

SOUTH CAROLINA ORTHOPAEDIC PERSPECTIVES

SPRING 2010

A publication from Midlands Orthopaedics, P.A.

What's New
in 2010?

PG 6

Haiti Orthopaedic
Project

PG 8





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South Carolina Orthopaedic Perspectives communicates educational news and trends involving orthopaedic-related injuries and treatments as well as other articles of interest to physicians, employer groups and key members of our community. *South Carolina Orthopaedic Perspectives* is available in waiting areas throughout our three locations, providing additional exposure about Midlands Orthopaedics to our patients, families and guests.

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What's New in 2010?

Welcome to the Midlands Orthopaedics Dispensary!

Have you ever felt frustrated that you had to stop at a pharmacy after a doctor's appointment before going home to rest? Midlands Orthopaedics is now offering you the opportunity to have prescriptions written by our physicians at the Blanding Street office filled on-site in our dispensary. We accept most insurance plans and can often match your co-pay, even if we don't participate with your insurance. Unfortunately, we cannot fill prescriptions or offer competitive pricing for South Carolina Medicaid, federal BCBS or Tricare. We can fill prescriptions for most Medicaid HMOs, however.



Jessica Lown and Adrienne Rankin

When you receive a prescription during an appointment at our downtown location or our Surgery Center, it will be printed in the dispensary for you to pick up unless your insurance is one of the plans mentioned above. When you arrive at the dispensary, you can ask us to fill the prescription for you, or you may take it to the pharmacy of your choice. This process enhances patient safety by allowing our physicians to centralize and monitor controlled substances prescribed by our office as well as patient compliance with medication therapy. We hope you will find this service convenient and easy to use. We have plans to extend the service to our other locations within several months.

Adrienne Rankin is the dispensary tech who will fill your prescription. Jessica Lown is our dispensary support specialist available to process your insurance and complete the transaction. Between them, Adrienne and Jessica have 12 years of experience servicing patients' medication needs at Kmart and CVS. Feel free to contact them if you have any questions about our dispensary by calling 803.933.6328 or e-mailing dispensary@midlandsortho.com.

Attention, West Columbia and Lexington Residents!

Our office on Sunset Boulevard has reopened, and we are eager to offer you appointments closer to home. Currently, Drs. Green, Piehl, Fowble, O'Leary, Armsey and Kirol rotate through this office, offering expertise in hand, shoulder, pediatrics, total joint and sports injuries and conditions. This office first opened in 1990 and was staffed primarily by Mike Ugino, MD, and the late Asif Sheikh, MD. As years passed, more of the Midlands Orthopaedics team began to work from this location. We are thrilled to reintroduce our West Columbia office with a fresh, renovated appearance. If you remember the old office, you'll particularly enjoy the new bright waiting room and color scheme. We've added digital imaging and electronic medical records to allow our providers seamless access to your X-rays, MRIs and charts from any location. Call 803.256.4107 and select Option 1 to schedule an appointment at this or any of our three locations: 2829 Sunset Boulevard, West Columbia; 1910 Blanding Street, Columbia; or 1013 Lake Murray Boulevard, Irmo.



Ashley Mady and Erin Thomas

More and more frequently, athletic trainers are assisting physicians with musculoskeletal patient education and the treatment and rehabilitation of musculoskeletal injuries. The goal is to return the injured person to pain-free, fully functional activity. Controlling pain and inflammation while regaining normal range of motion, flexibility, muscular strength, muscular endurance and coordination are central to the rehabilitation process. Physicians prescribe therapeutic modalities and medications to



Susan Buol, Jonathon Hartman and Elizabeth Laney

What Is a Certified Athletic Trainer (ATC)?

Certified athletic trainers are allied health care professionals specially trained to prevent, recognize, manage and rehabilitate injuries resulting from physical activity. Athletic trainers have traditionally been associated with high school and college athletic programs, where they play an essential role in keeping students safe and healthy while participating in and training for athletic events.

enhance injury repair by minimizing inflammation and interrupting the pain-spasm cycle. The formal education athletic trainers receive in injury prevention, first aid and emergency care, injury assessment, human anatomy and physiology, therapeutic modalities and nutrition makes them uniquely suited to assist orthopaedists in the care of patients who have suffered injury in the midst of routine daily activity every bit as much as those who suffer sports-specific injuries.

