

### Mental Illness Classes To Be Offered

The fall sessions of the National Alliance on Mental Illness Family to Family Education program will begin on Tuesday, Sept. 16. Classes will start at 7 p.m. and end at 9:30 for each of the 12 class meetings. Meetings will be held at the Yankton Chamber of Commerce, located 803 E. 4th St. Building is across from Clark's Rentals.

The 12-session program helps families and caregivers of people living with a mental illness to understand the illness' causes and origins, how to communicate when the illness is not well-controlled, self-advocacy and other topics.

The sessions cover major brain disorders such as schizophrenia/schizo-affective disorder, major depression, bipolar disorder, OCD, PTSD, borderline personality disorder and co-occurring mental illness and addiction disorders. It will include aspects of the diagnostic process, current treatments, seeking help and coping strategies.

Research in the arena of mental illness is ongoing, and it is one of NAMI's many goals to keep up with the latest of discoveries and treatment protocols, which will be reflected in the course discussion and materials.

Each participant will receive a student notebook with about 250 pages. There are no costs to attend this program. If interested, call Mike at 605-661-4434.

### HHS Holds Hearing On Mental Health

LINCOLN, Neb. — The Nebraska Department of Health and Human Services, Division of Public Health, is holding a hearing on proposed regulations related to the licensure and certification of independent mental health practitioners, mental health practitioners, marriage and family therapists, professional counselors and social workers. The hearing will be held on Thursday, Sept. 18, at 10 a.m. CT, in the Nebraska State Office Building in Lincoln, 301 Centennial Mall South, lower level conference room A.

These regulations are being updated to reflect the provisions of the Mental Health Practice Act, the Uniform Credentialing Act, and state law requiring verification of lawful presence. Included are:

- Revised definitions of terms including approved programs, client/patient or client system, direct client contact, qualified physician, qualified supervisor, supervised experience, and others;
- Provisions for licensure of independent mental health practitioners;
- Revised unprofessional conduct standards including the adoption of a code of ethics addressing competence, confidentiality, disclosure of confidential information, discrimination, dual relationships, professional records, professional relationships, referrals, sexual harassment, sexual intimacy, and students and supervisees; and
- Provisions for technology-assisted services;

The previous rulemaking on these regulations, with public hearings in 2008, 2009, and 2010, is being terminated.

Interested persons are invited to submit written comments or to attend and comment at the hearing. Written comments must be postmarked or received by 5:00 p.m. CT the day of the hearing, and should be e-mailed to DHHS.RulesandRegs@nebraska.gov, faxed to 402-742-2382, or sent to DHHS Legal Services, 301 Centennial Mall South, P.O. Box 95026, Lincoln, NE 68509-5026. Copies of written comments and names of persons submitting them will be available after the hearing.

The draft regulations can be found at <http://www.sos.ne.gov/>.

### USD Hosts Memorial Service For Donors

VERMILLION, — The University of South Dakota School of Health Sciences and the University of South Dakota Sanford School of Medicine will honor donors to the Body Donor Program and their families during a special memorial service at 3:30 p.m. on Friday, Sept. 19, at the atrium of the Andrew E. Lee Memorial Medical and Science Building.

This is the 10th year of the memorial service that honors family members by recognizing the contribution of their loved ones who gave a special gift to the study of medicine. Students from the medical, physician assistant, occupational therapy and physical therapy programs, along with faculty and staff, will share testimonials and their appreciation to family members in attendance.

"The memorial service is a unique opportunity for donors' families to know that their loved one was treated with care and respect," said event coordinator Carleen McNeely, part of the Basic Biomedical Sciences Department at the USD Sanford School of Medicine, "and that their loved one's gift was not just a value to students and faculty in our program but to the study of medicine."

The Sanford School of Medicine and the School of Health Sciences relies on the voluntary donation of bodies for medical and other professional health programs. Body donations are crucial in teaching gross anatomy as the foundation for physicians, physician assistants, nurses, dentists, dental hygienists, occupational and physical therapists, and paramedics. Donors have served as the "first patient" for thousands of USD students.

"The anatomy laboratory is a unique educational experience, and the memorial service is an integral aspect of that experience," said Dr. Stuart Inglis, director of medical anatomical laboratories at USD. "Students have an opportunity to express their gratitude to the donors' families, and to gain an appreciation of the rich and fulfilling lives that these people have led."

### Hansen Awarded First Endowed Chair

VERMILLION — The University of South Dakota Sanford School of Medicine has awarded its very first endowed chair position.

Dr. Keith Hansen, a reproductive endocrinologist in Sioux Falls and longtime faculty member at the University of South Dakota Sanford School of Medicine, has been named the recipient of the Karl H. Wegner, MD, Chair in Medicine. It is a three-year appointment.

