

# Canyon Creek CHRONICLE

JANUARY 2016

VOLUME 10 ISSUE 1

## **How can I get in Ski-Shape?**

Dr. Cunningham spent 15 years as a traveling doctor for the men's Olympic downhill team, accompanying the athletes throughout the US, Canada and Europe on the World Cup tour. He was able to pick up tips from some of the world's finest altitude athletes and their trainers.

Ski conditioning begins about 6 weeks prior to travel, and involves three phases:

Muscle training

Stamina

Agility

Muscle training for the skier or boarder utilizes stretching, closed & open-chain strengthening exercises, and emphasizing the core muscle groups of the spine, hips, quadriceps & hamstrings. For most recreational athletes, low-weight/high-repetition sets will be best. Another option may be a personal trainer or workout club pro to help you design a program to strengthen your core without over-stressing your joints. Joint pain is a common skier injury so muscle training will aid in prevention.

Stamina is crucial for a recreational athlete, especially at altitude. (That's another discussion for later!) Cardio conditioning can be as simple as running, jumping on a bike or elliptical, preferably using "interval"

periods to increase your heart rate. Sports like tennis, swimming, and basketball have built-in interval training as part of the sport.

Speaking of sports, these are great for honing the athletic agility that helps prevent ski injury, especially at the end of a long, fatiguing ski or snowboarding day. These are "ski-adaptive" sports. "Ski-specific" training involves side-to-side training tools that focus on the specific ski muscles and coordination. Slide boards, closed-chain waist belt regimens, in or out of ski boots, are popular.

The goal is to decrease fatigue-related injury but also to increase your enjoyment, help you relax, and enjoy the sport!

If you have a history of joint pain or arthritis (DJD), consider your options before you head to the slopes— perhaps 3 to 4 weeks before your trip, you might want to explore PRP or stem cell injectable treatments in Austin as a autologous, potentially regenerative medicine alternative to steroids to ensure that you get the most out of your trip.

By Kelly Cunningham, MD, Sports Medicine specialist

Austin, Texas, resident Kelly Cunningham, MD is board certified by the American College of Orthopedic Surgeons, and an active member of the Arthroscopy Association of North America and the International Cartilage Repair Society



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# FABULOUS FOXES

by Jim and Lynne Weber

Members of the Canidae family are all dog-like mammals, and in the United States that includes wolves, coyotes, domestic dogs, and true foxes. They are adapted to running swiftly over open terrain, and typically have long muzzles, upright ears, bushy tails, and teeth that can crack bones. The family is further divided into two tribes, with the wolves, coyotes, and dogs in the Canini tribe, and the true foxes in the Vulpini tribe. In central Texas, two species of true foxes exist, the native Common Gray Fox (*Urocyon cinereoargenteus*) and the introduced Red Fox (*Vulpes vulpes*).

Most active at night, and sometimes in late afternoon or early morning, the Gray Fox is a medium-sized fox with grayish upperparts, tawny sides, and reddish-brown legs. It has a whitish throat with a distinct black patch on the sides of its muzzle and lower jaw. Often confused with the Red Fox, the main distinction is the black tip on the tail and the fact that it is found throughout Texas. Gray Foxes are adept tree climbers, highly unusual for Canids, and they use their rounded claws to ascend trees much like bears. Once up in the



canopy, they can hunt birds, escape predators, bask in the sun, or jump from branch to branch like a cat.

Also active at night, and frequently at dawn and dusk, the Red Fox is similar in size to the Gray Fox, but differs mainly in its coloring. While its typical coloration is generally rusty red, this fox can exhibit several other color forms, from black to silvery gray, but it always has a pattern of darker fur along the spine and down across each shoulder blade, forming a cross. The most distinct difference from the Gray Fox is the bushier tail that ends in a white tip. The Red Fox

*(Continued on Page 3)*

(Continued from Page 2)

is found throughout most but not all of Texas, absent from the far western and southern portions of the state. Not native to Texas, it was introduced for sport around 1895 in the eastern and central regions.