All certified athletic trainers have a bachelor's or master's degree from an accredited college or university. Their bachelor's degrees are typically in pre-medical sciences, kinesiology, exercise physiology, biology, exercise science or physical education. Athletic trainers obtain certification by passing a national exam administered by the independent Board of Certification Inc. (BOC). They must complete 75 hours of medically related continuing education credits every three years to retain certification. In South Carolina, state-level certification of athletic trainers is supervised by the Department of Health and Environmental Control's Division of Emergency Medical Services.

Midlands Orthopaedics currently employs six certified athletic trainers. Patients will most likely meet them in the midst of receiving a cast, a splint, a brace or crutches, but



Susan Buol, Jonathon Hartman and Elizabeth Laney

their expertise far exceeds the ability to apply these products. They are able to answer questions about how the musculoskeletal system works, why certain injuries occur, which activities will speed recovery and which ones will impede it, what exercises will help you meet your personal goals, whether to use ice or heat and how to stabilize a joint prior to physical activity, among many other helpful pieces of information. Feel free to ask them questions and use their expertise to assist in your recovery.

HAITI ORTHOPAEDIC PROJECT

www.rbelding.org



Robert Belding, MD, a fellowship-trained foot and ankle surgeon, retired from Midlands Orthopaedics in 2005 to devote more time to medical mission work in Haiti and Pakistan. He shares this article to give us a snapshot of the ongoing work in Haiti.

The Haiti Orthopaedic Project began in 1996 to meet several needs:

1. Provide USC medical students, MUSC orthopaedic residents and other medical and construction people a short-term Christian mission experience
2. Support Christian missionaries on the field in south Haiti
3. Provide quality orthopaedic care to the people of south Haiti

Initially, this project included two week-long trips annually by Dr. and Mrs. Robert Belding and Dr. Joe Thompson to Hospital of Light (Hopital Lumiere) in the remote village of Bonne Fin, Haiti. By 2002, Dr. Belding was spending one week each month at the hospital. He retired from private practice in Columbia, South Carolina in 2005 to begin full-time work at the hospital through April 2008. At that time, the work was turned over to Haitian physicians,

some of whom had trained with the project. This work was coordinated through Lumiere Medical Ministries in Gastonia, North Carolina, and First Presbyterian Church of Columbia, South Carolina.

Midlands Orthopaedics has supported the Haiti Orthopaedic Project by providing supplies, time off, patient coverage and funds for the project. Columbia-area hospitals, medical practices, orthopedic equipment suppliers and brace shops also contributed personnel, equipment and supplies to the project. Between 1996 and 2007, equipment and supplies worth more than \$1.8 million were shipped to Hopital Lumiere through the Haiti Orthopaedic Project. It is impossible to name all the people and businesses in the Columbia area that have graciously contributed to this effort. As a result, the hospital has benefited during the past 12 years from work provid-

ed by 18 medical students, nine residents, six orthopaedists, one plastic surgeon, two pediatricians, 21 construction personnel, four pastors and six college students. Haitian patients have received 2,300 major orthopaedic procedures and more than 6,000 orthopaedic clinic visits.

Hopital Lumiere has enjoyed a reputation for quality, compassionate orthopaedic care. The first shoulder hemiarthroplasty performed in Haiti was done at the hospital by Dr. Jerry Shealy of Charleston. The first arthroscopic minisectomy in the country was also done at Hopital Lumiere with equipment donated by Midlands Orthopaedics. People from all parts of the country have come to Bonne Fin for orthopaedic care. In 2003, the hospital became a teaching center for Haitian medical students in orthopaedics.

Working together with the local church in Bonne Fin, a program of Christian evangelism was developed to allow patients to hear the good news of the gospel while receiving quality medical care. When patients understand that God loves them and wants to have a relationship with them through his son, Jesus, they begin to find hope in otherwise dire circumstances. Because many patients treated with traction are in the hospital an extended period of time, new Christians have the opportunity to receive quality teaching from the chaplain and the local church pastor and deacons. These patients are then connected with churches in their hometowns that assist in their spiritual growth and medical recovery when discharged from the hospital.

