MONTGOMERY ANCIENT MARINERS NEWSLETTER

The Rime

Volume 11, Number 2 *July 2005*

Coming events

July 24:
DCRP Long-Course Meet
Aug. 6-7:
Stoudt's beer run
Aug. 10-14:
Long Course Nationals
Aug. 13
Last day of regular session (at Olney)
Aug. 14:
Two-week session starts at MLK
Aug. 20:
Ancient Mariners Reunion
Aug. 27-28:
Last Chance Meet
Sept. 5:
Labor Day
Sept. 11:
Fall session starts
Sept. 21:
First day of fall

The new officers:

Jeff Roddin,
president and registrar
Peter Johnson,
vice president
Lisa Berger,
secretary
Mauricio Rezende,
treasurer
Dottie Buchhagen,
web master
Newsletter editor -
vacant
Tom Denes,
past president
At-large
Geoff Pierce
John Feinstein
Dave Harmon
Richard Sachs
See Page 8

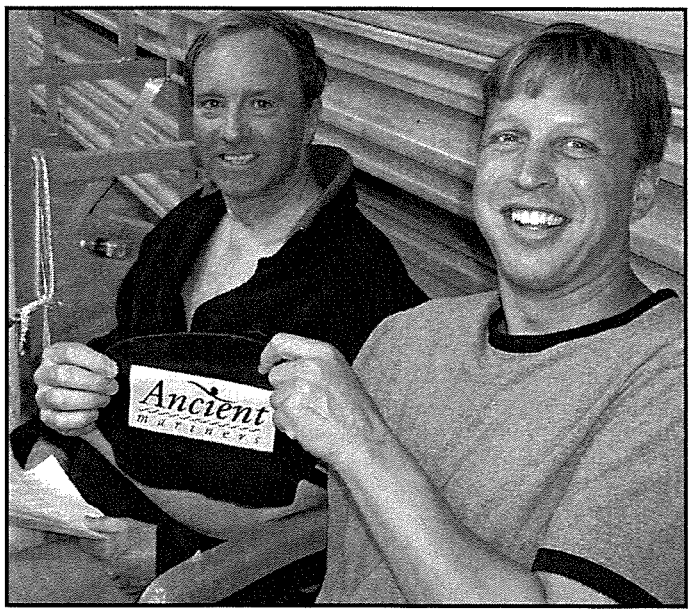
The Health Issue

Swimmer's shoulder, swimmer's ear, swimmer's itch, athlete's foot, breaststroker's knee — who ever said our sport is easy on the body? From the chit chat in the showers after practice it's clear that most of us have dealt with an assortment of aches and pains, and major and minor injuries. So our swimming health is the theme of this newsletter.

To assemble this issue, I've gathered information from team members – those who have suffered various injuries and the medical experts among us. Thanks to all the contributors. Although we all like to talk about our injuries, these people answered all sorts of questions and provided lots of physical details (one even offered to send me her MRI pics!).

Needless to say, keep the usual caveats in mind as you read this. None of the material is to be taken as official medical advice and see a doc if your infirmity feels serious.

— Lisa Berger



Team spirit

Dan Morrow and Peter Johnson show their Ancient Mariner pride as they wait for their events at the Albatross Open.
More Photos on Page 7.

Photo courtesy of Dottie Buchhagen

No guts, no glory:

Swimmers talk about their injuries

Fun fact

It's copper, not chlorine, that turns swimmers' hair green. Copper gets in a pool through tap water – every time water is added, it gets more copper. Also, some algaecides used to kill algae that can grow in pools contain copper. Sunlight, chlorine and other cleaning products can weaken the agent, making it easier for the copper to stain people and other things. Copper can also get in if a pool has copper pipes and fittings. Because copper isn't biodegradable, the amount of the metal slowly gets higher in the pool as summer progresses. The result can be green hair and blue fingernails.

■ What years of swimming can do to a shoulder: Jeff Roddin

Q. How did you get the injury?

A. Most likely from swimming overuse. I guess 25 years without an injury finally caught up with me.

Q. What were the symptoms?

A. Pain and weakness in the shoulder.

Q. Did you try to treat it yourself and did anything help?

A. I tried rest but it felt exactly the same after resting.

Q. How long did you live with it until seeing a doctor?

I saw a doctor a few times over the course of a year. They tried cortisone, physical therapy. No success.

