historical interest.

Thomas Edward Blake was born in Milwaukee, Wisconsin, on March 8th,

1902. Eleven months later his mother died from tuberculosis, leaving her son to be raised by family members for the next 17 years.

In 1919, Tom Blake headed West facing many lonely, hungry years ahead, but not without rewards for his perseverance.

In the early 1920s, Tom became a vegetarian and helped pioneer that consciousness in the days when little knowledge of this way of life filtered down to the general public. He has stuck to a philosophy of exercise and strict dietary habits to this day. His understanding of life and exceptional physical



Tom Blake  
1924

Photograph of Tom Blake at Santa Monica Beach Club, located at entrance of the Santa Monica Canyon and the Pacific Ocean. Here he is shown standing with the first surfboard he ever rode, when he was employed as a lifeguard, 1924, age 22. This image is timeless and could have been taken at any time during the last six decades.



In 1932, Tom Blake conceived of and competed in the first Mainland To Catalina Paddleboard Race. This event was to prove the reliability and safety value of his hollow paddleboards. The race was 29 miles long and was won by Blake, with Pete Peterson placing second and Wallie Burton taking third. This photograph shows the three of them receiving their awards while at Catalina Island.

condition has become an inspiration to everyone who knows him.

Tom adapted to the way of life on the California beaches easily (see photo). He soon became a world class swimmer, racing against friends such as Duke Kahanamoko and Johnny Weismuller. His work as a lifeguard kept him close to the pool and ocean.

Winner of four gold medals for swimming and board paddling, Blake set the world records for the A.A.U. 10-mile open swim in Philadelphia on July 15th, 1922, the half-mile open paddleboard race and 100-yard paddling dash in Honolulu, Hawaii, January 1st, 1930.

Tom Blake was the first "Haole" to travel to Hawaii and beat the natives at their own game in swimming, paddling and surfing. Blake was surprised and dismayed to discover that these victories made him a version of the "UGLY AMERICAN" for beating the locals in front of their families and friends. This sentiment still exists today and at that time caused Tom to cease competing in water-related events.

In 1926, Tom Blake invented the first hollow surfboard, weighing 60-75 pounds less than the old Hawaiian style surfboards. These boards were then refined and the design adapted to the paddleboard as well. Eventually these boards were manufactured by three different builders, adopted by the Pacific Coast Lifesaving Corps and used by the Red Cross National Aquatic Schools for instruction, thus providing lifeguards nationwide with a piece of valuable equipment which soon became a standard for public and private beaches. To this day, the rescue paddleboard can be seen on all

beaches where lifeguards are employed. Thousands of lives have been saved using Blake's invention.

In 1928, Blake won the first Pacific Coast Surfing Championships at Corona Del Mar, California, using his hollow surfboard.

Tom Blake was the first surfer to ride the waves at Malibu Point, California. In 1932, he started the Mainland to Catalina Paddleboard Race and won first place that year (see photo). That same year he invented the sailboard. In 1935, Blake placed the first fin on a surfboard and also wrote his first book, *Hawaiian Surfboard*. Soon after, he wrote *Royal Hawaiians* and again in 1959 authored *Hawaiian Surfriders*. His most recent book appeared in 1969 and was titled *Voice of the Atom*.

From 1924 to 1955, Blake traveled to Hawaii every season to enjoy the warm weather and good surfing conditions.

Tom Blake worked as a stunt double in dozens of movies with such actors as Clark Gable.

Tom Blake is a complex, intensely creative, yet simple-living man. He is considered to be one of the most important watermen of this century and has earned the title of "LIVING LEGEND."

\*\*\*\*\*

As authorized biographer of Tom Blake, I have been given to use for research Tom Blake's personal photograph albums, original negatives and manuscripts. I also have been given permission by Tom Blake to release a small selection of interesting historical photographs of Tom with surf

and paddleboards, for the purpose of raising money to continue my project.

I am exclusively offering to the SMA twenty sets of six individual historical photographs. The images will be approximately 8" x 10" and dry mounted on 11" x 14" 4-ply museum board. All photographs will be numbered and limited to twenty sets.

These photographs will be from unretouched negatives and prints and printed on double weight matte finish paper. They will have much the same appearance of the originals. An explanation of each image and a short biography of Tom Blake will be included with each portfolio. They would be handsome to display at home or work, and would be a way of letting the people around you share in the roots of your passion — surfing.

The price for each portfolio will be \$250. The entire Tom Blake Collection, including the negatives from which these portfolios were made, will be donated to the Bishop Museum of Hawaii. Therefore, the portfolio you own would no doubt increase in value in the years to come.

Consider giving a surfer you know — or yourself — a terrific Christmas gift!

For further details and information please contact me:

Gary Lynch, (Barefoot Doctor SMA member)  
2643 Rio Vista Ln.  
Rio Dell, California  
95562  
(707) 764 - 3894

*[Just by word-of-mouth, five sets are already sold to SMA members. Better hurry. MR]*

**ATTENTION ALL SHOULDER  
HOPPERS AND UNRENEWED  
MEMBERS:**

**PAY YOUR DUES!**

# MEMBERS IN THE NEWS

## GOT SURFER'S EAR?.. THEN HEAD FOR COVER

In his role as an elder statesman of the surfing world, Jim Bradley has had a bee in his bonnet for the past five years, namely on the issue of head protection.

