



GOLF PROFESSIONALS AT MANSFIELD ATHLETIC CLUB

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Did you know?

Amateur golfers achieve approximately 90% of their peak muscle activity when driving a golf ball. This is the same lifting intensity as picking up a weight that can only be lifted 4 times before total fatigue, yet many golfers fail to notice they strike the ball an average of 30-40 times a game with comparable intensity (CHEK). Think your body is ready to handle it?

Every golfer wishes to play a better round, from the professional golfers playing on the PGA Tour down to the true beginners. For the majority of golfers out there, golf presents itself as an occasion to relax, relieve stress, do business and exercise. However, the burning desire to improve one's score and lower one's personal handicap can prove daunting and elusive for any level golfer. So out you go combining the new gadgets and practicing on the range even more diligently than before. Seems logical? Maybe to the ill advised, but in the end all that results from this approach is an underachieving, frustrated, and, more often than not, injured golfer. Why is this? Simply put, very few golfers associate the need for improved physical conditioning with their quest for improved performance.

Over the past century, the technological progress in the golfing industry has

continuously evolved, from more forgiving clubs to so-called "longer and straighter" golf balls. The problem remains that NO improvement was made in the golfer's score. Female and male handicaps have remained the same, 29 and 16.2 respectively.

With the beginning of the golf season only a 'dog leg' away, the time has come for golfers alike to finally improve their handicap. Not with gadgets and quick fixes, but by improving the golfer themselves.

Mansfield Athletic Club has done its homework and is proud to announce its partnership with the team of golfing professionals from E-VOL Golf PROs.

E-VOL is specialized in:

- biomechanical analysis of the golf swing
- neuromuscular evaluation and muscular recruitment sequence testing
- golf-specific flexibility and physiology
- video analysis with reference points
- golf physical conditioning

E-VOL's proven approach has attracted known golfing professionals to seek their help, like Dave Kelly (PGA Tour at Doral and #1 money leader AGP 2006), Yvan Beauchemin (#1 money leader AGP 2005), Gregg Cuthill (most improved, #2 money list AGP 2006), M-A

Berthiaume (CPGA professional), and junior sensation Mathieu Rivard (rank top 5 junior in the world).

Join E-VOL and their team of golf professionals today and you will finally achieve the round you've been teeing for!



Exercise Helps Slow Smokers' Lung Function Decline

Activity levels tied to 21% drop in new cases of chronic obstructive pulmonary disease

Moderate to high levels of regular exercise may help slow lung function decline in smokers and lower their risk of developing chronic obstructive pulmonary disease (COPD), a Spanish study suggests.

Researchers publishing in the March issue of the American Journal of Respiratory and Critical Care Medicine examined the physical activity, smoking history and lung function of nearly 6,800 people over 11 years. None of them had COPD at the start of the trial, but 928 of the participants developed the lung disease during the study.

The researchers found that moderate to high levels of exercise among smokers in the study were associated with a 21 percent decline in potential new cases of COPD. They believe that regular exercise suppresses the production of inflammatory markers in the lungs caused by smoking.

It had been believed that quitting smoking and reducing occupational exposure to smoke were smokers' only options for slowing lung function decline. This study showed that exercise may provide another important option, the study authors said.

"The interaction between physical activity and smoking should be taken into account when projecting the future burden of this respiratory disease," researcher Dr. Judith Garcia-Aymerich, of the Center for Research in Environmental Epidemiology at the Institut Municipal d'Investigacio Medica in Barcelona, said in a prepared statement.

COPD, the fourth leading cause of death in the United States, results from chronic bronchitis and emphysema. Smoking is the primary cause of COPD.

Source: HealthDay News



Fight Insomnia Through Diet and Exercise

It's 1 a.m. You're wide awake. And there isn't a sheep to count in sight. Relax, you're not alone. Millions of people suffer from insomnia. So, what's the cause? Unless you're a princess sleeping on a pea or just afflicted with a sleep disorder, chances are stress, lack of exercise or poor eating habits are keeping you from a quality snooze.

To reduce the hours of bad late night TV and increase productivity during the day when it really matters, follow these simple precautions.

Avoid alcohol

You've been warned about the dangers of mixing alcohol with driving, operating machinery, work, and even sex. The same goes for nightcaps. Although touted as a traditional sleep aid, drinking two glasses or more of alcohol up to an hour before bedtime can suppress your REM* time.

Don't overeat

Big meals can make you drowsy, but not long enough to aid sleep. Experts suggest a light evening meal consisting of chicken, extra-lean

meat or fish not to exceed 500 calories.