Q. How was it diagnosed?

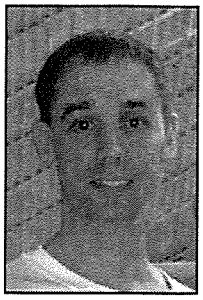
A. A regular MRI revealed nothing. A dye injection MRI revealed a possible torn labrum.

Q. What exactly was the injury?

A. It was a torn labrum – it's called a SLAP tear. The labrum is a soft tissue that connects the bicep tendon to the shoulder joint.

Q. What were the treatment options?

A. This sort of tear never heals itself. You either live with it or have it surgically repaired. I opted for surgery and having the labrum surgically reattached to the bone with anchors.



Q. How was rehab?

A. I'm still rehabbing 16 months later! Going to PT lasted just a few months and was time consuming and very painful. Stretching on my own is ongoing.

Q. Has it changed how you swim or exercise?

A. Stretching is now more a part of my pre-practice routine. I am not yet able to train butterfly except for portions of IM in practice. I hope to swim more fly in practice in the near future.

■ Sunshine, moles and skin cancer: Polly Phipps

Q. How did you get the disease?

A. There's no skin cancer in my family and I never had a blistering sunburn, but I have quite a few moles. I spent most of my summers in the sun and water at a family lake place, and I lived in Hawaii for several years.

Q. What were the symptoms?

A. I had had my wetsuit on for the first time of the season. Sometime in the next week, I noticed a mole on my upper back that was kind of irritated and thought my wetsuit rubbed against it. I kept an eye on it for several weeks, thinking the irritation would go away.

Q. What happened next?

A. I waited for about a month, then saw my regular internist, who spent some time looking at it using some kind of scope. She thought it was nothing, but wanted me to come back in a month. A month later, she did a punch biopsy because she felt it just didn't look quite normal. I was shocked when the diagnosis was invasive melanoma.

Q. Describe the condition.

A. It didn't look bad, nothing like the pictures of cancerous moles. It just looked slightly puffy and it was a little soft on one side. The mole was about 5 mm.

Q. What was the treatment?

A. Luckily, it was caught at an early stage. It was extremely thin melanoma, so I did not have to do anything but have it cut out by a dermatologist. It was a fairly simple office surgery, about 20 minutes (there are standards for the amount of skin and tissue to remove based on the size of the lesion). Now I have about a three-inch scar .

Q. When could you swim?

A. I had to wait a little over a month until the wound completed healed before swimming.

Now I don't swim outdoors except in the early morning and evening. I always wear sunscreen with zinc oxide or titanium dioxide. I have some athletic clothes I ordered from the Sun Precautions company—they have sunscreen built into them.

The mole was smaller than I thought — it was only about 3 mm. The cancer itself was very thin. I go to the medical photography group at GWU and get pictures taken since I have so many moles. She says it takes much of the guesswork out of knowing whether a mole is new or has changed. It only costs $250.

■ A very bad back:

Amy Weiss

Q. How did you get the injury?

A. I don't know for sure what caused my injury, but I used to do a lot of competitive ballroom dancing, so chances are that's what did it. That's what often causes the type of problem I had – spondylolisthesis. This is when a vertebra slips over the one under it, putting pressure on nerves. It's usually caused by a neck injury, congenital abnormality or rheumatoid arthritis.).

Q. What were the symptoms?

A. Arching my back was e tremely painful, which of course made swimming butterfly impossible. And the pain wouldn't go away. It would linger for weeks, even months. I remember pushing off the wall swimming backstroke, doing three dolphin kicks, and being in such pain that I got out and went to the emergency doctor later that day.

Q. What did the doctor find?

A. X-rays showed a fracture of the vertebrae. The vertebrae had slipped out of alignment with the spinal column and was pressing on the spinal nerve.

Q. What were the treatment options?

A. I could live with it or get the surgery. None of the less invasive treatments helped.

It was a tough decision to get the surgery. I had nightmares about it for weeks. I even canceled the initial date the day before it was scheduled because I was in such a panic over it.

