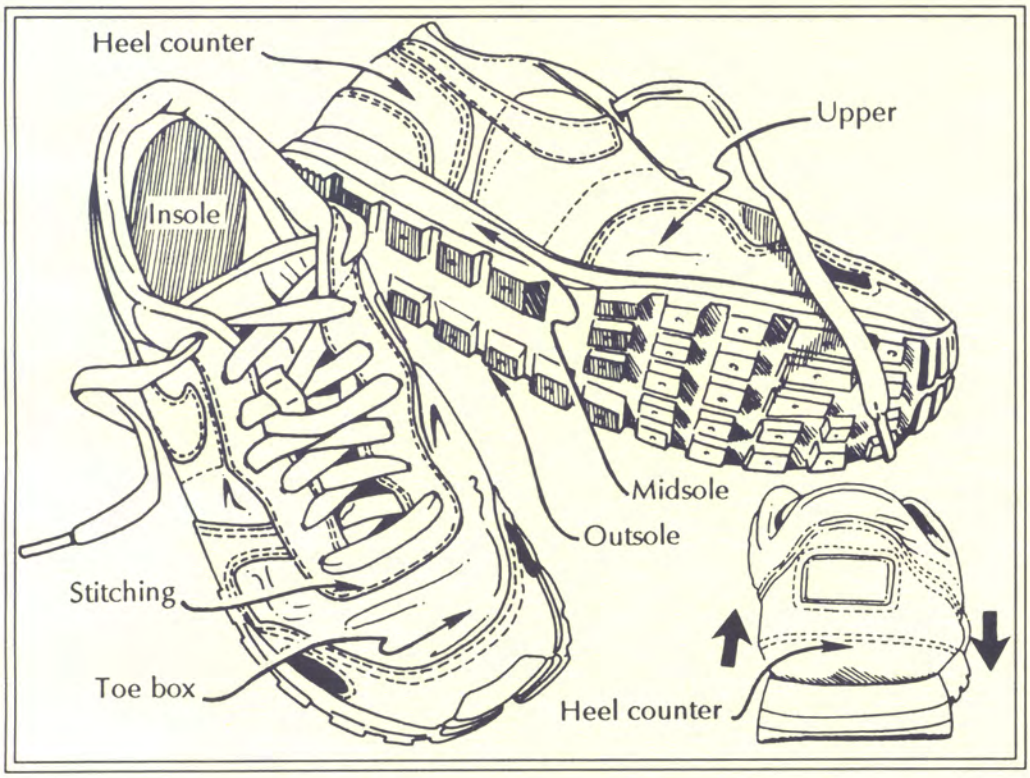
Hughston Health Alert

6262 Hamilton Road P.O. Box 9517 Columbus GA 31995-3199

VOLUME 3, NUMBER 2 | *For a Healthier Lifestyle* | SPRING, 1991



Inside This Issue:

- Sun-induced Skin Injuries
- Insect Bites
- Stress Fractures
- Elements of Weight Training
- Wheelchair Athletes
- Total Fitness. . .

RUNNING AND WALKING SHOES

Finding the right shoe for you

Selecting the right running or walking shoe is not as difficult as it may seem, despite the vast array of shoes on the market today. You need only identify your individual needs and then look for shoes with specific properties that satisfy those needs. To find the right shoe for you, follow these 10 guidelines*:

Examine your old shoes.

Does the heel counter lean in or out? If it leans in, you need a shoe with good stability and motion control. If it leans out, you need a shoe that has good cushion and allows your foot plenty of mobility.

Next, the condition of the uppers can indicate whether the shoes are the proper width and the toe box is wide enough. Generally, the upper will have conformed to the pressure that your foot has put on the shoe. Note the stitching--did it hold up? Be aware of the stress points to ensure that the stitching on your new pair is reinforced adequately for your needs.

