

# Burroughs Brings The Fun To The Twins

BY JOE CHRISTENSEN  
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FORT MYERS, Fla. (MCT) — The words sounded strange coming from Sean Burroughs, the overgrown kid who pitched Long Beach, Calif., to the 1993 Little League World Series title before going on TV and cracking up David Letterman.

Burroughs is fighting for a reserve infield role with the Twins this spring, and he was talking recently about the grind of being an everyday player last winter in Venezuela.

"Obviously, I felt my age," Burroughs said.

Burroughs turned 31 last September. Crazy how time flies, especially since four of those years were spent in a drug-induced haze. His was once a sad story of a first-round draft pick who reached the majors in 2002 at age 21, only to reach absolute bottom four years later.

"When I was younger," he said, "I'd give people a hard time, saying, 'Let's go hit, or go to the gym or go throw some more.'"

"Now, I've got to save myself. I get hurt in my sleep; you know what I'm saying? I go to bed fine, and I wake up, like, 'Oh, my hamstring!'"

Burroughs doesn't mind laughing at himself. He considers that part of his job.

"Ninety percent of it is having fun," he said. "I see people not smiling, not having a good time when they get into the ballgame, and it kind of makes me wonder if they really enjoy it."

"I think I kind of get a mulligan because I was out of the game for a couple years, and now I'm back in, and I realize how much I missed it, how much I love playing, how much I love to have fun with the guys."

That's part of Burroughs' appeal to the Twins. He can play third base and first base. He's a left-handed hitter who can deliver in the clutch. And he's a character.

"I always say, he's the kind of guy you wait for to show up at the ballpark because he brings some of those intangibles," said Class AAA Rochester manager Gene Glynn, who was a coach on Burroughs' team in Venezuela.

The Twins haven't had a character quite like Burroughs since 2009, when Mike Redmond was still the backup catcher. Redmond was a clubhouse favorite, and he brought on-field value, too, handling pitchers and batting .297 in five seasons.

Sometimes, Burroughs can be found in the clubhouse joking around with the Spanish-speaking players in their native tongue. He says he knows "a little bit" of Spanish, but he's practically bilingual.

He studied the language in high school and even took a few classes at Southern California after signing with the Padres in 1998.

In San Diego, Burroughs was a young, charismatic figure on a veteran team.

"I looked up to guys like Trevor Hoffman, Tom Lampkin, Phil Nevin and Rondell White — guys I played with in '02, '03 and '04," Burroughs said. "I did a lot of things the right way, and then when I found that fork in the road, I kind of just fell apart."

Burroughs had arrived in the majors with tremendous expectations. His father, Jeff, was the 1974 American League MVP for the Rangers.

But Sean Burroughs never hit for the power the scouts had hoped would come. To this day, he has hit only 12 major league home runs in 1,647 at-bats.

The Padres sent him back to the minors in 2005 and traded him to Tampa Bay the next year. After getting released in August 2006, he signed with the Mariners and played four games in Class AAA before disappearing from the sport.

Burroughs has compared those next four years to the movie "Leaving Las Vegas," and the Nicholas Cage character's efforts to drink himself to death. Burroughs has said he ingested any drug he could find. He moved to Las Vegas, slept in cheap hotels and found himself eating cheeseburgers out of a garbage can.

"One day (in 2010), I took a hard look at myself in the mirror," Burroughs told the Star Tribune this January. "I weighed at least 260 (pounds). My hair was shaggy. My clothes were shabby. My eyes looked terrible. I said to myself, 'This isn't me. It can't be me.'"

After Burroughs got himself clean, he latched on with the Diamondbacks, batting .412 in 34 games at Class AAA before returning to the big leagues. Last season, he batted .273, not far off his .280 career average, for an Arizona club that made the playoffs one year after finishing 65-97. He went 1-for-3 as a pinch hitter in the Division Series as the Diamondbacks fell to the Brewers.

"I've got a pretty simple swing, a pretty simple approach, so it was easy for me to play once or twice a week," Burroughs said.

It's unclear if Burroughs will make the Twins' Opening Day roster. He signed a minor league deal, so the team technically could send him to Class AAA until it has an opening.