Q. What kind of surgery did you have?

A. I got a spinal fusion in order to stabilize my spine

Q. How was rehab?

A. Rehab seemed to go quickly. I was walking the day after my surgery and swimming (slowly) within a week. I don't do much fly or breast anymore because they make my back ache.

■ No feet, no fun:

Phillipe Kozub

Q. How did you get the injury?

A. The injury is congenital, a bone-growth defect. It's not related to swimming and swimming didn't irritate it.

Q. What were the symptoms?

A. A dull pain in the center area on the outside of my right foot, below and just in front of the ankle bone. After running, it could be irritated to the point of making me limp.

Q. Did anything help?

A. I tried to treat it myself but nothing helped.

Q. How long did you live with it until seeing a doctor?

A. I started seeing doctors immediately.

Q. How was it diagnosed?

A. I went to a podiatric surgeon who's also a member of MCRRC, a runner, and a swimmer. He sent me to Baltimore for a type of three-dimensional CAT scan of my foot, using a state-of-the-art imaging system.

Q. What's the condition you have?

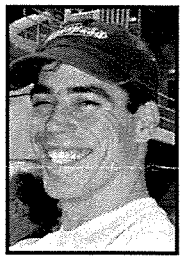
A. It's called a calcaneonavicular coalition. The calcaneous is the heel bone. The navicular is a metatarsal bone in the center of the foot. The tip of my heel bone was impinging on the bone in the center of the foot, limiting movement. Any foot impact, like running, was quite painful and irritated the tendon.

Q. What were the treatment options?

A. Not running, icing, stretching, taking anti-inflammatory drugs, taking glucosomine chondriton, massage, chiropractic therapy, wearing a lower leg brace, an EBI Bone Healing System, orthotics, cortisone shots, physical therapy, taping, and new running shoes.

Q. What did you decide to do?

A. After trying everything, surgery. It involved a 4-inch incision along the center of the outside of my left foot to access the deep center of the foot, where a couple centimeters o bone were sawed off to open up the joint area.



Q. What did you do for rehab? How long did it take?

A. I was in a cast the first three weeks. After that, it was a foot-ankle brace for about two months and physical therapy two or three times per week. Later, I began stretching and about three months post-op I was walking. In the fourth month, I began no-impact cross training rehabilitation and reconditioning, such as swimming, rowing machine, and elipitical trainer machine, and spinning. I'm now in my tenth month of recovery and can run several miles at a moderate pace on a flat paved path outside.

Fun fact

Janet Evans' diet during training:

Breakfast: buttered rolls, chocolate cream pie, beef barley soup, doughnuts, blueberry muffins and Cap'n Crunch cereal.

Lunch: peanut butter and jelly sandwich, potato chips, banana pudding, oatmeal cookies and apple juice.

Snacks: Nonstop snacking plus four meals a day, including an afternoon snack of burritos and a chocolate milk shake.

Every day she took in about 5,000 calories.

■ Achy breaky shoulder:

Marcee Hollis

In December 2001, after 30 years of swimming, I broke my left shoulder in a fall from my attic. My first thought when told my shoulder was broken was, "Oh no, I won't be able to swim."

After about 10 weeks, I was cleared to swim. The problem was that my shoulder no longer worked — no strength, no range of motion and lots of pain.

So, I left my spot in Lane 3 and went to Lane 1, where I was in the way of the other swimmers.

The first year was extremely painful. After about a year I could swim without my shoulder hurting. The second year the range of motion continued to improve.

By Year 3, I could finally swim at my former speed.

Fun facts

■ A theory for what causes exercise asthma: Doctors think heavy breathing cools and dries the airways, leading to bronchospasms.

■ The more chlorine in a pool, the more likely swimmers are to have breathing trouble, a study says. The study found that 60 percent of trained swimmers experienced reduced lung capacity after swimming in water with a level of chlorine commonly recommended for home pools.

■ Running in shallow, waist-deep water burns 17 calories per minute.

■ Wear and tear chips away: Cathy Gainor

Q: How did you get the injury?