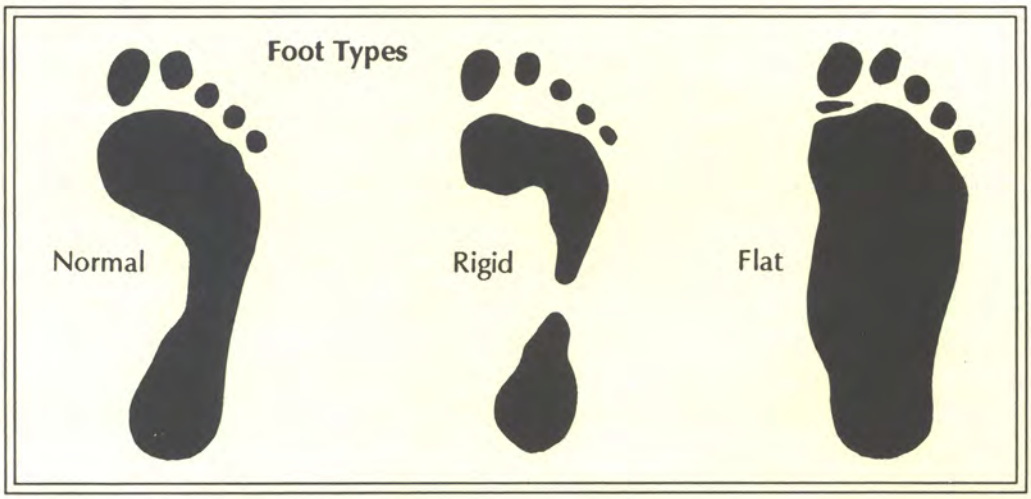
Finally, note the pressure on the midsole and the wear pattern on the outsole. Once the midsole has lost its shock absorbency and the outsole pattern feels unnatural, it's time to change.

Look at your feet.

There are three basic foot types: normal, rigid and flat (see page 2). To determine your type, wet your feet and walk on a smooth, dry surface. A normal foot leaves a print with a narrow band connecting the heel and the ball of the foot. If your foot is normal, you can choose from a variety of shoes.

A high arched or rigid foot leaves

Based on a plan by Dr. Peter Cavanagh (Runner's World: 1987 Fall Shoe Survey).



two unconnected areas (heel and forefoot) and requires a shoe with maximum cushion and no motion control.

A flat foot leaves a complete footprint with a wide band connecting the heel and the forefoot. This type of foot needs a shoe with good stability and motion control.

Review your injury history.

Running injuries usually occur in the lower extremities (hip, knees, ankles, heels, and forefeet). Sometimes the shoe is the culprit. Therefore, it is essential to recognize the stress points and to determine the type of shoe you need. In addition, a good stretching and strengthening program for the lower extremities will greatly help to prevent injury.

Analyze your running style.

Your running style is probably the key to your injury problems. A biomechanical analysis of your running style will reveal your foot type and the existence of a pronation or supination problem. The analysis can be done by an orthopaedist, physical therapist, biomechanist, or podiatrist who is familiar with gait patterns and running problems. It is best not to make your own diagnosis.

Evaluate your training habits.

A person who trains for 30 minutes, three times a week, is at less risk of injury than the person who trains at high mileage or high intensity. More serious runners should check their shoes frequently for midsole cushioning and outsole wear. Low-volume runners and walkers may forget to pay attention to the condition of their shoes because the shoes do not show wear as quickly. Generally, after 200 miles of wear, shoes should be examined regularly.

The final five points

- Find a good running shoe store.
- Find a shoe that offers the technical properties most suited to your needs. If the old shoes did the job, stay with them.
- Try on several pairs of shoes.
- Check for quality. A good shoe may cost a few dollars more, but it's worth the additional expense. The October '90 issue of Runner's World has a good shoe terminology section and shoe buyer's guide.
- Go easy for the first few weeks. Always wear a new pair of shoes around the house for a while. Most shoe stores accept "returns" provided you have not kept the shoes too long or worn them in the street.

Have a good run or walk in '91 -- it will do your heart good.

