

Entertainment
TV listings

HEALTHY OUTLOOK

Athletes' friends: physicals, water

Trainers watch for sign of heat stroke

By GERRY JACKSON
Staff Writer

When the temperature and humidity soar to typical Maryland summer heights, it's time to take added precautions on the gridiron.

With temperatures in the 90s, football managers take on an importance akin to the legendary water-boy Gunga Din.

Athletic trainers become somewhat like weathermen, charting humidity and things like "wet-bulb temperature."

Football people are discovering that heat is something to approach with extreme caution. College coaches even schedule practices around the heat, practicing in the cooler portions of the day and scheduling rest breaks.

The Associated Press recently reported that The Sports Medicine Center of Union Memorial Hospital in Baltimore documented 78 deaths from heat stroke in high school, college and recreational football since 1955.

According to local doctors and trainers, prevention can curtail those numbers.

"Heat is the biggest problem (football players) face this time of year," said Dr. Victor M. Plavner of the Sports Medicine Center of Annapolis.

Plavner said the only solution to the problem is the consumption of water.

"It's not only important to drink water during practice or a game, but also to drink plenty of water prior to the event. Dehydration has a cumulative effect. If you practice for a week, each day you get a little more dehydrated," Plavner said.

"The old school was that the football player was macho and he didn't need water," Plavner added. "There should be no restriction on water. There should be water available not just at breaks, but whenever the players want it."

Plavner also said the medical profession has done a complete turnaround on salt tablets, and now feels they offer absolutely no benefit.

Symptoms of heat exhaustion include dizziness, extreme perspiring, chills and nausea. Players with those symptoms should be taken out of practice, placed in the shade and have their equipment removed, according to Plavner.

More teams are taking steps to avoid heat exhaustion.

Towson State University trainer Terry O'Brien, the District III secretary for the National Athletic Trainers Association, said the key to prevention is organization.

Before each football practice at Towson State, O'Brien charts and measures temperatures and humidity. He determines what he called the wet-bulb temperature to determine how much a player will perspire.

From those readings, O'Brien and his staff of trainers can modify everything from what type of

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DR. VICTOR PLAVNER checks Anne Arundel Community College volleyball player Diana Duffy earlier this month.

After Ausby, more caution

By BRETT FRIEDLANDER
Staff Writer

Next! Another prospective Annapolis High football player steps before the doctor for his routine preseason physical examination.

The doctor looks at the player's eyes. Then checks his mouth, nose and glands in his neck.

So far, so good. While listening to the youngster's heart and lungs though, the physician detects a faint murmur.

Nothing to get excited about. But then, you never know.

Just to be safe, the doctor sends the patient back to his family doctor for a more comprehensive checkup.

As it turned out, the problem wasn't a problem at all.

An electrocardiogram showed the athlete's heart to be normal. So did an echocardiogram — a machine used to take a sonographic picture of the heart's interior.

A year ago, such precautions might not have been deemed necessary.

However, after the sudden halt-time death of Andover High basketball player Jonathan Ausby in February, procedures like this are more common among teenage athletes in this area.

Ausby died of hypertrophic cardiomyopathy — the most common cause of sudden death in young athletes. Hypertrophic cardiomyopathy is a genetic ailment that includes enlargement of the heart.

"I don't think we're doing anything differently because of that, but we are paying a little more attention to the heart now," said Dr. Sherman Robinson, who for the past 25 years has been the team doctor at Severna Park High. "No one wants to take any chances. If there's any doubt, the patient is referred back to his own doctor for further examination."

Most times, as in the case of the Annapolis High player mentioned earlier, heart murmurs are insignificant.

A youngster found to have one is free to participate in whatever sport he chooses, once given the OK by the family doctor.

The problem: Heart ailments such as the one that killed Ausby are difficult to detect.

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Angels batter Bell, Orioles

By JOE GROSS
Associate Sports Editor

BALTIMORE — While teams able to think about pennants and playoffs are busy trading for players to reach their lofty goals, struggling teams simply play out the season.

The California Angels are among the first group. The Baltimore Orioles are in the latter.