When the devastating 7.1 magnitude earthquake struck Haiti on January 12, Hopital Lumiere was not damaged. All of the equip-

ment and the hospital staff were in place and ready to provide care for many of the victims of the tragedy. Miraculously, a plane was quickly provided for a team to fly to Hopital Lumiere and begin medical care for the more than 250 patients that had arrived at the hospital. After a week of work, the orthopaedic department at MUSC sent a team to replace and resupply the initial group. Dr. Shane Woolf, a doctor who visited the hospital five years earlier as a resident, has organized teams to continue this work on a weekly rotation until the orthopaedic needs of the earthquake victims are met.

Haiti Orthopaedic Project has performed many humanitarian acts of mercy for the people of Haiti. However, it is the spiritual focus of the project that has eternally impacted the lives of both Haitians and Americans touched by it. For more information about the Haiti Orthopaedic Project, visit www.rbelding.org.



What Are Physician Extenders?



Dr. William James and Jessamyn Deemer, PA-C



Kyle Johnson, PA-C, and Dr. Robert DaSilva



Dr. Frederick Piehl and Stephanie Schaller, NP

The terms *physician extender* or *mid-level provider* are frequently used to describe nurse practitioners (NP) and physician assistants (PAs). While both of these highly trained professionals are becoming more visible in the health care arena, many patients are still unsure of their roles. Both NPs and PAs have advanced training to provide patient care under physician supervision.

Nurse practitioners are registered nurses with baccalaureate degrees who also have master's degrees in nursing focused in a specific practice area, like pediatrics or family practice. Nurse practitioners in South Carolina must hold a current specialty certification by a board-approved credentialing organization like the American Academy of Nurse Practitioners or the Pediatric Nursing Certification Board. They must log 30 hours of continuing education each year and sit for recertification every five years.

Physician assistants must graduate from an accredited physician assistant program. Depending on the program, a physician assistant may graduate with an associate, baccalaureate or master's degree. Programs offering baccalaureate degrees require a minimum two years of college credits; programs offering master's degrees require appropriate undergraduate credits with a minimum GPA; and virtually all require health care experience prior to admission. Regardless of the degree obtained, all PAs take the same certification exam. To maintain their national certification, PAs must log 100 hours of continuing medical education every two years and sit for recertification every six years.

Both NPs and PAs are formally trained to provide diagnostic, therapeutic and preventive health care services under physician supervision. Working as members of the health care team, they take medical histories, examine and treat patients, order and interpret laboratory tests and X-rays, make diagnoses, record progress notes and prescribe medications. They may also treat injuries by suturing, splinting and casting.

Some NPs and PAs assist in the surgical suite and hospital setting to include serving as first assistant to the surgeon, performing deep and superficial wound closure, applying internal devices and any other procedures delegated by the supervising orthopaedic surgeon; conducting hospital rounds, writing orders, taking call and seeing patients in the ER for the orthopaedic surgeon; evaluating and clarifying clinical conditions; and formulating and implementing treatment or thera-



Dr. Thomas Gross and Lee Webb, NP

peutic plans for hospitalized patients. Physician extenders who treat patients in the office and accompany the surgeon to the hospital or surgery center provide enhanced continuity of care for their patients by bridging the communication gap that sometimes occurs between office staff members, hospital or surgery center staff members and the patient.

Midlands Orthopaedics employs two nurse practitioners and four physician assistants. Our surgeons work closely with these professionals to facilitate patient care. They consult regularly with the physician about treatment plans and immediately refer any problem beyond their scope of practice or expertise to the physician.



Kimberly Bagwell, PA-C, and Dr. Robert Santrock

MIDLANDS orthopaedics, p.a.



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Physician Profile

Bernard G. Kirol, MD

by Michael Adkins



Bernard G. Kirol, MD

For more than 16 years, providing patients with the finest orthopaedic care has been the mission of Bernard G. Kirol, MD, in his South Carolina practice. In December 2009, Kirol joined the Midlands Orthopaedics team, bringing his vast knowledge and expertise together with the practice's unparalleled track record of success.