Watch the salsa

Meals laced with garlic, chilies, cayenne powder and other spicy gas-forming foods can cause abdominal discomfort, which wreaks havoc with your REM.



Exercise your way to REM

A Stanford study suggests that as little as 45 minutes a day of exercise twice a week helps people sleep up to 45 minutes longer. However, strenuous exercise should be avoided up to six hours before bedtime, and mild exercise should be discontinued four hours prior to

snoozing.

High-carbohydrate bedtime snacks

Snack foods such as crackers, fruit, cookies or toast can help the release of a natural sleep aid called serotonin within the blood stream. While the aforementioned edibles are better than a chemical sleep aid, be sure to watch your overall calorie intake for the day.

Still can't fall asleep?

Get out of bed and go for a walk or do some exercise! Regular exercise can help you sleep better, give you more energy during the day and also help you look and feel better. So what are you waiting for?

*REM: rapid eye movement sleep phase is your deep sleep phase, when you usually dream.

Source: 24-hour Fitness



Ouch! My (tennis) elbow hurts! By Arièle M-Ali, physiotherapist

Tennis elbow, clinically known as lateral epicondylitis, is becoming increasingly prevalent among office workers today. The increase is by no means due to an increased interest in the game but is rather more often due to increased workloads and repetitiveness in the tasks we perform daily – even using your computer mouse incorrectly can provoke a case of tennis elbow! Interestingly enough, tennis players account for less than 5% of all reported cases of tennis elbow.

Tennis elbow occurs when the tendons which attach to the bony bump on the outside of our elbow (the lateral epicondyle) become inflamed (hence the medical name of 'lateral epicondylitis'). These tendons connect the muscles which are responsible for straightening and raising your hand and wrist.

Symptoms often include:

- Pain on the bony prominence on the outside of the elbow or just forward of it on the tendon (pain may also be felt further down the arm and into the wrist)
- A weak grip and simple activities such as pouring a cup of coffee, turning a door knob or shaking hands with someone may provoke pain.
- Pain with lifting of heavy objects
- In more advanced cases, pain may also be felt when the arm is at rest or even at night.

Tennis elbow is an overuse injury and is best

treated sooner rather than later since the pain can become chronic and more difficult to treat.

Treatment typically involves the following:

- On your own: In the early stages, rest, ice, bracing and the use of anti-inflammatory medications is often advised. Attention should also be paid to analyzing and modifying your tennis technique, job tasks and even your lifting and weight training form as necessary.
- Physical Therapy: Your physical therapist may employ the use of electrotherapy to help reduce inflammation and stimulate healing, or, manual therapy to correct movement patterns and exercises for stretching and strengthening the affected muscles and tendons. Your physical therapist may also analyse your sport and working habits and make recommendations as to how they might be modified to cause you less pain and prevent future injury.
- Corticosteroids: For severe and persistent pain, your doctor may suggest the injection of corticosteroids. These injections assist in reducing pain, swelling and inflammation, however, corticosteroids may weaken tendons and cause softening of cartilage if used repeatedly.
- Surgery: If after a year other treatments have proved futile, your doctor may suggest surgery. The procedure typically involves either the removal of a portion of the

damaged tendon or the release and re-attachment of the tendon. Less than 10% of all patients with tennis elbow actually require surgery.

Other treatments for this condition which are currently being investigated include extracorporeal shock wave therapy, acupuncture and autologous blood injection.

How do I prevent a tennis elbow injury?

Below are a few tips to help you avoid the pain of having a tennis elbow injury.

- Review your tennis technique – have a tennis professional analyze your game to ensure that you are employing the proper motions.
- When playing tennis, ensure that your racquet is not too heavy and that the strings are not too tight (better to stay at the lower end of the manufacturer's recommendations)
- At work, have your workspace and work habits evaluated to ensure that they are ergonomically sound
- Work on strengthening your wrists and arms
- Keep your wrist straight and in line with your forearm when weight training and when playing tennis
- Warm up properly
- Use ice and rest when necessary.

Sources: Jobe and Ciccotti. "Lateral and Medial Epicondylitis of the Elbow" *Journal of the American Academy of Orthopaedic Surgeons*, Jan 1994; *The Mayo Clinic Staff*, October 2006; *Sports Injury Clinic* 2007.

Why Weight-Loss Efforts Fail

Researchers zero in on how to succeed the next time By Kathleen Doheny

About one in three American adults is trying to lose weight at any given time, and while their track record for trying is good, their track record for succeeding is not.