William C. Etchison, M.S.
Columbus, Georgia

Sun-induced Skin Injuries

Prior to World War II, most people did not intentionally try to darken their skin by tanning. Tanned skin was associated with outdoor manual labor, which was shunned. Long-sleeves, gloves, rimmed hats, long pants and dresses, and refraining from "sweaty" work were in vogue. The serviceman's T-shirt became popular during the 1940's and eventually outdoor work became an acknowledged necessity among civilians. Tanning became acceptable -- even healthy-looking. Today sun worshipping is a billion-dollar business. If you haven't the time, or the sun, tanning booths are available, as well as pills that produce an artificial tan. However, these pills are hepatotoxic (toxic to liver cells) and may cause an uneven, splotchy discoloration that is not reversible--not even in winter.

Effects of light on skin

The light from the sun is energy: thermal (heat), electromagnetic (radiation), and photo-energy (various waves of light). The spectrum of light energy extends from infra-red (IR) to ultra-violet (UV). Although thermal energy (measured in degrees Fahrenheit) can heat and dry the skin, and although radiant energy (measured in REMS) can induce chromosome breakage and cross-linkage mutations, it is UV light that tans the skin by exciting the pigment cells (melanocytes) to produce more skin pigment (melanin) and it is UV light that causes most skin problems.

Solar keratitis is a sun-induced inflammation of the cornea (outer layer) of the eye. Symptoms include abnormal intolerance of light (photophobia) after a day in the sun, possibly accompanied by squinting,

hazy vision, headache, and a grainy sensation under the eyelid. The cornea loses its original luster, visual clarity can diminish, and the pupils may constrict (close) to decrease light intake. Glaucoma, infection of the cornea, inflammation of the iris, or presence of a foreign body must be ruled out. Usually, with rest indoors, sunglasses, and cool compresses over the closed eye, the condition resolves spontaneously.

Solar keratosis (actinic keratosis) is a benign skin lesion that is characteristically irregularly bordered, flat, brown and dry. This lesion can cause cosmetic concern and is removed using liquid nitrogen application or by excision.

Skin cancers: Basal cell and squamous cell carcinomas (malignant new growths) commonly develop on surfaces that are prominent to exposure: nose, brow, temples, outer parts of the ear, upper lip, and chin. These carcinomas are also common on the back of the hands and on the lower arms. Sometimes they develop as rough, raised, round lesions just a few millimeters in diameter, of varying pigmentations. They injure easily and bleed, then scab over, only to erupt again.

Carcinomas are sometimes difficult to differentiate from other skin changes, so they are usually biopsied, excised, destroyed by electric current, or denatured with liquid nitrogen.

Sunburn

Skin functions optimally at 98.6° Fahrenheit and, when exposed to higher temperatures, will burn like any other substance. The mildest burn, a first-degree burn, is beet red (caused by intense hyperemia--an excess of blood). A more serious, second-degree burn is characterized by blister formation--tiny miniature bubbles filled with a watery yet oily liquid. Third-degree sunburns are rare but serious. Because the skin plays a vital role in thermoregulation, an extensive sunburn can predispose a person to heat injuries such as heat exhaustion or even heat stroke. An extensive sunburn in a baby can be particularly serious because of the critical mass to body surface area ratio. To help prevent sunburns, use a topical sunscreen and wear a broad-rimmed hat and light-weight, long-sleeved clothing. If a sunburn does occur, the discomfort is usually relieved by a soothing bath; cool, moist compresses; rest; aspirin or acetaminophen; and a topical skin anesthetic.