Kirol completed his undergraduate studies in 1983 at the University of Kentucky in Lexington, Kentucky, graduating from that institution's Honors Program with bachelor's degrees in both biology and psychology. He then earned his medical degree from the University of Kentucky College of Medicine, graduating with distinction in 1988. From there, Kirol completed his orthopaedic surgery residency at Carolinas Medical Center in Charlotte, North Carolina, in 1993, earning the Outstanding Resident Teaching Award in the process. Following his residency, in 1994, Kirol completed a sports medicine mini-fellowship at the Hughston Clinic in Columbus, Georgia.

Kirol is board-certified by the American Board of Orthopaedic Surgeons (AAOS). He specializes in arthroscopic shoulder and knee surgery with particular expertise in arthroscopic rotator-cuff tendon repairs, surgeries to correct shoulder instability, arthroscopic meniscus surgery and ligament reconstruction of the knee.

Kirol says participation in sports in his youth led him down his eventual career path. "My sports involvement led me to having exposure to the world of orthopaedic surgery in high school," he recalls. "I always thought I'd enjoy doing what [the surgeons] got to do — seeing a person with an injury, correcting the injury and allowing the person to return to the sport or activity." Though he provided medical care primarily to athletes in the first half of his career, Kirol says the second half of his career has been focused on both the athletic and non-athletic populations.

Kirol is a past president of the South Carolina Orthopaedic Association and a fellow of the American Academy of Orthopaedic Surgeons. He has also authored a book chapter on acute glenohumeral instability, which appeared in the 1995 book *Sports Medicine and Sports Injuries*. In addition, Kirol has participated in collaborative presentations at meetings of the AAOS, the Southern Medical Association, the Foot and Ankle Society and the Society of Skeletal Radiology. He maintains hospital affiliations with Parkridge Surgery Center and Palmetto Health Baptist, both located in Columbia.

Away from work, Kirol enjoys spending time with his wife of nearly 25 years, Terri, and their two sons, Connor, 16, and Christian, 14. Both boys are involved in year-round soccer programs. Kirol also enjoys visiting South Carolina's beaches, and his favorite leisure activity is golfing.

Now that he is part of the Midlands Orthopaedics team, Kirol is pleased to be working with the practice to bring his shoulder and knee arthroscopic services to patients. "Midlands has multiple ancillary services in-house in terms of the convenience and quality of care," he explains. "From imaging services to durable medical equipment to the surgery center, they have it all. I'm really looking forward to working with them for the good of our patients."

Physician Profile Ivan E. LaMotta, MD

by Michael Adkins



Ivan E. LaMotta, MD

As a world-class provider of orthopaedic care to patients throughout South Carolina, Midlands Orthopaedics continues to bring in the best and the brightest physicians to provide that care. One of the most recent additions to the Midlands Orthopaedics team is Ivan E. LaMotta, MD, who joined the practice in August 2009.

LaMotta grew up in Ecuador and moved with his family to New Orleans when he was 15 years old. He earned his bachelor's degree in biology from the University of New Orleans, graduating *magna cum laude* in 1999. LaMotta then furthered his education at the Louisiana State University School of Medicine in New Orleans, earning his medical degree in 2003. After medical school, he was in residency at Tulane Health Sciences Center from 2003 until 2005. "The majority of my family is still in New Orleans," LaMotta says. "And my plan was to always stay close to them, but Hurricane Katrina had different plans for me."

As a result of Hurricane Katrina's devastation of New Orleans and the surrounding areas in 2005, LaMotta was forced to move out of town. He joined the prestigious orthopaedic surgery residency program at the Johns Hopkins Medical Institute's Department of Orthopaedic Surgery in 2006, completing the program in 2008.

LaMotta counts himself "fortunate" to have joined the program — "and even luckier when it led me to meeting my wife, who worked at Hopkins as a senior occupational therapist and Neuroscience Rehab Team coordinator," he adds. The two were married last May and are enjoying their new home on Lake Murray. After his residency, LaMotta completed a yearlong spinal surgery fellowship at St. Joseph Medical Center's Scoliosis and Spine Center in Towson, Maryland, in July 2009.