Within five years, most dieters will regain the weight they lost. And, after five years, they may even weigh more than when they started the original weight-loss effort, some studies have found.

But weight-loss researchers have begun to uncover insights into what makes some dieters succeed while others fail. While there are no hard-and-fast rules that work for everyone, there are ways to maximize your success the next time you decide to drop those excess pounds -- maybe for good.

A strategy for success begins with getting realistic, experts say.

"Cause number-one [for failure] is setting too unrealistic of goals, losing too much too fast," said Barbel Knauper, an associate professor of psychology at McGill University in Montreal. Instead of trying to lose, say, 15 pounds in a month -- very unrealistic -- most experts suggest a slow, steady loss, about one or two pounds a week.

Another pitfall, Knauper said, is a lack of advance planning before social situations. "If people were making 'when, where, how' plans, they would be more likely to adhere to their goal," he said. For instance, you might say to yourself, "When I go out for dinner tonight with friends, I won't order a large entree, but a smaller one. And I'll stick with my choice even if they pressure me to eat more."



Socializing is one of the top three reasons people eventually fail with a diet, said Dr. Michael Dansinger, an assistant professor of medicine at Tufts-New England Medical Center, in Boston.

The other two? "Feelings of deprivation or boredom with the current eating plan," Dansinger said, "and the healthy foods often seem to be less available, require more preparation or cost more than the unhealthy foods."

Still another pitfall, Knauper said, is that people often underestimate the number of calories in foods and overestimate the number of calories burned through exercise.

In one study, Knauper asked 132 women trying to lose weight on their own to tell him their strategies -- their dieting "rules," so to speak. In all, the 132 dieters offered 895 rules, with each woman listing an average of nearly seven.



Then his research team followed the women to see which rules worked. Overall, adherence to the self-set rules was low. But the ones deemed most effective were the simplest -- reducing calories and increasing exercise. Other rules that worked included: decreasing sugar intake; increasing consumption of fruits and vegetables, vitamins and water; watching less TV; and eating at home more often.

If you've tried unsuccessfully to diet many times, Dansinger suggests getting a "coach." A coach can be your doctor, another health professional, or a friend who'll hold you accountable to your goals, he said. He also suggests recording your intake of calories every day, limiting calories, and exercising seven hours a week, including cardiovascular and weight workouts.

In a 2005 study published in the Journal of the American Medical Association, Dansinger also found that adherence to a weight-loss plan -- any plan -- is more important than the diet regimen itself. He compared people on Weight Watchers, Atkins, Zone and Ornish diets and found no substantial weight-loss differences at one year, regardless of the diet. The amount of weight lost ranged from 4.6 to 7.3 pounds.

Source: HealthDay News



The Chefs' Corner

by Derek Dammann,
Executive Chef
at Le Café du Club

Swordfish Carpaccio

Enough for 6 servings

¾ lb	very fresh swordfish
¼ cup	raisins, soaked for an hour in sweet wine
¼ cup	toasted pine nuts
¼ cup	capers rinsed
¼ cup	Italian parsley, torn up roughly
2 tbsp	lemon juice
2 tbsp	good quality extra virgin olive oil
1 tsp	hot red pepper flakes
	A handful of bitter spicy leaves, such as: wild arugula, dandelion, endive, frisee, etc.
	Sea salt and cracked black pepper
1	lemon for zesting



With a very sharp knife, slice the fish as thin as possible. Because the swordfish is extremely fresh and firm it should be quite easy to get it extra thin. Arrange onto chilled plates and season with sea salt and pepper.

In a stainless steel bowl, combine the drained raisins (but keep the wine), pine nuts, capers, lemon juice and olive oil. Season with sea salt and pepper. Sprinkle the caper mixture over the carpaccio and top with some of the bitter lettuce mixture. Zest a little bit of lemon over each plate, sprinkle the red pepper flakes, then drizzle some of the raisin wine and olive oil.

Serve immediately.



Sunlight and Ultraviolet Exposure

We need the sun for its light and warmth, but the sun's ultraviolet (UV) radiation can cause damage to our skin and eyes – even when it's cloudy or overcast.

What Damage Does UV Cause?

The short-term results of unprotected exposure to UV rays are tanning and sunburn. A sunburn causes skin redness, tenderness, pain, and in some cases, swelling and blistering. Symptoms of more serious sunburn include fever, chills, upset stomach, and confusion. If these symptoms develop, see a doctor.

The long-term effect of sunburn is more serious.