And so, the Oak Flats maths master and surfing innovator designed a helmet to help prevent head injuries in the surf.

Both Carroll and Page have done something positive in this area by taking Bradley's helmets to Hawaii this week where they will take on waves up to 20 to 30ft high.

The fact that surfers of the stature of Carroll and Page see fit to try a form of head protection should be enough to stop the knockers who deride anything new.

Look at football, cricket and cycling for instance. Those sports all have protective equipment for the head.

Research has found that head injuries make up about 40 per cent of the total of surfing injuries.

"Nearly half of all injuries requiring medical attention are related to the head, and head injuries are potentially the most dangerous," Bradley said.

Bradley's concern is that any surfing innovation is usually met with sarcastic derision. He cites initial reaction to wetsuits, legropes and boots.



● Surfing champion Tom Carroll wearing a Jim Bradley designed helmet.



● JIM BRADLEY

should have the choice made available to them of using such equipment.

"That choice practically does not exist at present because no suitable mass production models are available as yet.

"Hopefully some smart entrepreneurial company or person will give us that choice in the near future."

For further information, write to Jim Bradley at PO Box 131, Warilla 2528.

That's what Tommy Carroll and Robbie Page did. And they're only among the best in the business!

while surfing or swimming. "Former world champion Shaun Tomson has had his aural orifices drilled out four times as a result of the condition."

Bradley said a properly designed helmet can help prevent this condition as well.

"I am not for one moment suggesting that surfers should or must have helmets forced upon them," Bradley said.

"I am strongly advocating, however, that surfers

A major but rarely publicly recognised surfing medical condition is that called surfers' ear, whereby the orifice of the ear closes due to a bony growth, caused by continual exposure to cold wind or water.

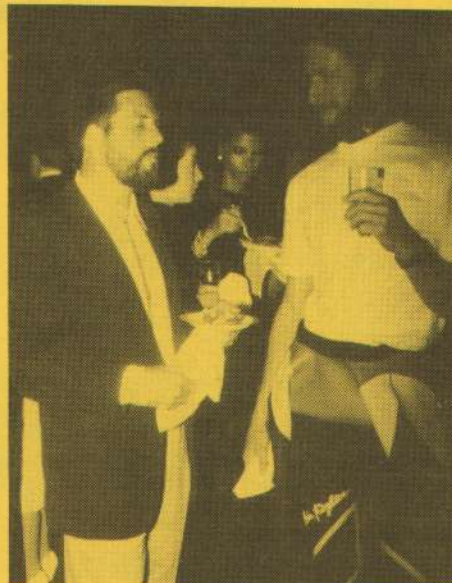
In its initial stages, ear-

aches occur and if not brought into remission, deafness can result.

As Bradley explains: "There is a cure — doctors can get an up market Black and Decker and drill your head out for you. Trouble is the condition recurs if you don't keep your head warm

### HIGH SOCIETY Sooy Bash

We all know what society-types doctors are. Well, this column is to confirm that fact. For example, Life-Member Dan Sooy, an ENT surgeon at the University of California, San Francisco, recently celebrated his tenth wedding anniversary to Laura by holding a fancy, catered event and sending out elaborate invitations to the various university mucky-mucks, and a few of his surfing buddies — but the invitation specifically requested men to wear black suits. This presented something of a problem to Mark Renneker, owing to the fact that he doesn't have — and hopes never to have — a suit, but a solution was found. He went in his wet suit (see picture, standing with fellow SMA member Mike Rowbotham, a UCSF neurologist).



### Views On Dental Health

JOHN A. DUBIEL, D.D.S.  
North Shore Dentistry

#### Periodontal Disease - Early Diagnosis

You have just completed your regular dental check-up. You breathe a deep sigh of relief. "No cavities, but your gums are in poor shape." You are mistakenly relieved. The sad fact is that more teeth are lost because of periodontal disease (gum disease) than from any other factor, including cavities.

Fortunately, it can be treated successfully if it is diagnosed early. Unfortunately, you have no way of knowing of its onset other than by dental examination because there is normally no pain or other symptoms in its early stages.

Once this silent disorder advances, though, the gums and even the jawbone may become inflamed and even-

tually break down. But this extreme can be avoided if the dentist regularly examines your mouth both visually and with x-rays. He can determine whether there have been any changes in the mouth tissues or the bone around your teeth. He will also look for early tooth decay, impaction, tumors in the jaw area and abscesses in tooth roots. To insure healthy gums and teeth, you must combine regular dental examinations with effective brushing and flossing.

Prepared as a public service to promote better dental health. From the office of: John A. Dubiel, D.D.S., 59-712 Kam. Hwy. (next to Foodland), phone: 638-7883.

Hey you SMA members, every one of you could do like John Dubiel, the surfing dentist on the North Shore, and contribute a monthly community education column to your local newspaper. [From the North Shore News, July 13, 1988]



# SURFING HELMETS--RADHATS™



As worn in Hawaii's Pipe Masters Xmas 1987.