LaMotta has twice co-authored articles that have appeared in the *American Journal of Medical Genetics*, and he has participated in numerous research studies at Johns Hopkins and the Louisiana State University Health Sciences Center. In addition, he presented at the Scoliosis Research Society's annual meeting in 2008. He maintains affiliation with Palmetto Health Baptist Hospital in Columbia, and he is a member of the American Medical Association, the American Academy of Orthopaedic Surgeons, the North American Spine Society and AOSpine, an international organization of spine surgeons based in Switzerland.

Since joining the Midlands Orthopaedics staff, LaMotta has been busy with his spine surgery practice. "Currently, I am the only spine surgeon at Midlands," he explains. "I'm looking forward to growing the program and collaborating with Drs. [M. David] Redmond and [Tom D.] Armsey to extend full, comprehensive spine care to our patients."

Though surgery is his specialty, LaMotta emphasizes that surgery is not always the only option he and the professionals at Midlands Orthopaedics offer their patients. "Surgery is indeed a last resort in most instances; there are other options available that are non-operative, including therapies, pain management and injections," he notes. "If surgery is truly indicated, there are several new techniques known as 'minimally invasive,' which significantly reduce recovery time and post-operative pain. I have been performing these techniques and have already seen great success. Please don't hesitate to set up a consultation with me, even if surgery is not your goal."



When beginning a new nutrition regimen, I encourage clients to determine realistic parameters in which he or she can live, reach personal goals, and make tempting food the exception, not the rule. This thought process allows a person to look at his or her eating and fitness habits in a personal way and eliminates the idea of living a life of deprivation and eating boring foods. A balance of living life (going to parties, eating pizza and consuming alcoholic beverages) and living right (exercising regularly and eating healthy) does exist, and having both can make for a very successful life.

What is clean eating? The best description would be eating those foods closest to their original state with little or no processing, additives or preservatives. The following are examples of foods regarded as clean within their respective groups:

Clean Proteins: Egg whites, boneless/skinless chicken breast, tuna steak and turkey breast

Clean Carbohydrates: Complex — oatmeal, brown rice, sweet potatoes, russet potatoes and legumes/lentils; Simple — fruits and some vegetables

Good Fats: Avocado, olives, olive oil, nuts, seeds and natural peanut butter

What can you do with all of the food choices out there? First, you must claim responsibility for your choices. In order to get leaner, lose weight, and perform better, you don't have to starve yourself or eat only oatmeal, egg whites and tuna. However, you can't wonder why you are over your ideal weight when you've eaten upsized fast-food meals, pizza, 12 beers, three bags of potato chips and a box of Twinkies — all in one week. Eating better requires planning, preparation, measuring food intake, and charging yourself with making conscious nutrition decisions.

So, what should be eaten and when? The following outlines a general prescription for better nutrition habits:

- **How many calories are needed?** Begin by determining your ideal body weight with this formula. Females should give themselves 100 pounds for the first five feet of height, plus five pounds for each additional inch. Thus, the ideal weight for a five-foot-seven-inch woman would be 135 pounds. Males should give themselves 110 pounds for the first five feet of height and add five pounds for each additional inch. Thus, a

Developing Healthy Eating Habits

by Stacy K. Dempsey

As a veteran of the fitness industry, I am certain that if you asked 100 physicians, personal fitness trainers, nutritionists/dieticians or bodybuilding professionals for the best prescription for eating, you'd get 100 different answers. Although the perfect eating plan is different for every person, nutrition is not as complicated as many make it. My personal belief is that if we define nutrition as complex, then we have an excuse to remain a society in which 64 percent of the population is considered obese.

six-foot-three-inch tall man should weigh about 185 pounds.

Next, to figure your daily caloric requirement, multiply your ideal weight by 15. This figure is for a relatively sedentary adult of either sex. More active adults need to multiply by 20. For active adolescents, multiply by 30.