A: I've damaged my shoulder and my knee. I have had shoulder problems off and on since I was 16, when I was diagnosed with tendonitis. The orthopedist who performed my surgery said my bone was loose in my shoulder, probably because of a dislocation I suffered when I was younger. For the surgery, he scoped the shoulder and tightened everything in the socket. It still bothers me, but not as much.

And I've had two surgeries on my left knee for chondromalacia, which is caused by wear and tear. The final straw both times was falling in the snow. The first knee injury occurred right before I headed back to college for my spring semester.

I went through physical therapy for about two months, which didn't work, so they said I would have to have arthroscopy after graduation.

The second knee injury happened after I fell on the ice walking to work in winter 1994.

I ignored the injury for a couple of years, but when I couldn't walk the three blocks to work without pain anymore, I gave up and had surgery in 1996. The knee was feeling great until I started training for triathlons in 2003.

I lasted for five months (got up to 3 miles running) before an IT band injury set in my left leg. I went through several months of physical therapy, different running shoes and a cortisone shot to no avail.

My doctor gave me the "some people are not built for running" lecture. I try to run occasionally still but the pain kicks in -- a tightness and searing pain down the left side of my leg -- after a half mile. So I've had to give up running.

Q: Did swimming aggravate it?

A: Both orthopedists told me that I should not whip kick because that contributed to the injury and my knees can't handle it. Swimming definitely aggravates the shoulder injury, especially fly. Breaststroke also is a problem because my entire stroke is coming from my arms now instead of my legs. Although I do a dolphin kick, I think there is extra pressure on my shoulders in the stroke.

Q: Describe the treatment.

A: For the knee surgeries, I had arthroscopy - basic cleaning and scraping of the knee.

The first time, the doc also moved my knee cap over a bit. I started physical therapy after a week of rest. For the shoulder, he cut and tightened everything in the shoulder socket from the labrum to the muscle. I didn't do anything for about a month, and my arm was in a sling. Then, physical therapy lasted for four months. I was allowed to swim three months after the surgery, but I think I did too much too soon.

Q: Has it changed how you swim or exercise?

A: I have to do a lot of one-arm fly in practice, although I've been trying to do more fly lately. I ice constantly -- after practice, after lawn work, at breakfast, at night. Also, I started taking yoga lessons to see if that could strengthen my shoulder. So far, it seems to be working, although it definitely isn't helping my knee.

Q: What advice would you give to someone with a similar injury?

A: Don't ignore it. It won't magically go away. Remember that you are swimming for the long term. Also, newspaper bags make great ice bags.

The nutritional content of energy bars

Bar	Calories	Fat (g)	Carbs (g)	Protein (g)
Clif Builder Bar, peanut butter	270	8	30	20
Power Bar, chocolate	230	2	45	10
Clif Bar, chocolate brownie	240	4.5	45	10
Luna Bar, s'mores	180	5	26	10
Odwalla Bar, peanut crunch	260	7	40	8
Balance Bar, chocolate	200	6	23	14
Pure Protein, chocolate deluxe	270	7	26	32
Kashi Go Lean Bar, chocolate peanut bliss	170	4	30	15

Expert advice

■ Our nervy nerves:

Dr. Nick Olmos

Q. How do you know when you've got a pinched nerve?

A. Generally a nerve injury manifests itself by a change in the way the nerve functions, which usually causes pain or numbness, tingling, a pins-and-needles sensation or weakness or loss of muscle mass or function. A deep aching type pain or a deep searing or electrical lightning bolt pain are telltale signs.

Q. How are pinched nerves treated?

A. It depends on what is causing it and where it's happening. Common places are disc protrusions in the neck or back, or repetitive stress injuries to the wrists, elbows or lower extremities. In most situations where loss of function is not at risk, a conservative approach is usually the first line. This may include rest, pain control and rehabilitation under supervision. An injured nerve in the carpal tunnel may require nocturnal wrist immobilization or steroid injection prior to surgery.

Q. Do any home remedies work?

A. If you have a mild injury, you can treat your pain symptomatically until you see a doctor. Analgesics or anti-inflammatories, ice or heat and rest may help. However, if you have a herniated disc in your neck or lumbar area, the pain might not let you even function, much less swim.