Mechanical changes affecting the skin

A deep, felt-like layer called dermis gives the skin its suppleness and substance. The connective tissue fibers of the dermis form a weave-like pattern which is immature in babies, giving their skin a soft, velvet-like texture. As the skin ages, this weave becomes tighter and less resilient, more tough and wrinkled. The maturation of these fibers can be hastened by chemical and mechanical factors such as exposure to UV light, large doses of vitamin C, and exposure to heat, wind, and drying agents like alcohol. The visual result is wrinkling, which is most apparent as "crow's-feet" at the outer corner of the eye and as withering at the joining of the lips. Cross-linking of the furrows of the brow and weathering of the front of the neck are also common. Although moisturizing agents, such as wool fat and lanolin, as well as vitamins A and E and retinoic acid (Retin-A) have been tried, nothing reverses this process. Plastic surgery procedures pull the skin tighter but, again, cannot reverse the solar damage.

Hair

Sun and wind exposure dries and bleaches hair. When hair is also exposed to chlorinated water in swimming pools, the cumulative trauma is significant. To avoid the consequences of such abuse (loss of luster, bounce, wave, and color), the hair should be washed with a gentle shampoo. A lanolin rinse can help, as well as a warm, extended treatment in a towel-turban. Daily swimmers should wear a cap.

Preventive Tips

- Wear sunglasses that absorb 90% to 100% of UV light, have a grey lens so you can see truer colors, and wrap around the side to prevent reflected light trauma.

- Shampoo hair after chlorine exposure and wear a swim cap if you swim daily. Use a gentle shampoo and a weekly, warm lanolin turban treatment. Do not use mousse, heavy acrylic-alcohol sprays, or lye straighteners.

- To protect your face and neck, apply lip balm to lips, zinc oxide paste to the nose, and wear a broad-brimmed hat. Use a weekly lanolin facial treatment.

- In general, use a sun block with PABA (Para-amino benzoic acid). Light-skinned people need a highly protective blocking agent (rated 12 to 20). Darker people can use a lighter block. Do not let babies or older family members bake in the sun.

Note:

- *Cloudy days are especially dangerous because clouds are radiolucent, offering no barrier.*

- *Swimming offers no protection.*

John M. Henderson, D.O.
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Insect Bites

Each year in the United States three to four times more deaths result from bee stings than from snake bites. Chances are that sooner or later this summer most of us will be bitten or stung by some flying insect or creepy crawler.

Fortunately, a bite usually results in only mild discomfort.

The body's reaction to an insect bite can be either local or systemic (body-wide), depending on the venom injected--either a toxin (poison) or an allergen (a substance that causes an allergic reaction). Toxins from spider bites can cause blood clotting or nervous system problems. Allergens usually cause only mild irritation but can also cause life-threatening "anaphylaxis," an allergic response that involves respiratory distress and vascular collapse. Insect bites can introduce bacterial, parasitic, and viral infections (such as Rocky Mountain spotted fever, Lyme disease, malaria, typhus, and plague), as well as more common localized skin infections (such as impetigo).

In the United States the spiders that are most likely to cause serious reactions are the black widow and the brown recluse. Following a black widow bite, systemic symptoms can include chills, vomiting, abdominal and leg pain, sweating, and cramps. These symptoms begin from 15 to 60 minutes after the bite and usually subside within several hours. A brown recluse bite causes a more local reaction with severe pain and localized swelling 4 to 8 hours after the bite, and the tissue in the bite area usually dies.

The normal reaction to the sting of a bee, wasp, hornet, or yellow jacket is itching and pain, both of which subside within a few hours. A more serious local reaction may involve severe itching and pain and an unusual amount of swelling around the sting site. Symptoms of toxic reactions, which occur after ten or more simultaneous stings, include gastrointestinal problems, dizziness, headache, and fever. Signs of immediate severe allergic reactions (anaphylaxis) are itching, swollen throat, shortness of breath, stomach cramps, and shock. Delayed allergic reactions may occur from within a few hours to two weeks following the sting and appear similar to serum sickness (fever, joint pain, swelling, rash, and lymph node involvement).

Harvester ants and fire ants cause most ant-sting reactions. Some people may develop immediate allergic reactions to fire ant stings, which are similar to reactions to wasp and bee stings. Simultaneous bites by a number of ants may cause a toxic reaction.