Yesterday, the Orioles played as if the game was meaningless to them, which it was. The Angels played like the game was important to them, which it was.

The Angels, sparked by their latest acquisition, Johnny Ray, the second baseman they got Saturday from the Pittsburgh Pirates, defeated the Orioles, 6-2.

The win was the second straight for the Angels over the Orioles, who had won the previous nine games

against California. The Angels are in fourth place, but just 3½ games behind West Division leader Minnesota.

Angel bitters had little trouble figuring out Baltimore's Eric Bell, the starter who lasted only until the fifth inning before departing with the loss. Bell dropped to 9-11 for the season.

Meanwhile, Oriole batters helped wily veteran Don Sutton to his 319th victory, putting him ahead of Phil Niekro in 10th place on the all-time list, of his long career and upped his record this season to 9-10.

Orioles batters were concerned with the idea of Sutton scuffing the ball, an unproven charge that has followed him for many years.

"Sutton is amazing," Joyner said of the 40-year-old right-hander. "He

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DON SUTTON works during his seven shut out innings yesterday.

Hage captures 10-Mile Run

Simonsick first woman to finish

By JOE GROSS
Associate Sports Editor

Jim Hage's black hair was matted. His well-tanned body glistened from perspiration that gushed from it. His shorts were sopping. So were his socks and shoes.

The 29-year-old resident of nearby Lanham just ran 10 miles and it showed.

But Hage, the first of 2,753 finishers yesterday, spoke as if he had just returned from a morning stroll. His voice was steady and calm.

The winner of the 12th Annapolis 10-Mile Run talked with the other two or three runners who finished shortly after him. He congratulated runners who came looking for liquid refreshment af-

ter they finished the same run well ahead of the majority of the nearly 3,400 runners who started the race.

"What was my official time?" Hage asked. "I had my own time as 49:59. I hope that's what it was. I really worked my tail off to get under 50 (minutes)."

The victory was sweet, but Hage was disappointed to learn his official time was 50:01.

Hage crossed the finish line on the Navy-Marine Corps Memorial Stadium grass 29 seconds ahead of second-place Gerry Clapper and 39 seconds in front of third-place Jason Emmons.

The first woman to finish was favorite Eleanor Simonsick of (Continued on Page C3, Col. 6)

Johnson marks place in history

ROME (AP) — There is Joe DiMaggio's 56-game hitting streak and Will Chamberlain's 100-point game, and now there is Ben Johnson's 9.83-second clocking in the 100-meter dash.

All are history making performances. The first two have stood the test of time and the latter is a mark that was virtually unthinkable until yesterday.

Johnson took a record that had stood for four years — the 9.93 by Calvin Smith of the United States — and chopped one-tenth of a second off it.

It was equivalent to lowering the world mile record by about 2½

seconds.

Almost unthinkable.

Almost, but not to Johnson.

He had contended that he could break the world record — and break it significantly.

Not boastfully. Just convincingly. So convincingly that Carl Lewis, his nemesis for the No. 1 ranking in the world over the past three years, exclaimed after yesterday's final in the World Track and Field Championships: "Great race!"

So great that Lewis, who matched Smith's previous mark of 9.93 in finishing second, wasn't even a close runner-up.

Almost unthinkable.

Almost unthinkable, too, is the fact that Johnson was the first sprinter in more than 19 years to break the record at sea level. The last was Jim Hines, who ran 10.03 at Sacramento, Calif., on June 20, 1968.

"This would have been 9.75 in altitude," Johnson said.

Johnson won a bronze medal in the 1984 Olympics. He followed that by winning the World Cup in 1985, the Goodwill Games in 1986 in 9.85 (then the fastest ever at sea level), the Commonwealth Games in 1986, and the World Indoor Championship in 1987.

After yesterday, nothing would ap-

pear to be unthinkable for Johnson, the first non-U.S. sprinter to break the world record in the 100 since Armin Hary of West Germany ran 10.25 in 1960 and the first Canadian to hold the record since Percy Williams ran 10.3 in 1930.

Certainly unthinkable no longer is Johnson being ranked No. 1 in the world, ahead of Lewis, for the second consecutive year.