Hansen, a Wall native, is the chair of the Department of Obstetrics and Gynecology at the medical school. He received his medical training at Washington University, St. Louis, Mo., and subsequently practiced and held faculty appointments at medical institutions in Virginia, Georgia, Maryland and Washington, D.C. During that time he served 10 years in the U.S. Navy. In 1998 he returned to South Dakota to practice medicine and teach at the USD Sanford School of Medicine in Sioux Falls. He has served in a variety of significant roles at the medical center, including his current role as chair of the OB/GYN department.

The endowment to create the Karl H. Wegner, MD, Chair in Medicine was established by the late Dr. Karl H. Wegner with the support of his wife, Margaret Cash Wegner. Karl Wegner taught at the medical school starting in 1962 and became dean of the school in 1974. He also served as chief of pathology at Sioux Valley Hospital, now Sanford Health. Dr. Wegner was medical school dean from 1974 to 1980. He died in April 2014.

# Iowa Committee Backs Legalizing Medical Marijuana

DES MOINES, Iowa (AP) — A legislative committee narrowly recommended allowing medical marijuana to be grown and sold in Iowa to help people with epilepsy.

The 10-member committee was formed to look at problems with a new law that was supposed to allow some epilepsy patients to get marijuana extract. On Thursday, the committee also backed changing state law to reclassify marijuana so it would be easier to get as medication, *The Des Moines Register* reported.

In May, lawmakers vote to allow people to possess marijuana extract, an oil that doesn't contain the chemical that makes people high, to treat seizures if it's prescribed by an Iowa neurologist. But the law didn't provide any way for people to make or distribute the extract in Iowa.

Parents who pushed for the bill have said in the months since that it's basically unworkable. Most states where medical marijuana is legal don't allow



NHAT V. MEYER/BAY AREA NEWS GROUP/MCT  
**The Golden State, with its already outside medical-pot market, could soon be entering a Golden Era of commercialized cannabis.**

people from other states to buy it. And people from Iowa would have to break the law to bring it back home.

State Sen. Bill Dotzler, D-Waterloo, said he saw the original law as a giant step for families, but now it's clear that it needs to be fixed.

He and five other lawmakers voted to recommend the

closely regulated production and distribution of medical marijuana for approved patients. It did not say what type of marijuana but did say it should not be taxed.

Four of five Republicans on the committee voted against the motion. The tie-breaking vote came from state Rep. Clel Baudler, a Greenfield Republican and

retired state trooper who said the state needs to find a way to help people with severe epilepsy. He said he opposes expanding the law to let people possess marijuana for other conditions such as cancer or Crohn's disease. The committee voted against recommending such an expansion.

The committee voted 9-1 on a measure to recommend reclassifying marijuana in a way that would be a step toward making it legal for medical purposes.

Parents said Thursday that they're frustrated with how long it is taking to register people for the new program. Administrators said identification cards won't be available until at least Jan. 30.

"These families are going through living hell," Dotzler told an official from the Iowa Department of Public Health, saying state workers should be able to move more quickly. The official said administrators are moving as fast as they can under the law.

### Ramblin's With Coach Rozy

# Long-Term Athletic Development

BY DR. MARK ROOZEN  
Avera Sports



Mark ROOZEN

I had a buddy in Texas call me the other day and have this conversation:

"Coach Rozy, the parents of the other kids on our daughters under-8 soccer team want me to enroll her on a select team, and said I should get her into a really sport-specific training program. She's a pretty good soccer player, and they say it will help her make the national team in 15 years."

I asked, "What are you going to do?"

"I don't know. What do you think? You're a certified coach and have worked with all levels of kids."

Conversations like this probably take place around soccer pitches, in the stands at hockey arenas, and at many other sport venues across the country; and as a parent you want what is best for your child.

So what is best for your child?

What's best is simple: Children learning skills and taking part in activities that match their stage of development. This is called Long-Term Athlete Development, or LTAD. What is a "stage of development," and what does this mean for you as a parent?

Doing what is best for your child is what Long-Term Athlete Development (LTAD) is all about. The Canadian Sport Institute were some of the first to do hard work to develop LTAD plans for all sports. What those plans tell us is that early specialization, and early intense training in most sports just doesn't help the child develop to be the best they could possibly be. The evidence is that too much early specialization actually prevents children from developing to their full potential.

So I can hear some folks asking, "What is LTAD?" In simple terms, we need to think that human development from birth to adulthood is a continuous process. To understand the process better, experts divide human development into distinct stages with specific characteristics; these are called stages of development.

These experts, you know, the guys in white coats, have identified seven stages of development, each with its own physical, mental, emotional, and cognitive characteristics.