Mosquitoes, flies and fleas inject salivary fluids into the skin when they bite. The immediate allergic reaction is itching. The delayed reaction, usually several hours later, is a more intense burning itch.

Chiggers, or red bugs, are the six-legged red larvae of a particular family of mites. Their bites cause noticeable swelling and intense itching.

Ticks are essentially large mites covered with a tough skin. These parasites, found in trees, grass or bushes, are well known transmitters of Lyme disease (or Lyme arthritis) and Rocky Mountain spotted fever. Summer fevers, headaches, stomach cramps, rashes and joint pains usually prompt physicians to ask about recent treks through the woods.

Most bites and stings require little attention. The first step is to remove the irritant. Mites must be killed with medicine, stingers must be pulled out, and ticks must be removed. (Tick removal must be complete. Use tweezers to pull them out; if they resist, cover them with petroleum jelly for about 30 minutes and then gently remove the suffocated pests.) The bitten and stung areas must be cleaned thoroughly and observed for infections. Systemic infections (such as Rocky Mountain spotted fever) must be treated with antibiotics.

The first sting may cause a mild allergic reaction that is easily controlled with ice, calamine lotion, steroid creams, and occasionally antihistamines. At this point, there is no way to predict who will have an anaphylactic reaction. The best recommendation is that sensitive people should be aware of their potential hypersensitivity and be prepared. Protective clothing and a kit containing injectable epinephrine and an antihistamine are musts. See your physician!

Repellents provide some protection against mosquitoes, flies, mites, fleas, and ticks. Repellents may continue to be effective for several hours on the skin, but only skin that is treated is protected, so spread the repellent well. No repellent product protects against spiders, wasps or bees, so beware!

J. Ramon Amador, M.D.
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Stress Fractures

Stress fractures are overuse injuries to bone that are caused by repeated trauma associated with vigorous activities such as running and marching. Although stress fractures are common among physically active people of all ages and have been reported in almost all athletic populations, including wrestlers and swimmers, runners and infantrymen appear to be particularly predisposed by their activities to such injuries.

How injury occurs

Bone responds to excessive stress by accelerating the normal process of regeneration and new bone formation. However, when bone continues to be excessively stressed, this regeneration is not rapid enough and fracture occurs. Stress injuries of specific bones are associated with specific activities; for example, fractures of the foot bones (metatarsals) with marching and ballet, the shin bones (fibula and tibia) with running, and the wrist bones with golfing, tennis, and batting.

Symptoms

The patient with a stress fracture complains of gradually increasing pain at the stress site of the affected bone--pain that is stimulated by activity and relieved by rest. At the onset of symptoms, the athlete usually tries to "work out" the pain which worsens to the point that participation becomes impossible. Tenderness and some swelling of the affected site are also present.

Treating stress fractures

Treatment of stress fractures is based on rest and the substitution of an alternate activity for that which caused the symptoms. For example, swimming is an excellent substitute activity for a runner whose stress fracture is healing. The duration of treatment varies according to the patient, the bone affected, and the sport. A rest period of 4 to 6 weeks usually allows enough time for the fracture to heal. Immobilization is generally unnecessary. Return to the original activity is dictated by pain. If any pain occurs during participation or tenderness is present afterwards, an additional 2-week rest period is required.

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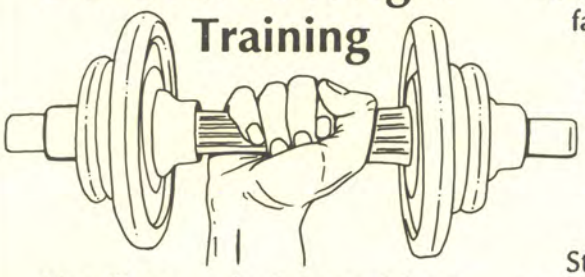
San Ysidro, California

Elements of Weight Training



Most fitness enthusiasts participate in some form of resistive training to improve general body appearance. Specifically, **resistive training** improves strength, speed, power, body composition (percentage of lean mass versus fat), and muscular endurance. The general term resistive training encompasses a vast array of exercises, each based on the type of training equipment used and the objectives and goals of each person.