## WHY WOULD YOU WANT ONE?:

1. Head protection- head cuts & concussion comprise 40% of all surfing injuries;
2. Sun protection- lips, nose, top of ears, skull;
3. Ear protection- HAD ANY EAR PAIN LATELY ?
4. SURF MORE RADICALLY!- RADHATS™ are surfing's safety belts- GO FOR IT!



## IF YOU WANT ONE:

\*\* \$45 inc p&p send to po 131 Warilla, <sup>N.S.W. AUSTRALIA</sup> 2528-  
cheques payable to "RADHATS"™

- A. If you only want details for a "do-it-yourself", simply
- B. send a self addressed stamped envelope to the same address.

TC- 2 times World Champ  
- 3 times coming up!

## WHY DO I SELL RADHATS™ JUST ABOVE COST?:

As the founder of School Surfing Association, the Surf Survival Certificate Co-ordinator for the SLSAA and a member of the Surfers Medical Association, I have had a long term interest in helping to improve surfers' safety.

I offer RADHATS™ as a service to the surfing community until some company starts making a suitable one ( likely ) or I get tired of cutting, drilling, sewing, tightening bolts and glueing rubber ( very likely ).

## COULD YOU MAKE ONE YOURSELF?:

Of course.



## FOR \$40?:

Most probably not.

## DO RADHATS WORK IN BIG WAVES?:

Just ask some of the pros who wore them in Hawaii-Tom Carroll, Robbie Page, Margaret Thatcher and others.

\*\* The price of \$45 (incl p&p) as at 1.1.88 and could change without notice due to material cost fluctuations.

## WIRED FOR SOUND:

*but NOT TO U.S. - send more dough (+\$15).*

Because earphones can be kept snugly in place by RADHATS™, listening to Billy Joel or Midnight Oil, while surfing, is now a reality. It truly is a blowout. Contact me at the same address if you want to enter this extra dimension in surfing.

MY THANKS TO SURF SHOPS DISPLAYING THIS POSTER -



JIM BRADLEY 042 377297 h



In the  
University of California, San Francisco  
Alumni News magazine  
Summer 1988

## Mark Lee Renneker M'79

In his first week of medical school at UCSF (back in 1975—the year of the “Great New Zealand Swell”), Mark Renneker looked out the window of the gross anatomy lab on the 13th floor of Medical Sciences and spied some decent waves at Ocean Beach. Faster than you can say “alibi,” he was out the door and down at the beach, making his way out to where one other surfer was taking advantage of the midday waves.

Being new in town, and eager to meet some fellow surfing enthusiasts, he paddled over and introduced himself: “Hi, I’m Mark Renneker, first-year medical student at UCSF.”

The other surfer held out his hand and replied: “Dan Sooy, third-year medical. Nice to meet you.”

Thirteen years later, Renneker is an assistant clinical professor here at UCSF, a staff physician at the South of Market Health Center, and a cancer prevention and education specialist at Merritt Hospital in Oakland.

*But he’s still nuts about surfing.*

In fact, in many ways surfing rules his life. He lives on Great Highway, along the ocean, and says the surfing right outside his front door is “as good as it gets in California.” He has his work week organized into three days—Monday through Wednesday—leaving him Thursday through Sunday to surf. He owns 20 surfboards, wears his hair tied back in a pony tail, and, whereas other physicians consult appointment books to check their availability, Renneker checks his tide book—just to make sure he doesn’t schedule anything when the surf’s up. (It’s a practice that dates back to his early days at UCSF, when his rule of thumb was: “Never make an appointment with a professor on an outgoing tide.”)

The son of a psychiatrist, this southern California native says his early inclination was not toward practicing medicine. “I was interested in health promotion, and in getting the best education I could.” Studying medicine ultimately appeared to be the logical ticket. And “Doc Hazard,” as he’s known on the beach, is no slouch as a physician.

After his internship and residency in family medicine, he was board certified as a family practice physician in 1984, and now exercises his specialty on a daily basis (Monday through Wednesday, anyway), working with underprivileged inner-city families at the South of Market clinic. He also does one overnight stint a week



at Laguna Honda Hospital, a shift he calls “the ultimate surfer’s job—work at night, surf all day.”

But Renneker is recognized, at least in formal medical circles, more for his work in cancer research and education.

Dating back to his undergraduate days, Renneker says he saw lots of room for improvement in basic cancer education. During his first year of medical school, when he helped set up and became director of the American Cancer Society’s “Biology of Cancer Project”—a statewide series of university courses on cancer that is still going strong—Renneker started a ball rolling that he’s never stopped.

At UCSF, he set up “Introduction to Cancer Medicine,” a popular student-directed elective course. He coauthored *Understanding Cancer*, a

best-selling university text that keeps appearing in subsequent editions. And year after year, he receives commendations from the American Cancer Society for his continuing work in cancer education and research.

Mind you, the work gets sandwiched between waves. In the summer, when the surf dies in San Francisco, he moves out of his house and heads for Big Sur in his van, which, loaded with research materials for his cancer education programs, becomes his home and office, parked along Highway 1.

You may be wondering if this whole lifestyle isn’t just slightly schizophrenic, if there isn’t some better meeting point between Renneker’s passion and his profession.

You’ll be pleased to learn that Renneker has been working on this very issue.