Q. What causes most back problems?

A. By middle age the most common causes are degenerated and protruded discs and osteoarthritis. Faulty posture and bad back habits also contribute. An endemic problem is poor balance between the abdominal and back muscles plus the wear and tear of use and poor habits. Much can be done in most cases prior to considering surgery, which is usually done when pain is intractable or there is loss of function.

Q. Does any particular swimming motion aggravate back problems?

A. Swimming is a great sport for keeping out of trouble. Not vigorous competitive training for racing or high-performance swimming, but rehabilitative conditioning swimming. By far the most traumatic and demanding stroke to your back is butterfly because of the flexion and hyperextension of your lumbar spine.

When I had a bout of back troubles I found initially that side stroke and backstroke were soothing. I also found very gentle water aerobics was a great relief along with prescribed floor exercises and hanging from a bar. After some months of improvement I was able to introduce freestyle and lastly breaststrkoke. That has to be individualized. I also found torsion movements aggravating.

Advice? Read the books by A. McKenzie about treating your own back and neck. They offer useful advice about avoiding long-term troubles and practical measures if you are already suffering. A good course of rehab will prevent recurrences. Treat your body gently and listen to it. If it hurts, it is trying to tell you something.

■ Swimming with a cut:

Dr. Martha Zeiger

It's OK to swim in a pool with small cuts but avoid the ocean. It's loaded with bacteria. If you have stitches, it's best not to do any vigorous activity that could put tension on a wound especially over a joint. Stitches for a wound with no tension usually results in a completely healed wound by 5 days, but that is usually a small wound (1-2 inches in length). If the wound is red and tender, that can mean an infection. There are no really good dressings for extensive immersion in water.

■ Leg cramps and other lower extremity issues:

Dr. Dan Perles

Q. What causes leg cramps?

A. Usually a lack of conditioning. Well-conditioned athletes don't get them.

As you're swimming, muscles start to tire and build up lactic acid. When lactic acid hits a threshold, your muscles go into spasms and this causes cramps. Put another way, cramps come from overuse or over-stimulation of muscles.

When you're in shape, your muscles are used to activity and able to utilize oxygen and mobilize waste products better and quicker. They can function under higher strain loads.

When we swim with zoomers or flippers, there's more resistance and we're forcing our leg muscles to work harder, contract more and generate more force.

Q. What is "swimmer's knee?"

A. It's usually a soreness on the inside, the medial part of the knee and comes from the breaststroke. It causes a strain on the ligaments and can cause tendonitis.

You also can get if from pushing off the wall. To treat it, use anti-inflammatory drugs.

Q. Can anything be done for swimmer's shoulder?

A. A lot of triathletes are trying the Total Immersion Technique, which involves more body rotation to generate force backwards and less pull with the shoulders.

You enter your hand at your head, don't reach as much and pull your hand out earlier, around the waist instead of the thigh.

It's a smooth, efficient technique but not very fast.

Inside shoulder injuries

■ **Guest article:**

Okinyi Ayungo, CSCS

Fun facts

■ In 1 year a swimmer may move the shoulder to its extreme range of motion in about 2 million arm strokes.

■ A masters swimmer, in a typical week of training, will put each shoulder through 10,000 to 11,000 revolutions, while a professional tennis player or baseball pitcher will average 1000 revolutions per week.

■ Swimmer's shoulder is probably related to body roll, with less roll leading to more pain.

■ Hand paddles dramatically increase the risk of shoulder impingement syndrome pain.

Shoulder pain is the most common musculoskeletal complaint among competitive swimmers, with 38% to 75% of competitive swimmers having a history of shoulder pain.

"Swimmer's shoulder" refers to the syndrome of shoulder pain and tendonitis that results from impingement of the shoulder during the swim stroke.

Swimmer's shoulder can be caused by several factors, such as: faulty stroke mechanics; sudden increase in training variables; too much swimming; unbalanced strength development; lots of freestyle in practice; only breathing to one side.

The biggest problem leading to injury in many cases is poor core and shoulder complex stability. I know that "poor core and shoulder complex stability" sounds like a horrible thing to have. But the good news is that by doing some basic exercises, many of the problems can be avoided or alleviated.