Both species of fox are social animals, and their primary unit consists of a family with an adult male (or Reynard or dog), adult female (or vixen), and the juveniles (or kits, cubs, or pups) that were born that year. These foxes are thought to mate for life, with breeding beginning in December and extending into February. They can use a variety of places for denning sites, but most commonly they reuse



underground burrows dug by other animals. Both the male and female care for and feed their young, and their diets consist of small mammals, birds, berries, and occasionally insects.

Foxes are usually seen in mixed woodlands and edges of forests, and while hunting they often use old roads or open trails while traveling the same routes. Their activity peaks with the activity of their prey, and if you get the chance to watch the cunning way in which they hunt, using their night vision, acute hearing, and high pouncing attacks, you'll begin to understand why they are called fabulous foxes!

Send your nature-related questions to [naturewatch@austin.rr.com](mailto:naturewatch@austin.rr.com) and we'll do our best to answer them. If you enjoy reading these articles, check out our book, *Nature Watch Austin* (published by Texas A&M University Press), and our blog at [naturewatchaustin.blogspot.com](http://naturewatchaustin.blogspot.com).

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# TENNIS TIPS

By USPTA/PTR Master Professional  
Fernando Velasco  
Owner, Manager and Director of Tennis  
Grey Rock Tennis Club, Austin, TX



STEP 1

STEP 2

STEP 3

STEP 4

In previous newsletters, I offered tips on how to hit a forehand groundstroke, a two-handed backhand, one-handed backhand and a forehand volley. In this issue, I will give you instructions on how to execute a two-handed backhand volley for a right hander. This stroke is used whenever the player is forced to hit a ball in the air. In these pictures player Robyn Fuller from the Grey Rock Tennis Club demonstrates the proper form and technique.

**Step 1: Ready Position:** The body is facing the net. The right hand is holding the end of the racket in a forehand grip position and the left hand is next to the right hand. The left hand is holding the racket slightly tighter than the right hand. Feet are a shoulder width apart and the body is in equal balance. For beginners it is okay to use the forehand and backhand grips for the forehand and backhand volleys. As the player gets stronger and the balls come at a faster speed, it will be best to use the continental grip for both volleys.

**Step 2: Back Swing:** Since the volley is usually executed when a player is close to the net and there is very little time to react to the incoming ball, the back swing is very short. The left hand will make a slight change of the grip and the right hand will be relaxed and loose. The left shoulder should take a short turn and the head of the racket should align to the flight of the ball. The left wrist should be “cocked” back slightly and the head of the racket should be above the wrist. Eyes are still focused on the incoming ball.

**Step 3: Point of Contact:** The right foot is now taking a step forward and the racket is making contact with the ball. It is important to keep the left shoulder closed and not rotate the right hip too early. Flexing the right knee will allow more flexibility to find the proper point of contact and give power to the ball.

**Step 4: Follow Through:** Once the racket has made contact with the ball, the follow through is very short to allow the player to immediately get back to the ready position. The right arm should be close to the body.