"Let's stop talking of him, now that it's clear that I'm No. 1," Johnson said.

It's unquestionably Ben Johnson. And that's not unthinkable. Not after yesterday.

ON TV

Monday	
7:30 p.m.	Atlanta at Pittsburgh, WTBS
8:30 p.m.	Chicago Cubs at Houston, WGN
8 p.m.	St. Louis at Chicago, Channel 7 13
8 p.m.	Team USA vs. Sweden in a Canada Cup game, FNN
Tuesday	
11:30 a.m.	Tennis, U.S. Open, USA

INSIDE

Perfect	
Kirby Puckett pounds out a 6-for-6 day as the Minnesota Twins climb back into first place. Page C2.	
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Heart ailments tough to detect

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Given the rarity of such problems and the cost of discovering them, elaborate testing for all prospective athletes is not practical.

"You have to have a high index of suspicion because an echocardiogram costs about \$200 per treatment," said Dr. Victor M. Plavner of the Sports Medicine Center of Annapolis. "Every murmur isn't bad. It's just a turbulent flow of blood through the heart."

"It's like white-water rafting," he added. "There's good white water and there's bad white water. You just have to determine which is which."

Ausby's death brought about an increased awareness toward heart screening among both doctors and parents — even if many of the tests prove unnecessary.

"It's a little bit scary to think that you could go through all those kids and still miss one," said Dr. Thomas M. Walsh, who handles physicals at Broadneck High.

"It seems like I've looked at every kid playing high school sports in the county this year," echocardiographic technologist Kim Green said.

Green, who works out of Anne Arundel General Hospital, participated in a University of Maryland study in 1985 designed to determine the feasibility of thorough testing for all athletes.

The study was performed by Dr. Barry Maron of the National Institute of Health.

Of the 501 subjects screened, only one — basketball player Christoph Weisheit — was found to have a life-threatening heart ailment.

"Even with all the expense and testing, there's a possibility some kids could still slip through the cracks and go undetected," Green said. "If nothing else, it pointed out the need for better physicals for everyone participating in sports."

Green isn't the only one who feels that way.

A number of county doctors — including many who administer physicals to high school athletes — agree pre-season medical examinations need to be reevaluated.

Their concerns deal with more than the heart.

"We're doing as good a job as we can under the circumstances, but there's just so many things to look for and so many kids to examine," Robinson said. "I'd like to see physicals changed so that they're done on a county-wide basis with multiple physicians."

"That way, you could get more specialized screening and fewer kids would slip by."

THE CHECKLIST

Although restrictions vary from sport-to-sport, medical conditions that would normally disqualify a high school athlete from participation are:

- Heart disease.
- Acute infection (respiratory, infectious mononucleosis, hepatitis,

rheumatic fever or tuberculosis).

- Serious bleeding tendencies.
- Uncontrolled diabetes.
- Jaundice.
- Enlargement of the liver.
- Loss of a paired organ (eye, kidney, testicle).

Other conditions aren't as well defined.

Factors such as physical maturity and rehabilitation from previous injuries are also considered before giving an athlete the go-ahead.

"One of the most important things we do is check joint flexibility," Robinson said. "You want to make sure the youngster has a full range of motion."

"Last year, I had a kid that every time he moved his neck, his arm went numb," Robinson said. "Obviously, that's something that needed further attention. He couldn't play sports with a condition like that."

Sometimes, a doctor finds it necessary to disqualify an athlete despite perfect health.

"There is no way I'm going to let a kid who is 5-foot-1 and weighs 100 pounds go out for football," Plavner said. "That's asking to get the kid killed."

The eyes, mouth, nose, thyroids, are all examined during a routine physical. The doctor also listens to the lungs and heart and tests body joints for flexibility.

In addition, a urinalysis is taken to screen for kidney disease and diabetes. Vital signs (blood pressure, pulse, height and weight) are also taken.

"The purpose of a physical is to make sure a student-athlete is able to participate in athletics... it's not a visit to the doctor," Plavner said. "We're looking for anything that would make it unsafe for a youngster to play."