Resistive training is either **isokinetic** or **isotonic.** In **isokinetic** training, muscular effort or force determines resistance. A hand moved through a pool of water with little force encounters little resistance; a hand moved through the water with greater force encounters greater resistance. Cybex, Biodex, and Hydrafitness are examples of isokinetic training devices.

In **isotonic** training, resistance determines muscular effort. The greater the resistance, the greater the force required to overcome it. Examples of isotonic training equipment are free weights (dumbbells and barbells) and plate-loaded machines such as Eagle, Paramount, Body Masters, and Nautilus.

Weight training is one type of resistive training. A major problem affecting the outcome of a weight training program is the discrepancy that can occur between the actual training program and a person's objectives and goals. A successful weight training program coordinates scientific principles, sound judgment, and good advice to guide one toward those goals. To maximize the benefits of weight training, one must be familiar with some important training variables: **specificity, volume, intensity, and rest periods.**

Specificity refers to the choice of exercise. Most exercises are either "structural" or "body-part". Structural exercises, such as the bench press or squats, require the coordinated action of many muscle groups. Body-part exercises, such as biceps curls or leg curls, isolate a particular muscle group. Weight training programs designed for most sports require the use of many muscle groups. Body building weight programs should include more body-part exercises.

Volume refers to the number of sets (one set = a predetermined number of repetitions) of an exercise. Three to six sets usually achieve significant gains in muscular strength and endurance. Beginners should initially perform only one or two sets of an exercise to decrease the possibility of after-exercise soreness.

Intensity, or the amount of weight or load used for a specific exercise, is probably the most important variable in weight training. The simplest method for controlling intensity is the use of numbers of repetitions and sets. Beginners should use a 10- to

15-repetition maximum in order to decrease the chance of injury.

Rest periods are the amount of time between sets or training sessions. Two minutes of rest between sets and a limit of three training sessions per week have been found to allow maximum recovery. However, these are only basic guidelines. A person's experience and physical condition should play a major role in determining rest periods as well as other variables.

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Larry Lowell, P.T., C.S.C.S.
Charleston, S.C.

Athletic Training Corner

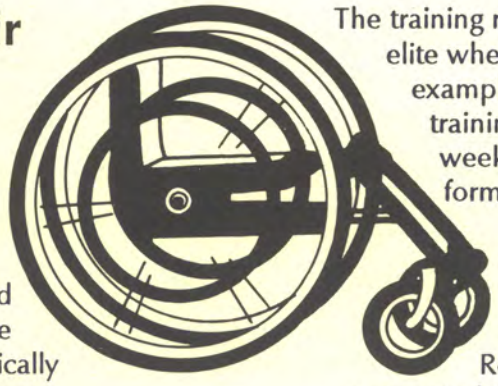
1991 Early Season Throwing Fatigue

Recreational league softball usually begins in late fall or early spring when the climate is cool or cold. This factor, along with the excitement of a new season, often leads to over-throwing. The early season sore-arm syndrome can be reduced or eliminated by following a few simple, preventive steps:

- Warm up before each throwing session by stretching the shoulder muscles.
- For the first week, throw only every other day for no more than a 30- to 40-minute period.
- Limit the throwing distance for the first week. Long throws from the outfield or deep shortstop should be avoided.
- For the first three weeks, ice the throwing shoulder, along with the biceps and triceps muscles of the throwing arm, for 15 minutes after each throwing episode.
- Stretch again after icing.

Jim Madaleno, M.S., A.T.,C.
Valdosta, Georgia

Wheelchair Athletes



The medical prog-nosis and quality of life for spinal cord injured (SCI) patients have improved dramatically in the last 50 years. Currently in the United States, an estimated 220,000 SCI patients (82% male and 18% female) are living longer, more active lives, partly as the result of advances in acute medical and surgical management, rehabilitation programs, adaptive and assistive equipment, and established techniques in skin, bladder, and bowel management.