Look for in the next Newsletter: The Serve

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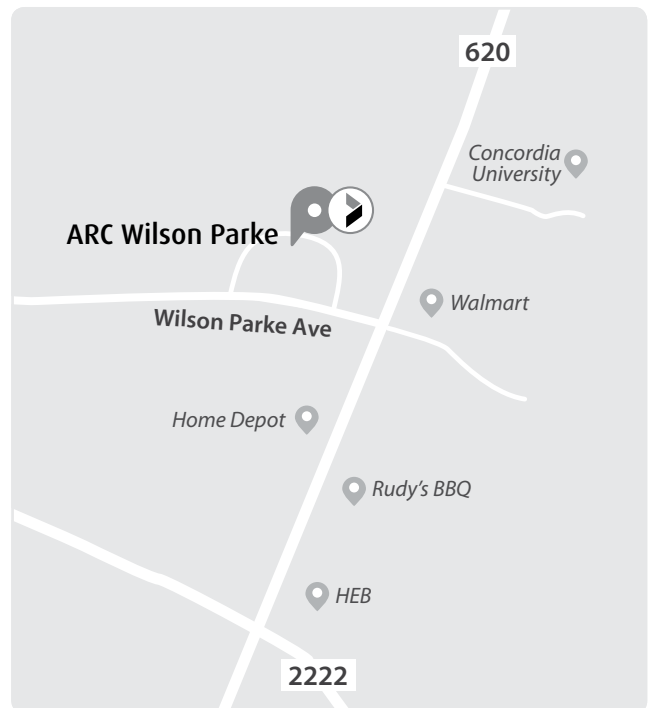


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## Springtails

Springtails are very small, jumping insects that can sometimes become a problem inside homes. Springtails are usually found in areas of moisture, so indoors they may be located near potted plants, sinks, bath tubs or kitchen compost areas. These insects are typically found outside in gardens, near swimming pools or near where there is excessive moisture or standing water.

Springtails are small (about 1/16 of an inch long), wingless and come in various colors. These insects have a "tail" that latches into a space on the underside of the body that they can use to "jump" several inches into the air.

Springtails are considered a nuisance insect, but some may chew on roots and leaves of sapling plants. They usually do not cause enough damage to warrant control measures to be taken. If you have springtails in your home it points to a moisture problem that should be fixed.

Options for helping reduce springtail problems:

- Remove excessive mulch and/ or leaf litter near the home
- Change watering schedule to reduce the amount of moisture near the home

- Use fans or dehumidifiers to reduce moisture indoors
- Seal cracks, crevices, pipe & wire penetrations on the outside of the home
- Replace or repair any screening on doors and windows that is damaged
- Replace weather stripping around doors and windows that does not provide a good seal
- Suck up any indoor infestations with a vacuum

For more information or help with identification, contact Wizzie Brown, Texas AgriLife Extension Service Program Specialist at 512.854.9600. Check out my blog at [www.urban-ipm.blogspot.com](http://www.urban-ipm.blogspot.com)

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# The Spotlight

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FOUR POINTS  
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WINTER 2016

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Photo by Chris Diaz,  
Shutterbug Studios

# DON'T LET THE FLU KEEP YOU DOWN

Reviewed by Danielle Fryer, RN,  
ADC Practice Manager

## FLU SEASON

It's that time of the year when hand sanitizer, tissues and "vampire sneezes" are the talk of the town. Influenza is a serious, potentially life-threatening disease that begins to show up between October through March in the U.S. Flu can cause absences at school and result in lost production at work.

The Centers for Disease Control (CDC), estimate that in the United States, each year on average 5% to 20% of the population get the flu and more than 200,000 people are hospitalized from seasonal flu-related complications. Flu seasons are unpredictable and can be severe<sup>1</sup>.

### So, who should get the flu vaccine?

Anyone over 6 months of age should get a flu shot yearly, especially those individuals at high risk for flu including:

- Children younger than 5 (especially those younger than 2 years old);
- Adults 65 years and older;
- Pregnant women and
- Residents in nursing homes or long-term care facilities.

People with the following medical conditions are considered at high risk for flu and should also be immunized yearly:

- Asthma;
- Neurological conditions;
- Heart disease;
- Blood disorders (like sickle cell anemia);
- Kidney and liver disorders;
- Metabolic disorders;
- Weakened immune systems;
- People who are younger than 19 on aspirin therapy and people who are morbidly obese.

### Are there people who should not get a flu shot?

Talk to your doctor if you . . .

- have had a past reaction to the flu shot;
- are recovering from a moderate to severe illness, or
- have a history of Guillain-Barré Syndrome.