About the only thing county high school athletes are not tested for is drugs or AIDS.

"And that wouldn't be such a bad idea," Walsh said. "I don't think it's necessary to screen for (the AIDS virus) because these aren't high-risk kids, but with the drug and alcohol problem in our schools, it wouldn't mind seeing them test for that."

Perhaps the most useful tool in detecting problems is a medical history form each prospective athlete is required to complete before being examined by a doctor.

Among questions to be answered are: "Have you ever been told not to participate in sports?"; "Have you ever been unconscious or lost memory from a blow to the head?"; and "Do you take any kind of medicine regularly?"

The form also asks for the athlete's immunization record and the approximate date of his last complete physical examination.

"You have to remember, we're talking about athletes here," Walsh said. "For the most part, these are pretty healthy kids."

Next!

Trainers keep eye on heat exhaustion

(Continued from Page C1)

equipment players should wear to how many rest breaks are required.

"The breaks are the key," O'Brien said. "We have organized water breaks in which we let the players cool down."

On extremely humid and hot days, O'Brien recommends players leave as much of their skin exposed as possible by doing things like wearing short socks and fish-net jerseys, as well as not wearing a lot of unnecessary pads. He also recommends that players remove their helmets during break periods.

"The skin should be allowed to breathe," O'Brien said.

The Anne Arundel Youth Football Association hosted a clinic that devoted three hours to injuries and

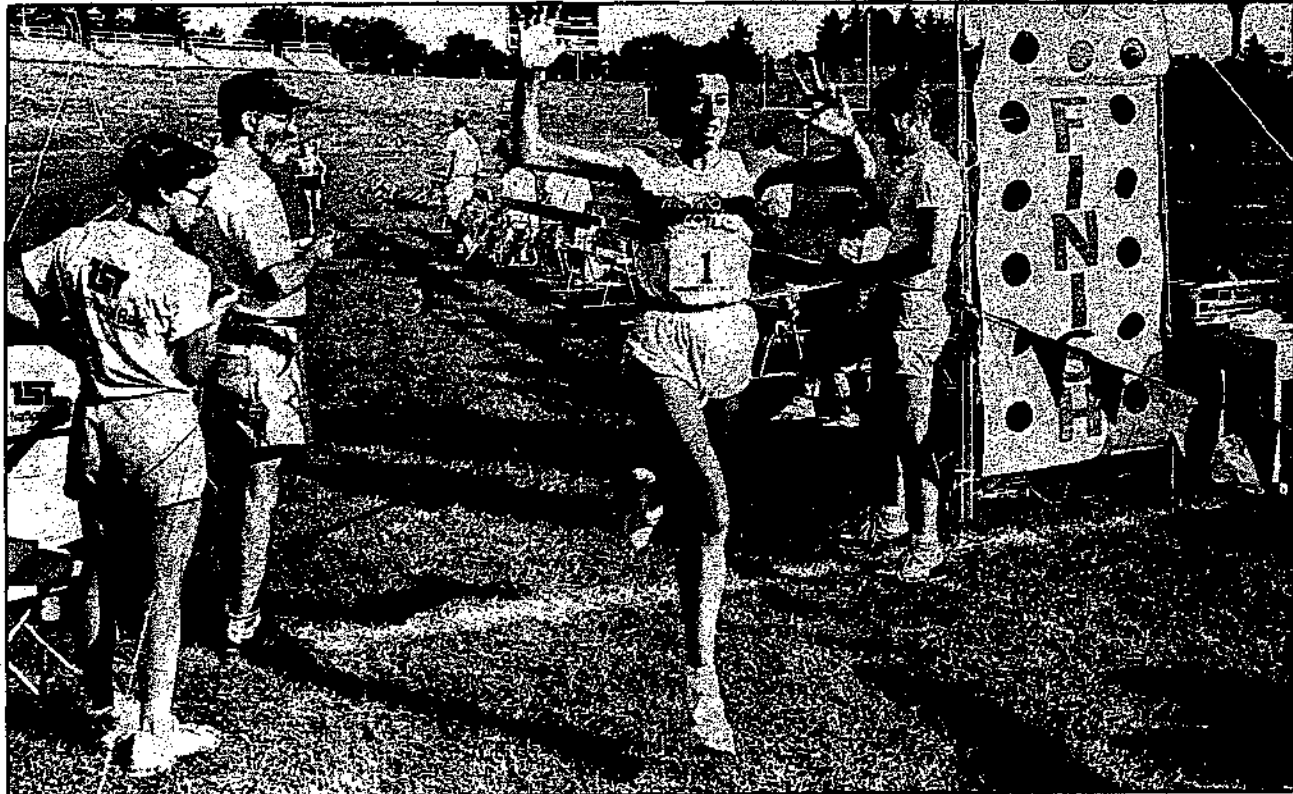
injury prevention.