- **How often should one eat?** A good goal is to let no more than four hours pass without taking in calories. Many people are confused if they are told to eat six meals a day. I often explain it to clients as taking in 200 to 400 calories every two to four hours, letting no more than four hours pass. This allows your blood sugar levels to remain stable, so you don't experience a starving feeling, which tends to trigger poor eating choices. Your body will perform better on all levels — physiologically and psychologically.
- **How should the intake of calories be broken down per designated eating time?** Both balance and moderation are important. Our bodies need good, clean, complex carbohydrates, lean proteins, good fats and simple carbs. I usually have clients begin with a 40-30-30 plan. With this, 40 percent of calories are from carbs, 30 percent from proteins and 30 percent from fats. Depending on the person's goals, the

percentages might be altered. A person whose caloric intake should equal about 2,800 calories a day would divide the totals as follows:

1,120 calories of carbohydrates, 840 calories of proteins and 840 calories of fat. Then, those totals could be broken down in each small meal or calorie consumption time.

The way people relate to food can help or hinder efforts to achieve good health and reasonable body weight, so identify your motives when you eat. Keep a daily food journal to help reveal a pattern of eating. Food diaries shed light on types of foods being eaten, quantities and their nutritional value. Also, they can help you understand your eating habits and triggers for those habits. If you find yourself eating out of boredom, loneliness or depression, have a plan of "removal" from the moment by taking a walk or calling a friend. Removing yourself within the first minute of the urge to eat unnecessarily may help you establish new habits and keep you from taking in extra calories.

Water is also an important part of weight management. On the average, a person should drink eight eight-ounce glasses of water every day. Overweight people should take in one additional glass for every 25

pounds of excess weight. This amount should also increase if you exercise at high intensities or if the weather is hot and dry.

If you are in the process of beginning a fitness or nutrition program, seek out professional help, such as a personal fitness trainer or a clinical dietician/nutrition specialist. And do your homework by finding out about your trainer's or nutrition counselor's education and experience.

ABOUT THE AUTHOR: Stacy K. Dempsey is a Nashville, Tennessee-based ACE, NASM certified personal trainer and group exercise instructor.

Water is an important catalyst for weight management. Here are some facts about water and weight management:

- The body will not function properly without enough water and can't metabolize stored fat efficiently.
- To get rid of excess water, you must drink more water and avoid increased salt intake.
- Retained water shows up as excess weight.
- Drinking water is essential to weight management.

Breakfast:

1/2 cup oatmeal
4 egg whites scrambled with
1/2 cup chopped broccoli
1/2 cup cauliflower
8 ounces skim milk
(equals 339 calories, 32.3 grams of protein, 48.8 grams of carbs, 2.7 grams of fat, 291 milligrams of fat, 291 milligrams of sodium, 6.1 grams of dietary fiber)

Snack:

Dannon light yogurt
1/4 cup of granola
(equals 210 calories, 10.5 grams of protein, 32.5 grams of carbs, 4.5 grams of fat, 135 milligrams of sodium and 3 grams of dietary fiber)

Lunch:

4 oz. of sliced turkey breast
1/2 whole wheat bagel (with mustard, lettuce, tomato slice, pickles and onion)
1 serving of baked chips
(equals 465 calories, 39.6 grams of protein, 51 grams of carbs, 10.67 grams of fat, 516 milligrams of sodium and 3 grams of dietary fiber)

Snack:

1 medium apple
2 tablespoons natural peanut butter
(equals 281 calories, 8.3 grams of protein, 27.6 grams of carbs, 16.5 grams of fat, 121 milligrams of sodium and 5.7 grams of dietary fiber)

Dinner:

4 oz. of boneless/skinless chicken breast (baked or grilled)
1/2 cup of brown rice
1 cup of broccoli
small green salad (with light dressing)
(equals 367 calories, 40 grams of protein, 40 grams of carbs, 8.55 grams of fat, 793 milligrams of sodium and 11.5 grams of dietary fiber)

Totals:

1,662 calories, 130.7 grams of protein, 199.9 grams of carbs, 42.92 grams of fat, 1,856 milligrams of sodium and 29.3 grams of dietary fiber

**Please note: The above is simply a suggestion of making better food choices. If you want more specific information for yourself, it is recommended that you check with a personal fitness trainer and/or a clinical dietician.*





STRESS Relief

by Arlen Busenitz

How to Let Go and Reduce Stress with the 90/10 Method

The 90/10 secret is incredible! Very few know and apply this secret. The result? Millions of people are suffering undeserved stress, trials, problems and heartache. They never seem to be a success in life. Bad days follow bad days. Terrible things constantly seem to be happening.