### When should you get vaccinated?

Flu season usually runs from October through May. Doctors recommend you get the vaccine as early as September to maximize protection for you and your family. It usually takes two to four weeks for the vaccine to give you immunity.

### Can I get the flu from a flu shot?

No. The *injection* you will receive is a dead virus - it cannot give you the flu. However, you may experience side effects such as a sore arm, mild fever or achiness that may last up to two days.

Some people may choose the flu vaccine *nasal mist*. The nasal mist is a live, weakened flu virus that is squirted in your nostrils. It cannot give you the flu. Side effects are minimal and include a runny nose, headache, sore throat, or fever lasting 1-2 days. It can only be given to people from 2 years of age up to the age of 50.

### What is the High Dose Flu Vaccine or Fluzone High Dose?

The high dose vaccine contains four times the amount of antigen (which prompts the body to make antibodies) as the regular flu vaccine. The high dose vaccine is approved for use in adults 65 years and older. As we age our immune systems weaken and immune responses decrease. A recent study<sup>2</sup> indicated that a high-dose vaccine was more effective in preventing flu in adults 65+.

### What is the difference between the flu and a cold?

A cold may begin gradually and develop over several days. The flu comes on suddenly and is accompanied by some or all of the following symptoms:

- Fever\* or feeling feverish/chills
- Cough
- Sore throat
- Runny or stuffy nose
- Muscle or body aches
- Headaches
- Fatigue (tiredness)
- Some people may have vomiting and diarrhea, though this is more common in children than adults.

\* It's important to note that not everyone with flu will have a fever.

The Austin Diagnostic Clinic, will offer flu shots for adults 18 years and older at all doctor's offices, including Steiner Ranch, during regular business hours. Parents should contact their pediatrician or family doctor to schedule flu shots for children under 18 years old.

- Flu shots \$40 (or will file insurance)
- High Dose Flu Shots \$60 (will file insurance)

For additional hours and information please visit [ADClinic.com/flu](http://ADClinic.com/flu) or call our **Flu Hotline at 512-901-7117**.

#### Sources:

1. <http://www.cdc.gov/flu/index.htm>
2. [http://www.nejm.org/doi/full/10.1056/NEJMoa1315727?query=featured\\_home](http://www.nejm.org/doi/full/10.1056/NEJMoa1315727?query=featured_home)

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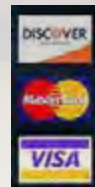
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Dr. Waters is a 1996 graduate from UT Dental School in San Antonio, a 1997 graduate of Advanced Dentistry from the University of Nebraska Medical Center and the 2001 Valedictorian from the St.

Louis University Orthodontic Program being the recipient of the 2001 J.P. Marshall Award for Clinical Excellence. He holds a Bachelor's Degree in Biology, Doctorate in Dental Surgery, a post-Doctorate certificate in Advanced Dentistry, post-Doctorate certificate in Orthodontics & Dentofacial Orthopedics and a Master's Degree in Orthodontics. Dr. Waters is a Diplomate of the American Board of Orthodontics since 2006 and a **Proud Steiner Ranch Resident** since 2001.

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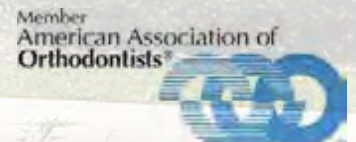
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## Professional Quality

Our newsletters are designed using industry-standard tools like Adobe InDesign, printed on offset presses, folded, and saddle-stitched. This produces a higher-quality professional-looking newsletter than consumer-level tools like Microsoft Publisher and high-speed copiers. By mailing the newsletters directly to the residents we eliminate the need for costly door-to-door delivery services.

## Reputable History

Peel, Inc. has been in business since 1977 and printing community newsletters continuously for over 24 years. That's twenty-four years of working with community leaders, homeowner associations, neighborhood associations, and management companies to help them communicate

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