The decision could boil down to whether the Twins want to keep Burroughs or a third catcher. Burroughs went 2-for-4 with three RBI against Boston on Friday, raising his spring average to .324.

Twins manager Ron Gardenhire hasn't tipped his hand, but it's clear he likes Burroughs and expects him to contribute at some point this year.

"He's a great clubhouse guy," Gardenhire said. "He knows how to play, knows how to hit. He's not trying to be Superman. He's being himself."

# Softball: South Dakota State Sweeps Coyotes

BROOKINGS — South Dakota State swept a doubleheader with the University of South Dakota in Summit League women's softball action Friday.

SDSU (6-21, 1-7 Summit) will host the Coyotes (7-27, 5-6 Summit) for one more game today (Saturday) at noon.

In the opener, an 8-4 SDSU win, Alex Landon went 2-4, and Morgan McCabe and Krista Honken each homered for the Jackrabbits.

Lindsey Boyd and Allie Daly each homered for USD, the only two hits for the Coyotes.

Kori Seidlitz survived six

walks by striking out eight and allowing just two hits. Erica Denney took the loss, giving up eight runs and striking out six in 5 1/3 innings of work.

In the nightcap, Pam Nicholson pitched a six-hit shutout, striking out six, as the Jackrabbits earned the shutout win.

Kelly Kleppin's RBI double in the second inning provided the game's only run.

Five different players had hits for USD, including Yankton native Christine Broders.

Missy Blackburn took the loss, striking out three and allowing four hits.

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# ASK THE EXPERTS

## Comfort Care

My name is Amy Brock, Volunteer Coordinator for Autumn Winds Comfort Care. In my position, I coordinate and supervise volunteer orientation and training, provide on-going support and continuing education opportunities to volunteers, assign volunteers to patients, and inform volunteers of changes of the patients' status.

The volunteer training program includes being familiar with the hospice's goals, maintaining confidentiality of the patient and family members, being familiar with the philosophy of hospice and awareness of grief, loss, and the stages of death and dying. The training also consists of ongoing in-services and attending community programs that fit within the hospice philosophy. Through this training volunteers will learn to communicate with patients and their family members in a helpful way.

Some of the responsibilities of a hospice volunteer are companionship, running errands, talking with family members, reading to the patient, and participating in several other activities that the hospice program provides. The volunteer may help to coordinate grief support groups and be involved in helping with the bereavement program in accordance to the hospice's policy.



605-689-0382 Yankton, SD

## Family Medicine

**Q How do I know if I have the stomach flu or influenza?**

**A** Stomach flu refers to gastroenteritis or an inflammation of the stomach and intestines (the gastrointestinal tract). Gastroenteritis may be caused by a virus, bacteria, or in rare cases parasites in spoiled food or unclean water. Influenza (flu) is actually a viral infection that acts like a cold except that it starts acutely with symptoms of fatigue, fever, and respiratory congestion. While more than 100 different virus types can cause a common cold, only influenza virus types A and B cause influenza. More severe cases of influenza can lead to secondary infection such as pneumonia.

Antibiotics can treat a bacterial infection, however antibiotics cannot treat influenza because it is caused by a virus. If diagnosed within the first few days of symptom onset, anti-virals may be prescribed to help shorten the course and lessen the severity of symptoms.

In severe cases of gastroenteritis, dehydration can occur. Signs of dehydration may include dizziness, increased thirst, dry or sticky mucous membranes in the mouth, lack of normal elasticity of the skin, decreased urine output, and decreased tears. Dehydration can be avoided by drinking plenty of fluids.

A simple and quick test performed at the clinic will determine whether or not you have influenza. Blood work may be further necessary in order to determine whether your symptoms are caused by a virus or bacteria.

1101 Broadway, Suite 103A  
Morgen Square, Yankton, 260-2100



Jeffrey Johnson, M.D.