This is our Long-Term Athlete Development (LTAD) model, and it's the basis for the optimal training and competition

kids need to enjoy sport the most and perform their best.

So we know what it is, but we're not even from Canada, why do we need the LTAD model? The answer is because participation in recreational sports and physical activity has been declining and physical education programs in schools are being marginalized. Because the performances of athletes have been declining in some sports.

Because some sports are having trouble identifying and developing the next generation of great athletes. Because NOT matching skills and activities to a stage of development has serious negative consequences, and our fitness and sport systems have been suffering from them for some time. To mention just a few of them:

- Children don't have fun — because we don't "play" anymore, we compete all the time!
- They develop bad habits because of the over-emphasis on winning;
- Their skill development is poor; we spend so much time playing and competing, we don't take the time to teach skill. We find those that can "naturally do it" and they get to play
- They don't reach their optimal performance level;
- Many burn out and drop out of the sport.

Following are the Last 6 Phases of Development — understanding that ACTIVE START is making sure that your child is progressing in their development as they should. Also, there are a number of KEY POINTS in each phase, we hit on a few here. For more detailed information on each area, please contact me at [www.rozyroozen.com](http://www.rozyroozen.com) and we can get you more information.

#### Phase 1 — Fundamentals

This phase is appropriate for boys aged 6 to 9 and girls aged 5 to 8. The main objec-

tive should be the overall development of the athlete's physical capacities and fundamental movement skills. We talk about developing the MOVEMENT SKILLS FOR LIFE (we will talk about this in a later column!).

- Develop the athlete's:
- ABC's (Agility, Balance, Coordination and Speed)
- RJT (Running, Jumping, Throwing)
- KGBs (Kinesthetics, Gliding, Buoyancy, Striking with a body part)
- CKs (Catching, Kicking, Striking with an implement)

The first "critical period of speed development" will occur during this phase, age 6-8 for girls and 7-9 for boys respectively. Linear, lateral and multi-directional speed should be developed and the duration of the repetitions should be less than 5 seconds. Fun and games should be used for speed training and the volume of training should be lower.

#### Phase 2 — Learning To Train

This phase is appropriate for boys aged 9 to 12 and girls aged 8 to 11. The main objective should be to learn all fundamental sports skills and learn general overall sports skills. Continue to develop speed with specific activities during the warm-up, such as agility, quickness and change of direction. Develop knowledge of warm up, cool down, stretching, hydration, nutrition, recovery and focusing.

#### Phase 3 — Training to train

This phase is appropriate for boys aged 12 to 16 and girls aged 11 to 15. The main objective should be the overall development of the athlete's physical capacities (focus on aerobic conditioning) and fundamental movement skills. Learn correct weight-lifting techniques and develop knowledge of how and when to stretch, how to optimize nutrition and hydration, mental preparation, how and when to taper and peak. This is a great time to start to work to establish pre-competition, competition and post-competition routines. Special emphasis is also required for flexibility training due to the sudden

growth of bones, tendons, ligaments and muscles.

#### Phase 4 — Training to compete

This phase is appropriate for boys aged 16 to 18 and girls aged 15 to 17. The main objective should be to optimize fitness preparation, sport/event specific skills and performance. We look to give 50 percent of available time to be devoted to the development of technical and tactical skills and fitness improvements while the other 50 percent of available time is devoted to competition and competition-specific training. We also want to have our athletes learn to perform these sport specific skills under a variety of competitive conditions during training.

#### Phase 5 — Training to win

This phase is appropriate for boys aged 18+ and girls aged 17+. The main objective should be to maximize fitness preparation and sport/event specific skills as well as performance. At this stage, all of the athlete's physical, technical, tactical, mental, personal and lifestyle capacities are now fully established and the focus of training has shifted to the maximization of performance. Athletes train to peak for major competitions and this training is characterized by high intensity and relatively high volume with appropriate breaks to prevent over training — peaking at the right time.

#### Phase 6 — Active for Life

The main objective is to use the development learned during this process, and use what was learned to stay active, fit, healthy and performance at high levels at whatever point one would choose to drop out of the "sports performance" model. They find that those that find enjoyment from exercise, movement and being active will do it as a lifelong pursuit! AND THAT IS WHAT WE SHOULD ALL BE LOOKING FORWARD TO — NO MATTER WHAT AGE WE ARE!

Mark Roizen; Coach Rozy — Powered by AVERA Sports, can be contacted at 817-219-2811, emailed at [rozyroozen@gmail.com](mailto:rozyroozen@gmail.com). Go to [www.coachrozy.com](http://www.coachrozy.com) and [www.facebook.com/coachrozy](http://www.facebook.com/coachrozy)

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