Because spinal cord injuries often result in residual neurologic impairments that can interfere with areas of daily function (such as self-care, mobility, and employment), people with SCI are usually considered disabled--a label that has traditionally carried negative connotations. Fortunately, society is becoming more aware of the capabilities of people with SCI and is gaining insight into their particular needs. If the proper precautions are taken, people with spinal cord injuries can participate in a wide range of athletic events and can experience many of the same benefits of exercise as more able-bodied athletes.

To a large degree, SCI patients themselves have led the fight against ignorance and discrimination. Some have become elite athletes in specific events and are competing at the national and international levels in such sports as basketball, road racing, track, field, swimming, tennis, weightlifting, archery, fencing, table tennis, rifle shooting, and pentathalon. Wheelchair athletics in particular have recently attracted much attention.

The training regimen of a typical elite wheelchair road racer, for example, includes road training 40 to 60 miles per week, in addition to some form of resistive training two to three times per week. One wheelchair racer in the 1989 Peachtree Road Race in Atlanta was noted to have an aerobic capacity comparable to some able-bodied cyclists and soccer players.

Elite wheelchair road racers are also able to attain higher maximum heart rates during exercise and tend to have less body fat than sedentary SCI patients. Preliminary studies suggest that there is an inverse relationship between miles of road training per week and the serum levels of cholesterol, low-density lipoproteins, and low-density/high-density lipoprotein ratios (all associated with a decreased risk of cardiac disease). Additional studies have indicated that active SCI patients are more conscientious regarding self-care and health maintenance and, therefore, have fewer follow-up hospitalizations. Thus, the overall effect of exercise on the disabled is very positive, both physically and mentally.

The most common injuries experienced by SCI athletes are soft-tissue and musculoskeletal overuse syndromes involving the upper extremities. These injuries, which are similar to those encountered in able-bodied athletes, should be treated accordingly.

Additional areas of particular concern to SCI athletes are skin care, urologic management, and temperature regulation. Because of impaired sensation below the level of spinal cord injury, SCI athletes are unable to acknowledge pain caused by trauma or excessive pressure on the skin covering bony prominences. Fractures due to falls or various forms of skin irritation may not be readily

identified by the racer. The physician and racer must carefully assess soft tissue regions and bony landmarks in order not to overlook such injuries. Spinal cord injury also affects the ability to voluntarily urinate. Therefore, a variety of bladder management programs have been established to ensure that the bladder does not overdistend and harbor large volumes of urine over excessive periods of time. Chronic overdistention may result in a progressive decline in urologic function and can also trigger autonomic dysreflexia, a response that causes severe hypertension which may then lead to cerebral hemorrhage, convulsions, and even death. It is imperative that SCI athletes not allow their bladders to overdistend.

Some SCI patients experience impairment in temperature regulation. During the summer, training sessions and races should be scheduled in early morning hours. Proper hydration and available personnel for cooling the racers off is extremely important. In cooler climates, appropriate clothing is recommended to maintain an acceptable core body temperature.

S. F. Martinez, M.D.
Mesa, Arizona

Total Fitness . . .

The fitness goals of an 18-year-old and a 65-year-old are vastly different, yet the basic components of a total fitness program are the same for everyone: reduction of cardiovascular risk factors; cardiorespiratory fitness; muscular strength and endurance; optimal body composition; flexibility and conditioning; proper nutrition; and behavioral modification.

Reduction of cardiovascular risk factors involves blood pressure control, usually augmented by exercise, as recommended by a physician. Exercise helps to reduce weight and subsequently blood pressure (obesity increases blood pressure and the work load of the heart), lower cholesterol levels, and reduce the risk of diabetes. In addition, cigarette smoking, a well known cause of cardiovascular disease as well as chronic respiratory symptoms, should be stopped. Factors that cannot be modified are abnormal electrocardiograms and a family history of heart disease.