Brandi Pravacek, CNP  
L&C Specialty Hospital

## Ear, Nose & Throat

**Q Dr. Rumsey is it important to schedule a hearing test for my newborn?**

**A** It is very important to have your newborn's hearing tested. Fortunately, it is not something most parents have to worry about. Current newborn hearing screening programs are screening more than 90% of newborns prior to discharge from the hospital. Our goal is to confirm normal hearing or identify hearing difficulties prior to one month of age and be providing appropriate treatment or rehabilitation prior to six months of age in all newborns. Although these programs are very good at identifying problems, don't underestimate how well you know your child. If you feel he or she is having a difficulty hearing you should have it tested. It takes about an hour and you will leave with full understanding of the results. If you would like more information regarding newborn hearing screening programs feel free to contact me at Avera Yankton Ear, Nose & Throat - (605) 665-6820.

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Matthew Rumsey, AuD., CCC-A

## Podiatry

**Q Achilles Tendonitis**

**A** Achilles tendonitis is a condition of irritation and inflammation of the large tendon in the back of the ankle. Achilles tendonitis is a common injury that tends to occur in recreational athletes. Spurs on the back of the heel may or may not be present with Achilles tendonitis. The patient is usually deficient in stretching the calf muscle prior to activities. Improper shoe gear choices can also cause problems in the Achilles tendon. Calcium deposits can be seen in the Achilles tendon, mostly at the attachment of the Achilles on the heel bone. Common causes of Achilles tendonitis are lack of flexibility and over pronation. As people age tendons become less flexible, more rigid, and more susceptible to injury. Therefore, middle-age recreational athletes are most susceptible to Achilles tendonitis. Other people that are susceptible to this are delivery people who frequently get in and out of a truck or trailer. The constant impact on the tendon and lack of flexibility contribute to the tendonitis.

Treatment for Achilles tendonitis begins with resting the tendon to allow the inflammation to settle down. This can be done with heel lifts in the bottom of the shoe. There has been increased emphasis on eccentric stretching for Achilles tendonitis. The risks are higher with these exercises for rupture, but studies are indicating that eccentric loading stretches may actually improve the symptoms and condition. In more advanced cases, crutches or immobilization of the ankle will be necessary. An MRI may be useful to show the extent of tearing in the tendon body. Ultimately, surgery may need to be done to repair the tendon. If calcium deposits are seen in the Achilles tendon body or at the attachment of the Achilles to the heel, they may have to be removed to provide adequate pain relief.

Avera Sacred Heart Hospital Professional Office Pavilion  
409 Summit St., Ste. 2600, Yankton  
665-8601



Terence Pedersen, D.P.M.



Scott Torness, D.P.M.

**Avera**  
Foot and Ankle Clinic

## Orthopedics

**Q What is a Rotator Cuff Tear?**



Dr. Dan Johnson, M.D.  
Board Certified  
Orthopedic Surgeon

**A** All of the muscles on the front and back of the shoulder blade form a "cuff" of tendons that cover the ball-and-socket shoulder joint. The "rotator cuff" inserts on the front, top and back of the upper arm bone where the ball is located. This cuff tissue must slide under a narrow space when the arm is elevated or rotated. Injury and degeneration may create bone spurs in this narrow space which can begin to pinch (impinge) on the rotator cuff. Impingement that is left untreated causes rotator cuff tears.

Symptoms of impingement of the rotator cuff include pain (often sharp, stabbing type) with reaching forward, overhead or behind one's back. It often wakes one type sleep.

Treatment of rotator cuff problems include avoidance of overhead lifting (get a step stool), anti-inflammatory medicine, exercises, and sometimes an injection. If these conservative treatments fail then surgical removal of the bone spur and repair of the cuff damage will eliminate the pain, improve sleep and maximize shoulder strength.

**ORTHOPEDIC INSTITUTE**

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## Urological

**Q Should I bother getting a PSA test anymore after that government sponsored report against doing PSA's?**



Dr. Joseph Boudreau, MD, F.R.C.S.