In September 1986, he organized a "medical conference on surfing" on Tavarua Island in Fiji, one of the world's premier surf spots. The conference was attended by 20 surfer-health professionals, who spent all day in the waves and all evening in discussion. Before they left for home, the Surfers' Medical Association (SMA) was born.

The surfer population has a unique set of health problems, says Renneker, including lacerations, injuries, infections, dental emergencies, and drugs, to name a few. But surfers aren't very well educated in how to prevent or treat these problems. Nor has there been a particular position of medical advocacy for this population, beyond a nearly nonexistent niche in the sports medicine arena. Thus, the SMA has taken on the task of helping surfers be healthier.

Since that first meeting (a second annual meeting took place last year, and a third this May), the SMA has grown to include about 150 active members from all over the U.S. and beyond. Many of them are doctors, dentists, chiropractors, pharmacists, podiatrists, physical therapists, as well as other health and non-health professionals, students, and a good number of professional surfers.

Another of the organization's founding mem-

The organization sponsors its own surf medicine fellow, who also happens to be from UCSF—fourth-year medical student Kevin Starr. Starr created most of his own funding for the unofficial fellowship, partly in the form of a grant from a San Jose concern called Lung-Check, for what Renneker terms an underground study—a sputum cytology (lung cells in spit) study of non-tobacco-smoking, clean-air-breathing, heavy-marijuana-smoking surfers of the California north coast.

Currently, the SMA has several projects going. Foremost is *The Handbook of Surf Medicine*, a self-care manual for surfers, compiled from the combined expertise of the membership. They also have started a "Dear Surf Doc" question-answer column in *Surfer Magazine*, a piece that has contributed to the widespread attention suddenly being showered on this grass roots organization. They're producing a video on surfers' health, and sponsoring survival and rescue training courses. They even have their own journal, *Surfing Medicine*.

This may be the only medical journal in publication that can make you laugh—it leans toward the lighthearted and irreverent—but it serves its various purposes as well. The current issue is full of news about the upcoming confer-

professionals from around the world. Their common bonds fortify the concept of surf medicine. It's a concept that hasn't received much acknowledgment from traditional medical circles—but to that, Renneker just shrugs. "I think we have enough support from within to accomplish our goals. Besides, if the whole thing gets too bureaucratic, it will scare all the surfers away."

Dawn Finch

Reprinted from UCSF Newsbreak, May 17-20, 1988, with permission.



bers is Dan Sooy—remember the third-year medical student playing hooky out in the waves? He still surfs, just as he has for the past 26 years; but he's now an otolaryngologist at SFGH. His particular interest is surfer's ear—a problem of bony growths in the external ear canal—and he serves as the SMA's consultant on the subject.

ence in Fiji, including a call for members to help the Fijian village of Nabila, where the surfer docs have become a sort of visiting medical corps for the natives.

As he sees it, says Renneker, one of the greatest things that's come out of the SMA is this burgeoning network of surfers and surfer/health



# The 'go to whoa' of competitive surfing

**F**EW books receive international acclaim on the day they are launched, but such was the case with the new publication, *Competitive Surfing - A Dedicated Approach*.

The book was hailed as the first surfing 'Bible' by the elite of the surfing world gathered at its launch during the Australian Surfers Hall of Fame awards at Torquay on Wednesday evening.

Launching the book, Geoff Booth, known to thousands of surfers as 'Dr. Geoff', from his column in *Tracks* magazine, said that it was a landmark in the development of surfing in the world.

The book brings together some of the world's top surfers and surf scientists. It is the brainchild of Deakin University academics, Brian and Maggie Lowdon.

But the book is far from an academic text, and instead reflects a genuine love of surfing in a format which is readable and informative.

The launch of the book on the eve of the annual Bells Beach tournament marked the final chapter in a chain of events which can be traced back 30 years.

In the early sixties, when the first Bells tournament was held, Brian, who was then a physical education teacher in Melbourne and the inaugural president of the Surfers Association in Victoria, directed the events.

In 1973, when he began lecturing at Geelong Teachers College, one of his students conducted a study of the Victorian State team's fitness.

That study was, remarkably, the first attempt to research and document information about surfing in Australia.

Although the study went no further, Brian began to develop an interest in researching the sport.

As interest grew in surfing worldwide, and as competition became among top performers, became stronger, Brian felt an in-depth study of world class surfers was long overdue.

By this time, he had joined the staff at Deakin University as a

Journalist, KATH WALSH, looks at a competitive surfing book released this week by Deakin University surf aficionados, BRIAN and MAGGIE LOWDON.

senior lecturer in human movement studies, and moved with his family to Jan Juc, close to one of the world's finest surfing beaches.

"I was incredibly well placed to start this study, Bells Beach is on my doorstep, and so every year the world's top professionals gathered in my own back yard," he said.

Brian realised he had little hope of tempting the surfers away from the beaches, so he set up a makeshift laboratory in a caravan on the sunsurfaced car park above Bells Beach.

He converted the caravan himself, filling it with heart-rate and respiration monitors, a cycling ergometer, a generator — all the paraphernalia necessary to collect the information he wanted to 'profile the elite surfer'.

"I wanted to find out exactly what makes a top level surfer tick. I wanted to know how they felt and thought, what they ate, how they trained — anything and everything that would give me a clear picture of the surfing champion," he explained.