UV exposure that is intense enough to cause sunburn clearly increases a person's risk of developing skin cancer. And UV exposure can increase skin cancer risk even without causing sunburn.

Long-term exposure can also cause premature changes in skin including:

- Aging
- Wrinkles
- Loss of elasticity

- Dark patches (lentigos, that are sometimes called "age spots" or "liver spots")
- Actinic keratoses

Actinic keratoses are small (usually less than 1/4 inch) rough or scaly spots. Usually they develop on the face, ears, back of the hands, and arms of middle-aged or older people with fair skin, although they can develop on other sun-exposed areas of the skin. Although actinic keratoses grow slowly and usually do not cause any symptoms, they sometimes turn into squamous cell cancer.

Besides skin cancer, the sun's UV radiation also increases the risk of cataracts and certain other eye problems, and can suppress the immune system.

Are Any UV Rays Safe?

There are no safe UV rays.

Two main types of UV radiation reach the earth, UVA and UVB. Scientists now believe that both UVA and UVB rays contribute to skin damage, including skin cancer. UVB radiation is known to cause damage to the DNA of skin cells. Skin cancers develop when this damage affects the DNA of genes that control growth

and division of skin cells. Recent research has found that UVA also contributes to skin cancer formation.

Artificial sources of UV light, such as sunlamps and tanning booths, may increase the risk of developing skin cancer.

What is the UV Index?

To remind people to take precautions against the potential damage of UV exposure, the Environmental Protection Agency (EPA) and the National Weather Service developed the UV Index.

The UV Index number, ranging from 0 to 10+, indicates the amount of UV radiation reaching the earth's surface during an hour around noon. A higher number means greater exposure to UV radiation.

The UV Index is forecast daily for 58 cities, based on locally predicted conditions. It is valid only for about a 30-mile radius from the city, and, as with any forecast, local changes in cloud cover and other factors may alter actual levels experienced.

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Exercise boosts brainpower

WASHINGTON (Reuters) -- Exercise boosts brainpower by building new brain cells in a brain region linked with memory and memory loss, U.S. researchers reported Monday.

Tests on mice showed they grew new brain cells in a brain region called the dentate gyrus, a part of the hippocampus that is known to be affected in the age-related memory decline that begins around age 30 for most humans.

The researchers used magnetic resonance imaging scans to help document the process in mice, and then used MRIs to look at the brains of people before and after exercise.

They found the same patterns, which suggests that people also grow new brain cells when they exercise.

"No previous research has systematically examined the different regions of the hippocampus and identified which region is most affected by exercise," Dr. Scott Small, a neurologist at Columbia University Medical Center in New York who led the study, said in a statement.

Writing in the *Proceedings of the National Academy of Sciences*, the researchers said they first tested mice.

Brain expert Fred Gage, of the Salk Institute in La Jolla, California, had shown that exercise

can cause the development of new brain cells in the mouse equivalent of the dentate gyrus.

The teams worked together to find a way to measure this using MRI, by tracking cerebral blood volume.

"Once these findings were established in mice, we were interested in determining how exercise affects the hippocampal cerebral blood volume maps of humans," they wrote.

They of course could not dissect the brains of people to see if new neurons grew, but they could use MRI to have a peek.

They recruited 11 healthy adults and made them undergo a three-month aerobic exercise regimen.

They did MRIs of their brains before and after. They also measured the fitness of each volunteer by measuring oxygen volume before and after the training program.

Exercise generated blood flow to the dentate gyrus of the people, and the more fit a person got, the more blood flow the MRI detected, the researchers found.

"The remarkable similarities between the exercise-induced cerebral blood volume changes in the hippocampal formation of mice and humans suggest that the effect is mediated by similar mechanisms," they wrote.

"Our next step is to identify the exercise regimen that is most beneficial to improve cognition and reduce normal memory loss, so that physicians may be able to prescribe specific types of exercise to improve memory," Small said.

Here comes the sun!

Did you know that if you're overweight, you're at a higher risk of being deficient in vitamin D? That's because vitamin D is absorbed by excess body fat and rendered useless. Vitamin D actually helps with weight maintenance by working with a protein called leptin that tells your brain that you're full and to stop eating.

Unfortunately, there aren't too many foods that contain vitamin D except for soy and regular milks and some cereal grains. The greatest source of vitamin D comes from the sun. The Solution? Look out the window and if it's sunny, get out there for a little stroll. While you're at it, breathe in the fresh non office air filling your lungs at the moment.

Next time that you have a craving to grab what's not good for you, repeat these steps!