First some basics: No other joint in the human body has as much freedom of movement than the shoulder. But that freedom comes at the expense of having a large degree of instability. The shoulder is essentially a ball and socket joint. This would be a fairly simple arrangement except for the fact that the surface area of the ball is about three to four times the size of the socket, and the socket is less curved than the ball. It's about as stable as a seal balancing a beach ball on its nose.

To make matters worse, there are four other joints that cause and/or allow the ball and socket to move. The sternoclavicular (SC) joint between the breast bone (sternum) and collar bone (clavicle). The acromioclavicular (AC) joint between the fingerlike projection at the end of your shoulder blade (the acromion) and collar bone (clavicle).

The coracoclavicular (CC) joint between another part of the shoulder blade and the collar bone. The scapulothoracic (ST) joint, which is a "false joint" between your shoulder blade and the ribcage which it glides over. The glenohumeral (GH) joint which is the ball and socket.

So now our seal balancing the ball is standing on a rickety ladder.

The shoulder is held together by a network of ligaments and muscles that provide imperfect stability to the perfectly unstable shoulder joint.

The main muscles are the rotator cuff muscles and the scapular (shoulder blade) stabilizers. The rotator cuff consists of four muscles that hold the humerus in the socket during movement and cause internal and external rotation of the arm. These are the supraspinatus, infraspinatus, teres minor, and subscapularis.

Impingement of the shoulder is the hallmark of swimmer's shoulder. This occurs when the arm moves into certain positions that pinch the soft tissues between your humerus and part of your shoulder blade. It's estimated that during a 10,000 yard training session 4000 or more strokes are made with each arm. With this stress on the soft tissue between the humerus and acromion, the result is rotator cuff tendonitis, biceps tendonitis, and bursitis. The pain associated with these "-itises" eventually leads to modifying stroke technique to avoid pain and other muscles around the shoulder compensating.

No other joint in the human body has as much freedom of movement than the shoulder. But that freedom comes at the expense of having a large degree of instability.

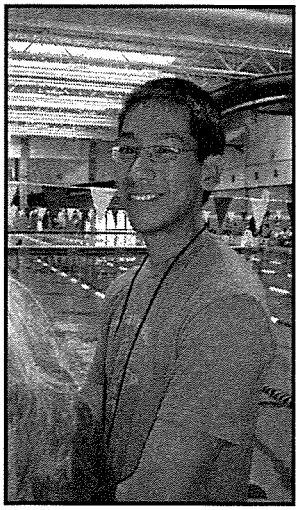
All of this can be prevented by creating more strength, flexibility, and stability in the rotator cuff, scapula, and trunk. Impingement is less likely if the shoulder complex is in the proper position to execute the swim stroke. If the trunk is rotated sufficiently, the shoulder blade is down and back, and the rotator cuff muscles do their job in keeping the ball centered in the socket against the pull of the prime movers of the arm.

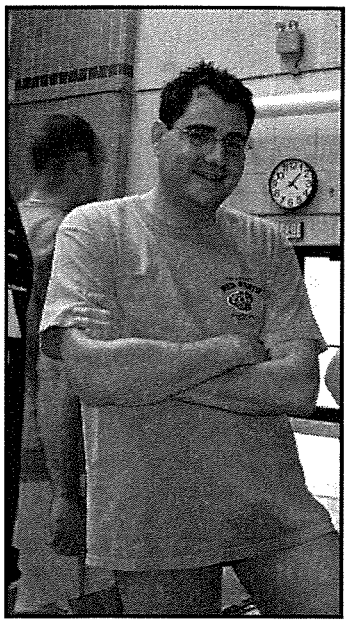
Because the scapula is free to move in any direction, the muscles attaching the scapula to the torso have a very important job. Problems occur when the scapular stabilizers do not contract when they should (the muscles are inhibited) or when they get fatigued from overuse.

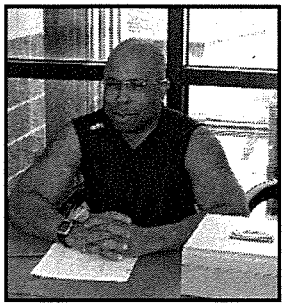
We also have to make sure that the humerus stays in the correct position relative to the shoulder blade. If this can be done successfully in all ranges of motion, then you should have a shoulder joint that will function well and allow you to swim pain-free for many more years.