Theirs is constant stress, lack of joy and broken relationships. Worry consumes time, anger breaks friendships, and life seems dreary and is not enjoyed to the fullest. Friends are lost. Life is a bore and often seems cruel. Does this describe you? If so, do not be discouraged. You can be different! Understand and apply the 90/10 secret. It will change your life!

What is this secret?

Only 10 percent of life is made up of what happens to you. 90 percent of life is decided by how you react.

What does this mean? We really have no control over 10 percent of what happens to us. We cannot stop the car from breaking down. The plane may be late arriving, which throws our whole schedule off. A driver may cut us off in traffic. We have no control over this 10 percent.

The other 90 percent is different. You determine the other 90 percent! How? By your reaction.

You cannot control a red light, but you can control your reaction to it.

Don't let people fool you; YOU can control how you react! Let's use an example.

You're eating breakfast with your family. Your daughter knocks over a cup of coffee onto your business shirt. You have no control over what just happened. What happens next will be determined by how you react.

You curse. You harshly scold your daughter for knocking the coffee cup over. She breaks down in tears. After scolding her, you turn to your spouse and criticize him or her for placing the cup too close to the edge of the table.

A short verbal battle follows. You storm upstairs and change your shirt.

Back downstairs, you find your daughter has been too busy trying to finish breakfast to get ready for school. She misses the bus. Your spouse must leave immediately for work. You rush to the car and drive your daughter to school. Because you are late, you drive 40 miles an hour in a 30 mph speed limit.

After a 15-minute delay and throwing away \$60 (traffic fine), you arrive at school. Your daughter runs to the building without saying good-bye. After arriving at the

office 20 minutes late, you find you forgot your briefcase. Your day has started terribly. As it continues, it seems to get worse and worse. You look forward to going home. When you arrive home, you find a small wedge in your relationship with your spouse and daughter.

Why? Because of how you reacted in the morning.

Why did you have a bad day?

- A) Did the coffee cause it?
- B) Did your daughter cause it?
- C) Did the police officer cause it?
- D) Did you cause it?

The answer is D. You had no control over what happened with the coffee. How you reacted in those five seconds is what caused your bad day. Here is what could have and should have happened.

Coffee splashes over you. Your daughter is about to cry. You gently say, "It's OK, honey. You just need to be more careful next time." Grabbing a towel, you rush upstairs. After grabbing a new shirt and your

briefcase, you come back down in time to look through the window and see your child getting on the bus. She turns and waves. You and your spouse kiss before you both go to work. You arrive five minutes early and cheerfully greet the staff. Your boss comments on how good a day you are having.

Notice the difference. Two different scenarios. Both started the same. Both ended differently. Why? Because of how you REACTED. You really do not have any control over 10 percent of what happens. The other 90 percent is determined by your reaction.

Here are some ways to apply the 90/10 secret.

If someone says something negative about you, do not be a sponge. Let the attack roll off like water on glass. You don't have to let the negative comment affect you! React properly and it will not ruin your day. A wrong reaction could result in losing a friend, being fired, getting stressed out, etc.

How do you react if someone cuts you off in traffic? Do you lose your temper? Pound the

steering wheel? (A friend of mine had the steering wheel fall off!) Do you curse? Does your blood pressure skyrocket? Do you try and bump them? WHO CARES if you arrive 10 seconds later at work? Why let the other driver ruin your drive? Remember the 90/10 principle, and do not worry about it!

You are told you lost your job. Why lose sleep or get irritated? That won't help you get your job back or find a new one. Use your "worrying" energy and time to find another job.

The plane is late. It is going to mangle your schedule for the day. Why take out your frustration on the flight attendant? She has no control over what is going on. Use your time to study, get to know the other passengers, etc. Why get stressed out? It will just make things worse.

You now know the 90/10 secret. Apply it and you will be amazed at the results.

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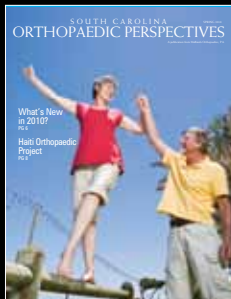
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