Once Brian had his lab on site, he simply strolled on to the beach and, in-between events, asked professional surfers to take part in his 'experiments'.

With few exceptions, the champions agreed to participate in the project, and readily took part in the fitness tests.

They entered into the spirit of the study to such an extent that alongside the surfing heats another contest developed — to find the fittest surfer at Bells.

Each day, Brian posted a table to show who was tops in the fitness stakes. Every day, more surfers came forward to be tested. By the end of that year's contest, 85 per cent of the male surfers and 100 per cent of the women had taken the fitness test.

Later, these results, gathered in the excitement and camaraderie of

the tournament, were taken back to the labs at Deakin and analysed. What emerged was the picture of the true champion for which Brian had been looking.

Professional surfers needed to have the fitness of an Olympic middle distance runner and the lean, muscular body type of a world-class freestyle swimmer. They also needed lightning movements; the speed with which a reaction was put into action often proved to be the mark of a champion.

From his findings, Brian wrote six papers on the new science of surfology. A further study followed on surfing injuries, which has been a major contribution to a U.S. publication on surf medicine.

□□□□□

**S**URFING has grown to be a major sport with five million competitors world-wide and 26 nations represented at the world championship, there has remained surprisingly little information readily available about the addictive sport.

When the first international conference on the sport of surfing was held at Fiji in 1986, organisers could find only 35 authoritative papers on surfing — 15 of them had been written by Brian.

Times are changing and although Brian remains the world's leading surfing researcher, studies on aspects of surfing now take place at universities in both Queensland and New South Wales. But for Brian, the research alone was not enough.

"Once I had done the studies and written the papers, I felt there was something more, something fundamental we had to do," he said.

"Information about surfing is only useful if it can help surfers to be better at what they do. I wanted to put together a book which would help surfers who have passed the beginner's stage to be more successful.

**TO ORDER:**

Send \$29.90 (Australian dollars), plus \$15 airmail or \$5.50 surface mail for packaging and postage to:

Mouvement Publications  
Strathmore Drive  
Torquay, Victoria 3228  
Australia

"All surfers are competitive by nature — they have to be. Every time they go out on a board, they are competing against the ocean.

"If they start taking part in tournaments, they have to compete against other surfers for the best position, the best wave. But most importantly, they are always competing against themselves, striving to improve.

"I wanted surfers to catch more waves and ride them better. The aim of the book is really as simple as that."

However fundamental the intent of the book was, the task of putting it together was by no means simple.

Brian said: "The more I found out about surfing, the more I realised that I just didn't have all the knowledge. I decided to go to the world's best, I approached the top surfers, and 'surf scientists' and asked for their help."

The friendships Brian had made at his beachside laboratory paid off and the top professional surfers threw themselves behind the project.

With few exceptions, they agreed to write chapters on their areas of expertise. Only Tom Carroll knocked back the idea — he had too many 'surf secrets' he didn't want to share.

With the experts willing to write their pieces, Brian and his wife, Maggie, worked out chapter headings.

It was important to cover all aspects of the sport, from fitness to style, training techniques and nutrition, even wave dynamics and judging tips had to be included — all illustrated with action shots and diagrams to make the final book 'user friendly' to the young surfer.

Brian jokes that he had to use varying degrees of 'persuasion' to make sure the authors met their

□ Brian and Maggie Lowdon. Picture: Steve Triance.

deadlines. But in the end, they all came through, and the task of editing began.

A big decision came when the Lowdons decided to publish the book themselves, rather than lose control to a publishing house. They had clear ideas of how the book had to be written and presented in order to appeal to its target audience.

With a list of contributors which reads like the *Who's Who* of surfing, the book is already making its mark on the surfing community.

Professionals like four-times world champion, Mark Richards, and surfing hero, Wayne 'Rabbit' Bartholomew, share the secrets of their success. The sport's most famous goofy footer, Barton Lynch, 'dipped by many' to be this year's world champion — tells how to win at backhand surfing.

Other chapters, including one by Brian on fitness and another by Maggie on nutrition, complete the book. The book is guaranteed to help surfers sharpen their competitive edge and obtain more enjoyment from the sport they love.

The final word on the book must be left to 'Rabbit' Bartholomew in his chapter, on the genesis of a competitive surfer, he says:

"No one becomes a champion by accident. Every world champion has been a calculated competitor rather than a 'go-for-broke' surfer.

"The mantle of the world champion is a major responsibility. Pro surfing has prospered through the collective leadership of world champions, and the sport requires a massive input from its future champions if it is to realise the potential we have worked so hard to establish."

On the front page of the Florida Today newspaper, May 5, 1988.

## Shark attacks Palm Bay surfer in waves off Melbourne Beach

By Joyce Harris  
FLORIDA TODAY

A few hours after a shark attacked Lee Rhoades in Melbourne Beach on Wednesday morning, he asked a friend if the waves were still good for surfing.

He was ready to get back to his favorite sport.

But a 2-inch gash on his left calf and another on his right foot left him stretched out on a bed in the emergency room at Holmes Regional Medical Center in Melbourne, dreaming about the surf.