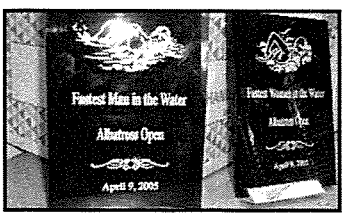
* *The author may be contacted at Okinyi@yahoo.com.*

2005 Albatross Open









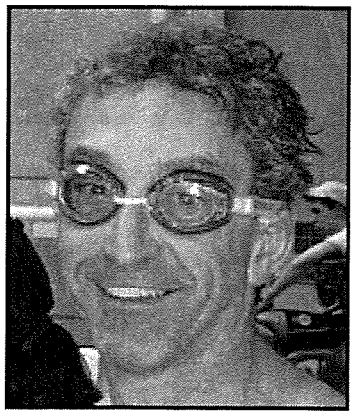
Photos by Dottie Buchhagen

Clockwise from top left: Kathleen Costello and Greg Wortman work the entry desk; Jason Shih takes a break from timing; Nathan Meadows' and Jennifer Round's sporty tattoos; Andy Fraser rests; Geoff Pierce runs the sales table; timers show off their watches; the Fastest Man and Woman in the Water plaques; Jeff Roddin and Jessica Klotz; the post-meet beer provided by Peter Johnson; and perennial runner Danielle Oliver.

Colonies Zone Meet report

By MYRIAM PERO

The Colonies Zone Champiionship meet was packed with drama for Ancient Mariner swimmers this year. Our +55 Mixed Medley Relay put in the wrong seed time, so they had to swim against kids. But they did us proud and won a gold medal. Nathan Meadows and I almost didn't make the start for the 1000 free Friday night because of the awful traffic. Fortunately, we arrived just in the nick of time and we both won a silver medal. A nervous Jennifer Round swam the 200 fly for the first time at a meet in more than five years. She, too, pulled down a silver – and set a team record. Dan Morrow was on the blocks and ready to go when goggle trouble almost eliminated him. Thankfully another swimmer was late, the start was delayed and Dan was able to fix his goggles. And Margot Pettijohn put us on the map this year, winning six individual gold medals. And this was even with an injured ankle. Her last event, the 50 fly, was more than 2 seconds faster than her seed time. Other Ancient Mariners who swam were Jason Crist, David Harmon, Louis Diamond, Susan Williams, Jeri Ramsbottom, Clay Britt, Marshall Greer Jr,, Jim Rosenthal, Jeff Roddin, Erik Osborn, and Cathy Gainor.



Denes makes a change

After 14+ years as President of the Montgomery Ancient Mariners, I am stepping down while I take classes for the next two years. Jeff Roddin, who is also the Potomac Valley Registrar, will take over the reins. In addition, Clay Britt, of Premier Swim, Inc., will take over the coaching duties.

Our team has grown mightily since our founding in 1991. For at least the last eight years we have been the largest masters team in the Potomac Valley. Although our numbers have dipped from our peak of 257 registered swimmers in 2002, to 226 last year, I am certain that under the combined leadership of Jeff and Clay, our team will once again grow.

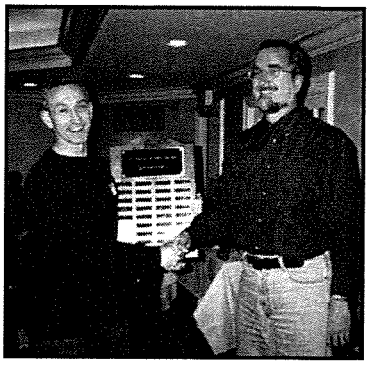
My last official duty will be to organize the Ancient Mariner 15-Year Reunion later this summer. I am excited about this opportunity to reestablish friendships with past Ancient Mariners. I will let you know the details as they are established.

I will continue to swim with the team. I value the many friends I've made over the years and look forward to swimming with you all. Thanks to all of you who have contributed so much to the team.

— Tom Denes

Harmon wins service award

By TOM DENES



The recipient of the 2005 Montgomery Ancient Mariner Service Award is Dave Harmon. Dave was a founding member of the Ancient Mariners in 1991 and served on the negotiating committee that came up with the final name of the Montgomery Ancient Mariners in 1993. He was the team's first Record Keeper in 1993-1994 and has been an At-Large Officer since 2001.