Cardiorespiratory fitness is achieved by specific exercises that use large muscle groups and maintain the proper intensity and duration of exercise. These exercises should be done three to five times per week and progress at a rate that meets your needs.

Muscular strength and endurance allow you to perform daily activities with less effort. A free-weight program that improves strength and endurance becomes even more important with advancing age, which is associated with loss of muscle tissue.

Improved **body composition,** which usually involves an increase in muscle tissue and a decrease in fat, is achieved through proper diet and exercise.

Flexibility and conditioning is achieved through activity-specific exercises that help condition muscles and prevent injury. The muscles used in your chosen activity should be stretched and strengthened. For example, if you jog, specific conditioning involves hamstring as well as heel cord stretching.

Proper nutrition is achieved by eating from the four basic food groups: dairy products, meats, vegetables, and fruits. A balanced diet is necessary to obtain the essential vitamins, minerals, protein, fat, and carbohydrates required for your activity. Avoid excess fat and salt which may increase cholesterol. Sodium may also increase blood pressure. Avoid excess sugar which increases calories and may adversely affect body composition. Small amounts of alcohol may have a positive effect on cholesterol but may adversely affect muscle tissue and liver function. If you consume alcohol, please do so in moderation.

Finally, **behavioral modification** requires adjustment of your lifestyle to reduce stress through methods such as biofeedback and proper rest.

Remember, total fitness is a lifelong program. Once you've determined your goals, consult your physician to find the best program for you.

William E. Roundtree, M.D.
Columbus, Georgia

Regional Wheelchair Sports Associations:

National Handicapped Sports and Recreation Association (NHSRA)
Farragut Station, P.O. Box 33141
Washington, D.C. 20033

Paralyzed Veterans of America (PVA)
801 18th Street NW
Washington D.C. 20006
1-800-424-8200

Dixie Wheelchair Athletic Association
c/o Therapeutic Recreation Department
Shepard Spinal Center
2020 Peachtree Road, NW
Atlanta, Georgia 30309

National Handicapped Sports
Georgia Chapter
Attn: Sean Shipley
P. O. Box 327
Clarkston, Georgia 30021
(404) 498-7204

New Books

The Sports Medicine Guide for the Everyday Athlete, by Thomas M. Harris, M.D., La Jolla, CA, Tomlin International, 1990 (paperback).

A funny sports medicine book? Dr. Harris begins each chapter with humor and sprinkles more throughout the text. Before discussing injuries, he reviews some basic anatomy, exercise physiology, and sports pathology. He describes the management of each injury, both at home and at the doctor's office. In addition, well-organized sections on rehabilitation and exercise equipment should prove useful to the everyday athlete who works out at home. Dr. Harris explains exercise prescriptions and emphasizes seeking medical advice before beginning an exercise program. He warns of dangerous fads (such as diets, drugs, and steroids), and extols the path to a long and happy life through proper nutrition and exercise.

Harris' book, written for the sports enthusiast, is easily understood without a medical degree. However, I also recommend the book to primary care physicians who will undoubtedly encounter the everyday athlete in their practices.

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The Hughston Health Alert is a quarterly publication of the Hughston Sports Medicine Foundation, Inc. The Foundation's mission is to help people of all ages attain the highest possible standards of musculoskeletal health, fitness, and athletic prowess. Information in the Hughston Health Alert reflects the experience and training of physicians at the Hughston Orthopaedic Clinic, P.C., of physical therapists and trainers at Rehabilitation Services of Columbus, Inc. and Committed Fitness Systems, of physicians who trained as residents and fellows under the auspices of the Hughston Sports Medicine Foundation, Inc., and of research scientists and other professional staff at the foundation. The information in the Hughston Health Alert is intended to supplement the advice of your personal physician, and should not be relied on for the treatment of an individual's specific medical problems.

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HSMF CALENDAR

Hughston Sports Medicine Foundation
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First Thursday of every month
(May 2, June 6, July 4),
7:00 p.m. to 9:00 p.m.
Contact: Vivian (404) 628-5915

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