"It's just a freak thing," the Palm Bay resident said. "No way I can give it up. Only if I had lost a leg would I give it up."

Rhoades, 29, had taken the day off from his drywall finishing job to repair his boat and go surfing.

At 11:45 a.m., just 150 feet off shore at the end of Ocean Avenue, a huge wave hit him, knocking him off the surfboard. He said he thought the wave was dragging him over rocks.

"I felt some jagged edges. I could feel the teeth go down in my foot. I knew it was a shark. He hit me on the left leg and then the right foot.

"I didn't see him. It was in murky water. I jumped on my board and caught the next wave in."

Rhoades received 22 stitches

on his left calf and 15 on his right foot. Dr. Don Wagner said the bites and puncture wounds did not damage ligaments or muscle tissue.

He said Rhoades probably would be off crutches and back on the surf within a week.

Wagner, the East Coast representative for Surfers Medical Association, said most attacks happen in murky waters during spring and fall seasons. When sharks attack humans they are looking for fish, he said.

"If you see the fish running and jumping up, that's a good time to leave the water," Wagner said.



Craig Bailey, FLORIDA TODAY.

**BITE VICTIM:** Dr. Don Wagner measures a shark bite wound on Lee Rhoades' leg Wednesday at Holmes Regional Medical Center in Melbourne.



# SMA UPDATES

## ANNOUNCING ULA

A letter we received will tell the whole story: (from Don McClelland, UC San Francisco Publications Office) "I saw the surf medicine article through production, and showed it to my daughter, Ula. She is fifteen, an excellent student, captain of the swim team, types 75 wpm, knows IBM and Macintosh desktop publishing, and would like to surf in the worst way. If you can think of anyway she can help with the SMA's work, please call..."

Needless to say, we called, set up a time to meet with Ula and her father, told her we'd like to hire her to do the SMA communications work (typing, correspondence, memberships, desk-top layouts for the journal, etc.), gave her some trial work, told her to mail it back when she was through — and the next morning received it back in the mail.

So, the SMA has its first employee...and surf student. When she started back to school, her availability for SMA work became limited — plus, she plays lead guitar in the punk band "Enema Riot." If we ever have an SMA bash here in San Francisco, they're hired.

## SMA-AARON CHANG SURFING MAGAZINE PHOTO SHOOT

Surfing Magazine picked the SMA as one of the leaders in the sport of surfing, to be featured in their November issue, and sent Aaron Chang to San Francisco to do a photo shoot. On short notice, we got together all the Northern California kahunas, created a Fellinioid setting for a group picture at the hospital, and let Aaron do his magic. The results were outrageous. You'll see the pic in Surfing, and in the next issue of this journal. The editor at Surfing was impressed by the photo, but had one overriding question that he said all the guys in the office were also asking: "who's the girl in black?" Answer, Ula.

## NEW BROCHURE

Scott Thayer has taken on the job of honchoing a new brochure for the SMA. It should be done soon. Scott offered to pay for it himself, if the SMA couldn't afford it (and he's already a Life-Member). What a guy! Take a hint everyone else. "Ask not what the SMA can do for you, but what you can do for the SMA." — JFK, (J.F. Kahuna).

## SMA ISLAND

Research is underway for what may be the best move ever by the SMA: to get our own island. Envision having a place like Tavarua where we could surf perfect waves, have our meetings, set up an ideal clinic-training center, and provide health services to an underserved region. A pipedream? Maybe, but if you consider how much money we drop on Tavarua each year (about \$30,000) and the need for more health professionals in remote places like Fiji, it would seem possible that — if a suitable place were found — a deal could be made with a government to practically give us an island. Think about it. We're a hot commodity. Besides being a powerful economic association, the SMA has more medical and scientific firepower than most medical schools. We could provide a real service, both in patient care and education, no matter where we went in the world.

Craig Wilson and Mark Renneker are now in search of such an island. After the last Tavarua conference, they flew off to two other Fijian islands (in Northern Fiji) to check them out as possible sites for the SMA. Both were wonderful places, but didn't quite fit the bill. They surfed each place, one was just too heavy a wave to have as a home base spot (we'd lose half our members to the reef!). The other was reached only after sixty miles of 4-wheel-drive trail driving (note, not "off-road" — we're talking trail). The next SMA island hunting expedition is scheduled for early April, and all information gathered so far on the next place to check out makes it sound like a real candidate. Stay posted. (And this is the time to come forward with any secret information you have on other surf-filled places in the world).

## SMA WORK CORPS

Last issue had a plea in it for people to volunteer to do various SMA chores, and a goodly number of members generously responded — and most have been given some job or another. For those who offered to handle the T-shirts, thanks — and when we get another batch made up, we'll get back to you.

## WORLD CORPORATE GAMES

The SMA has been invited to provide the medical backup for the surfing events of the World Corporate Games, to be held in San Francisco, October 22 - November 5, 1988. The World Corporate

Games is a new concept in which the major corporations around the world will be sending teams of athletic employees to compete in a series of events, surfing among them. Doc Scott is the medical director for the surfing events.