Dave has been critical to the success of the Albatross Open. He was the Entries Chair of our first two Albatross Opens in 1993 and 1994, and again in 1998 and 2005. He was also a member of the Social Committee (1996) and Planning Committee (1998).

New officers elected at meeting

By LISA BERGER AND ANGELA NEVALDINE

On May 5, the Ancient Mariners held an emergency board meeting to select a new team president.

Attending the meeting were Jeff Roddin, Tom Denes, Peter Johnson, Angela Nevaldine, Dottie Buchhagen, Myriam Pero, Cathy Gainor, Dave Harmon, Andy Fraser, Geoff Pierce, and Clay Britt.

For 15 years, Tom Denes has led our team, organizing, cajoling, scolding and charming us into a well-oiled machine.

Tom is stepping down because of a new commitment that is going to take most of his time. Starting in August, he will attend graduate school for a master's in international business.

After some discussion, attendees voted in new President, Jeff Roddin, new Vice President, Peter Johnson, and new Registrar, Jeff Roddin.

Tom will be active as our one and only Past President to ensure a smooth transition.

The Newsletter Editor position is still vacant. (We have been getting by with "Guest Editors," Cathy Gainor, Tom Denes, and Lisa Berger, but need someone permanent.)

Jeff Roddin said Elisabeth Deal had indicated an interest. He will check with her.

Thus, our officers are:

· President – Jeff Roddin
· Vice President – Peter Johnson
· Secretary – Lisa Berger
· Treasurer – Mauricio Rezende
· Registrar – Jeff Roddin
· Web Master – Dottie Buchhagen
· Newsletter – vacant
· Record Keeper – Jeff Roddin
· Past President – Tom Denes

Other items of business:

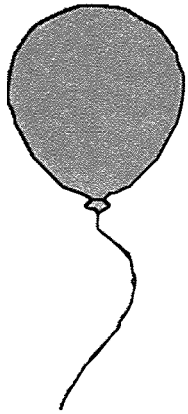
To mark our 15 year anniversary, we're throwing a party in August for all current, and former, members. The event will be held Saturday, Aug. 20, at Seneca Creek State Park, Gaithersburg.

We made about $1,500 on the Albatross Open this year. Cathy Gainor has offered to be co-director next year. This means she needs someone else to share in the director responsibilities (hint, hint). Volunteers should talk to Cathy.

Clay Britt discussed the training program for next year. He will coach some of the practices but will depend on the existing coaching staff as well.

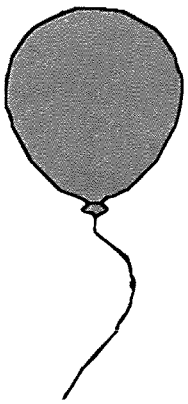
Ancient Mariners

15 Year Reunion!



It's been (almost) 15 years since we started. Come celebrate and reconnect with old friends and make new ones.

When: Saturday, August 20 from 2:00 - 7:00 P.M. (rain or shine!)



Where: Seneca Creek State Park, Gaithersburg, MD
11950 Clopper Road, Gaithersburg, MD 20878
www.dnr.state.md.us/publiclands/central/seneca.html
We will be at the "Doe" Pavilion. See map:
www.dnr.state.md.us/publiclands/central/senecamap.html

Who: Ancient Mariners of any era, groupies, spouses, significant others, kids, friends

Food: All food and drink will be provided. Dave Harmon and his crew of chefs will be grilling hamburgers, hotdogs and chicken. We'll cater the rest. Drinks (beer, wine, sodas) also will be provided.

Entertainment: Lots of talking and catching up. The kids can use the playground next to the pavilion. There is also a beautiful lake and walking trails nearby.

Directions: The park is in Montgomery County. From Washington, D.C, Virginia and points south, take I-270 north toward Frederick, Maryland. Take exit 10, Clopper Road, and continue through six traffic lights. The park's entrance is marked and will be on the left.

Guidelines:

- There is a $2 charge per car to enter the park.
- No pets allowed.