AAYFA president Dan Ray said, "Many of our coaches are 35 or 40 and getting involved with football for the first time since they played it. A lot of that stuff that those guys learned when they were playing no longer holds up."

"For instance, years ago it was taboo to go to the water bucket. Now that's all changed... We're not trying to make them athletic trainers. We're just trying to make them aware or how to recognize and prevent injuries," Ray said.

Glen Burnie High School football coach Dave Rigot said, "It hasn't been any hotter this summer than usual. But we always practice the same. We just always let the players have access to water."

ANNAPOLIS 10-MILE RUN



JIM HAGE, top photo, crosses the finish line first yesterday. Below, Eleanor Simonsick of Baltimore leads the women in the 10-mile run.

Photos by Michael P. Major

Hage tops 10-Mile runners

(Continued from Page C1)

Baltimore, who endured an unexpected challenge from unheralded 24-year-old Mary Salimone.

The 29-year-old Simonsick was clocked at 57:40 and finished 70th overall, while Salimone, from Centerville, Va., crossed the finish line a scant three seconds later.

"I barely won," Simonsick said in a relieved tone. "I was looking for some of the familiar women, but I didn't really know (Salimone). She stayed with me through most of the race. I never could get rid of her."

"For a while I didn't realize she was a woman until I heard her breathing. Then I realized it was either a 14-year-old boy or another woman," Simonsick said.

"As I passed at about the eight-mile mark, I looked over at her and realized it was a woman and I tried to get away from her."

Simonsick, who held the record for the old 10-mile course, said she was still recovering from a virus.

Hage had an easier time.

"We had a good group running together. For a while it was Dave McDonald (5th at 51:11), Clapper and me," Hage said. "At seven miles I started to pull away."

Hage also led his Washington Running Club "A" team to the first team championship in the 12-year history of the Annapolis Run.

Other members of the team among the top 25 finishers were Clapper (second), Allen Naylor (10th) and Mike Mansey (12th). The team had a composite score of 32. The second-place quintet from the Baltimore Running Club had 55 points.

The top women's team was led by Karin Wagner-Hammond of Arbutus, who finished fourth.

TOP 10 MEN

1. Jim Hage, 50:01; 2. Garry Clapper, 50:30; 3. Jason Emmons, 50:40; 4. Bruce Coldsmith, 51:03; 5. David McDonald, 51:11; 6. Patrick Key, 51:44; 7. Paul Mallott, 51:50; 8. Richard Ferguson, 52:30; 9. Jim O'Keefe, 52:37; 10. Allen Naylor, 52:40.

TOP 10 WOMEN

1. Eleanor Simonsick, 57:40; 2. Mary Salimone, 57:43; 3. Liz Wilson, 58:20; 4. Karin Wagner-Hammond, 1:00:8; 5. Sue Crowe, 1:00:41; 6. Rose Malloy, 1:00:45; 7. Patricia Bullinger, 1:01:04; 8. Sue Borowski, 1:01:29; 9. Elizabeth Andrews, 1:01:37; 10. Kathy Ventura-Merkel, 1:01:37.

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Person needed to cover high school football and basketball games for The Capital, primarily on Friday nights. Would attend game, come back to office and write story on word processor. Contact Al Hopkins, Sports Editor, The Capital, 2000 Capital Drive, Annapolis, Md. 21401. Phone 268-5000 between 9 a.m. and noon Monday through Friday.

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