## SMA RETIREMENT PLAN

The Surfer's Medical Association now has a formal retirement plan for Surf Docs. Trust Consultants, a pension retirement planning firm that currently offers services to the California Medical Association, has agreed to offer a similar program to Surf Docs! If you have questions about your medical practice retirement plan or are interested in starting one: contact Scott Thayer — SMA Financial Kahuna at (707) 578-7100. Scott may help you stay in the barrel to retirement.



## CORDILLERA PROJECT

SMA Fellow Kevin Starr, a fourth year UCSF medical student, has just returned from a second successful summer of leading teams of medical students and physicians into the Peruvian Andes to train village health workers in remote mountain villages. Kevin single-handedly initiated this project, and it has succeeded beyond his dreams — with more medical students and docs already gearing up to go next year. What's interesting is the overlap between the Cordillera Project and the SMA's Nabila Project, underscoring the validity of this kind of work, whether at sea-level or at 20,000 feet.



*Return address on letter Kevin sent to the SMA*

## DEAR SURF DOCS COLUMN

This joint project with Surfer Magazine continues to thrive, with any number of interesting letters being sent to us from surfers around the world. Answering them, especially if they need buffing up for running in the magazine, is incredibly time consuming — and to all of you who have helped share the load as consultants, we thank you. The "boiler-plate" at the end of each column, listing SMA consultants, will be revised soon to recognize new SMA contributors. If your name gets dropped, it isn't because we don't value your willingness, it's that not many letters in your specialty came in. Also, we're looking at the possibility of corporate sponsorship for the column, so that we can open the service up to more surfers.



THE SURF MEDICINE SHOW

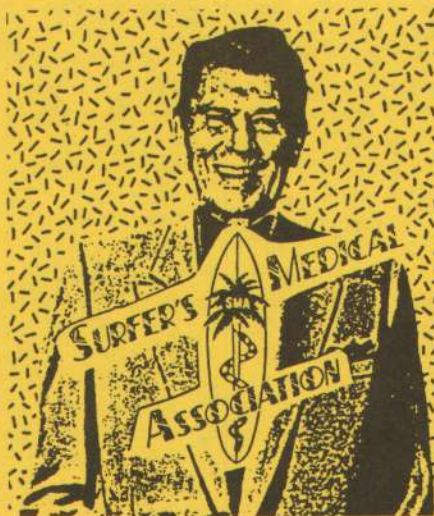
Mark Renneker was recently invited to give two talks on surf medicine, one at the Tarzana Regional Medical Center in June, the other at the UC San Diego, Mark Bracker-organized "Sports Medicine '88" national conference in July. Besides facing the horror of having to go to the Valley (Tarzana), the talks represented something of a new direction for us — that of educating non-surfing health professionals. Both talks were received quite enthusiastically, the audience appreciating (and perhaps vicariously living through) the sheer fun we were obviously having while also doing serious work.

The talk followed a set of slides developed just for the purpose of giving such a presentation: the history of surfing (Hawaii, Gidget-period, modern period), types of surfing (including boogies, wave-skis, windsurfing, wave-pools), demographics and epidemiology of surfing (number of surfers around the world, male/female percentages), surf physiology (Lowdon's data slides, to satisfy the scientist types), common surfing medical problems (ears, eyes, skin), less common problems (surfer's knobbies and shark attacks, elucidating but dispelling the

stereotypical dangers), and then the SMA (including pictures of us surfing in Fiji and our work in Nabila).

A little bit of showmanship went a long way towards bringing the reality of surfing (and surfers) to the San Diego audience: Mark Bracker's eleven-year-old son, Ryan, got dressed up in the total safe surfer's garb (visor, sunglasses, ear-plugs, colored zinc oxide, wet suit, leg-leash, nose-guard) and had his board with him. On cue during the talk, a spotlight zeroed in on him as he stood in bad-boy surfer style, brandished his surfboard over his head, and he held that pose while the slide pointer zig-zagged over him indicating the key points of the anatomy of a surfboard, and then the essentials of what to prescribe for surfing safely. It was a hit — he got spontaneous applause when the interlude was over.

Besides the free travel and generous honoraria, the real reward for going to give such talks came when a surfer-doctor member of the San Diego audience came forward at the end of the talk to join the SMA, as a \$250 Life Member.



SMA SLIDE SHOW

Everyone attending the last Tavarua conference was supposed to bring slides to contribute to the SMA so that a surf medicine/SMA slide show could be composed for all members to use. Combined with a generous lifting of various images from surfing magazines and books over the years. We now have what is probably the only complete visual coverage of surf medicine — from pictures of surfer's knee knobbies to surfer's ear. This is a set of slides that no one of us could hope to develop alone.

The complete set is about 80 slides. It has been field-tested by Mark Renneker in the two talks described above. Every SMA member is invited to borrow the set to give a talk. For instance, think about giving grand rounds or a noon

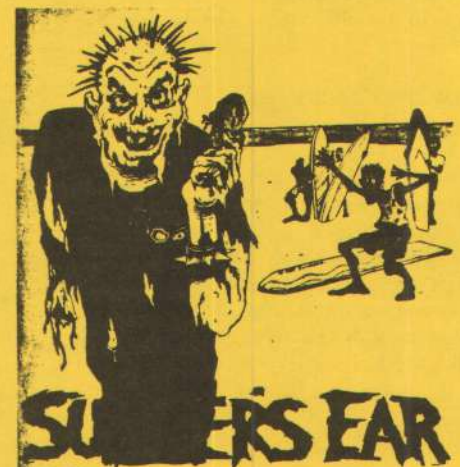
conference at your hospital, or to your surf or sports organization. And you don't have to know everything there is to know about surf medicine to give one of these talks. The slide set comes with a key and two articles which will tell you what you need to know to do a credible job.