**A** There was not a single doctor who treats prostate cancer on that committee! That report was for the benefit of the government and insurance companies as they will save themselves a lot of money by not having to pay for a screening PSA. The American Urological Association came out strongly against the report and still recommends a screening PSA for high risk patients. The report fails to mention that there has been a significant decrease in the number of patients presenting with advanced prostate cancer because the cancer has been detected at a much earlier stage because of the PSA. There has also been a drop in death rates from prostate cancer due to early detection. To not recommend doing a PSA until a better test is available to detect early prostate cancer was a very irresponsible recommendation to make and hopefully we will not see the incidence of advanced prostate cancer increase because of it. If you have a positive family history of prostate cancer, an abnormal feeling prostate, a previous history of an elevated PSA, are African American or even have a good ten year life expectancy then by all means, YES, do get a PSA!

**Yankton Urological Surgery, Prof., L.L.C.** 2009 Locust, Yankton • 689-1100

## Chiropractic

**Q What can chiropractic do for my sinuses?**



Sheila Fitzgerald, DC

**A** A common complaint that sinus sufferers have is the congestion that develops in the frontal and maxillary sinuses. The chiropractic adjustment of the upper neck helps impact several mechanisms that help the sinus region respond. The drainage and lymph flow is enhanced. The muscle tension of the neck and head is improved. The nervous system's response to the adjustment increases activity of the immune system. Then, there are some individuals who also choose to use acupuncture for sinus related problems, and have a lot of success and improvement. For the most part, chiropractic has a very beneficial effect with sinus problems and is a very safe alternative treatment.

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## Fitness/Health

**Q Due to the nicer weather I have been exercising more and am stiff and sore. Is it ok to keep exercising or should I wait until the pain is gone?**



Angie O'Connor, Clinical Exercise Specialist

**A** This time of the year it is easy to get carried away with yard work or exercise regimens outdoors and then really feel the pain later. Generally this is a case of shock to the system. It's performing certain activities or increased exercise volume that you might not be used to yet. If you are experiencing a mild, slightly sore muscle pain sometimes light exercise can make it feel better although after a couple of days this type of pain should subside anyway. If your pain is more intense you might find that with continued exercise you are altering your body mechanics and could potentially end up with even more issues and pain. In these cases consider taking a break for a week or two until the pain has lessened significantly or is gone. Not resting in the beginning can bring on additional injuries and pain that can set you back a lot longer than a couple of weeks.

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## Pharmacy/Nutrition

**Q Are sports and energy drinks safe for children and adolescents?**

**A** Here comes the warmer weather and, with the warmer weather, comes more outdoor sports — baseball, soccer, track, golf, etc. It is important that we keep our children hydrated and energized in the heat of the moment, but what is the best way to accomplish this? Media has led us to believe that sports and energy drinks are safe for our kids, but this isn't necessarily true.

Sports and energy drinks both contain ingredients usually best avoided in children — large amounts of sugar and high doses of caffeine. The American Academy of Pediatrics says there is no place for caffeine and other stimulant substances in the diet of children and adolescents. "The biggest danger is probably the displacement of adequate sources of calcium and vitamin D in the diet. These beverages are replacing milk, especially at a very crucial time of immense bone growth and development."

Sports drinks, such as Gatorade and Powerade, contain carbohydrates and electrolytes while some throw in vitamins and minerals. Although they are marketed for hydration in people who exercise, plain water is still best for all except in extreme circumstances. The extra sugar intake increases the risk of obesity and tooth decay and kids usually get enough vitamins and minerals from other sources.

Children should avoid energy drinks, such as Red Bull and Monster Energy, altogether. They contain large doses of stimulants such as caffeine and guarana to increase alertness, as well as extra carbohydrates, vitamins, and amino acids. Caffeine's effect on adult performance is extremely variable and has never been studied in children.

The American Association of Poison Control Centers adopted codes late last year to start tracking energy drink overdoses and side effects nationwide; 677 cases occurred from October through December; so far, 331 have been reported this year. The list of overdose symptoms is quite lengthy, including seizures, hallucinations, rapid heart rate, chest pain, high blood pressure, and irritability.

Caffeine intake should be limited based on age. Daily intake should be limited to 45 mg for children between 4 and 6 years, 62.5 mg for children between 7 and 9 years, and 85 mg for children between 10 and 12 years old. For kids 13 years of age and older, a limit of 2.5 mg/kg/day should be established.

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