The set is on loan for a maximum of one-month periods (giving you time to have a copy made if you want). Send \$25 to cover the expense of insured, special delivery, and to offset the expense of the development and maintenance of the slide show. Two copies are being made, one to be housed at SMA central, the other for Australia, c/o Geoff Booth, PO Box 1070, Newcastle, New South Wales, Australia, 2300, phone #26-4216).



SURFER'S EAR T-SHIRTS (SEE PIC)

If you want a truly radical T-shirt with a zombie surfer's ear graphic on it, Mark Salach, a physical therapist and T-shirt designer, would be happy to send you one, cheap. The actual shirt is in appalling day-glo colors. It turns out that an article about the SMA that mentioned surfer's ear is what inspired the design. Contact him at 14960 Dickens St. #303, Sherman Oaks, Ca. 91403. (818) 905-9550. No surf doc should be without one.



## NEXT ISSUE

Towards the beginning of 1989, look for Issue #4 of this journal, the SMA 1989 Directory issue. Any corrections or additions that are needed from the 1988 Directory should be mailed in before the end of this year.

**Also, slimeballs who are still shoulder-hoppers or hopelessly late in paying their dues will be dropped from the mailing list and directory. That's fair warning.**

IN THE NEXT ISSUE, FEAST ON:

- the "lost" Bracker case on cerebral malaria in Mainland Mexico, and recommendations for malaria prophylaxis for traveling surfers.
- another Carver classic, this one on incapacitating trigeminal neuralgia in a surfer.
- the Aaron Chang kahuna/scar boy photos
- Craig Wilson's heavy data on the North Shore Clinics
- Brazilian-now-in-China Joel Steinman's survey on Gradjagan surf injuries (original research)
- George Orbelian on designing surfboards for safety
- Geoff Booth's landmark study of disabled surfers (original research)
- Dan Sooy's surf medicine tips
- surf contest medicine, a report by Alex Kaliakin
- review of a surf-paddling exercise device and sunglasses designed for surfing
- update on the Handbook of Surf Medicine and the SMA Library
- what went down at the Santa Cruz Rym-Bob SMA bash
- the SMA Northern California "Wilderness Surf Medicine" conference report. (held at Big Flat, Oct 20 - 23, 1988)
- and whatever else is sent in that looks good and passes peer review (if we end up throwing rocks at it and piss on it, it's probably in).

## FEEDBACK

*We need feedback from members on two issues:*

1. Should the SMA apply to the Accreditation Council for Continuing Medical Education (United States) for accreditation as a sponsor of continuing medical education?

Pro: the SMA could grant CME credits for its conferences (instead of attempting to have other institutions approve our conferences, a lengthy, time-consuming activity that we have essentially stopped trying to do; health professionals attending our conferences who want credit are instructed to petition their specialty board on their own).

Con: it costs \$2300 to apply to the ACCME and would require days of work, and we might not be approved. Is it worth it? Do the docs in the SMA want it so bad that they would be willing to pay higher conference fees for SMA meetings for the next couple years to offset the \$2300 cost of applying?

2. Should we seek sponsors (advertisers) for this journal, to offset the cost of publishing it? There would no doubt be some degree of interest by companies producing surf-health related products (i.e., sunscreens, sunglasses, safety noses, etc.) in supporting our journal. They would reach those individuals who would be in the position of "prescribing" their products. Their "ad" could be on the envelope the journal comes in, as an inset, as advertisements scattered through the journal (like most medical journals), or in name only, for example: "Publication of this journal is made possible through the generous donations of (list)". What do you think? And, yes, the truth is, we need the money at this point (combined memberships dues just barely pay for producing, printing, and mailing two journals a year).



# MEMBERSHIP INFORMATION

## SMA MEMBERSHIP CATEGORIES

All are one-year memberships unless otherwise specified. Membership includes decal and biannual journal.

**Life Member:** Totally Committed and has some bucks — pay once and you belong forever. \$250

**Charter Member:** Wants to be a Heavy Local in the organization. \$50

**Health Professional Member:** the Surf Doc Membership — for those who spent too much time going to school and now want to surf more. \$25

**Barefoot Doctor Member:** the Surfer's Membership — for surfers interested in learning how to take better care of themselves and others. \$10

**Gremmies Member:** for beginning or young surfers. \$5

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

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

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

**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 Nancy Reagan wants to know).

**Surf Parent Member:** for those who want to see Johnny come home in one piece. \$25

**Surf Family Membership:** the family that surfs together, stays together. \$25 (\$50 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. \$9.95

**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.

**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

T-shirts: only available at SMA conferences  
Additional Decals: \$1.00 each.

**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, 2396 48th Avenue/Great Highway, San Francisco, California 94116. (415) 664-7027. 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 \_\_\_\_\_

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 who you think would appreciate being invited to join the Surfer's Medical Association: \_\_\_\_\_