

157 Huffines Sports Medicine – Hedrick podcast

- S1 00:00 Hi. This is Tim Lightfoot, the director of the Huffines Institute. I want to take a little bit of time to tell about this great event we have coming up, the Huffines Discussion Four. We do this every year, and this year it's November 21st, from 1:00-4:00 PM central time, in the Annenberg Presidential Conference Center here on the campus of Texas A&M. If you're in the area, you're certainly welcome to attend. It's free of charge. You'll hear nine speakers that are leaders in Exercise Science and Human Performance. They have all been picked because they have a great message to say and they are great speakers. If you're not in our area, don't despair because there are other ways that you can get to the Huffines discussion. If you look on our website, you'll find that there are 23 satellite sites around the country that will be simulcasting the event at the same time. If you're near one of those sites, click on it and contact and find out where that's at, and you can go see it there. We will be putting these videos up online, probably right after the first of the new year. So, we hope to see you there on November, 21st. And now, on to the podcast. [music]
- S2 01:06 Welcome to the Sports Medicine podcast, brought to you by the Sydney and J.L. Huffines Institute for Sports Medicine and Human Performance in the Department of Health and Kinesiology at Texas A&M University. At the Huffines Institute, we're always working to facilitate, apply, and bring you the most up-to-date coverage of the wide world that is Sports Medicine and Human Performance, all in a language you can understand and share with your friends. And now, here's our host, the director of the Huffines Institute, Dr. Tim Lightfoot.
- S1 01:34 Hello, and welcome to the weekly edition of the Huffines Institute for Sports Medicine and Human Performance podcast. We're so glad that you took the time to download us and that you're listening. Every week, we bring you an interesting person from the world of Sports Medicine and Human Performance, and this week, as I say so many times, is no exception. We have Mr. Phil Hedrick with us today. He is the head athletic trainer at Texas A&M. Welcome to the Podcast today, Phil.
- S3 01:56 Thank you, Tim. Glad to be here.
- S1 01:57 Well, we're glad to have you. I'm going to tell the audience a little bit about you, and then we'll just jump into the conversation. As I said, Mr. Hedrick is our head athletic trainer here at Texas A&M. He's a certified athletic trainer and a licensed athletic trainer. He comes to Texas A&M recently, actually, as a matter of fact. He came from North Carolina State where he was the head athletic trainer there. He had been at Furman before then, and at South Carolina. Like many of us, we all move around, don't we?
- S3 02:19 Very much so.
- S1 02:20 Yeah. Bachelor's degree in Exercise Science from Appalachian State in North Carolina. We're so glad to have you. We're glad to have you at Texas A&M. We're glad to have you at the broadcast.
- S3 02:27 Well, glad to be here. It's been a great move and very fortunate to be here.
- S1 02:32 This is part of the initiation to come to Texas A&M is to be a part of our podcast.
- S3 02:35 Very much so. Yeah. It's one of those things that, I guess, is a right of passage.

- S1 02:38 That's right. And they warned you that we'll harass you quite a bit?
- S3 02:41 Very much so. Yes.
- S1 02:42 Okay. So, we really open most of our podcasts with getting a little bit of the background story. What led you? Was there a defining moment in your life when you said, "You know what? I want to be an athletic trainer?"
- S3 02:51 Well, it goes back to when I was in high school, Tim. I've always enjoyed being around athletics, I've always enjoyed participating in athletics, and I've always had an interest in the medical field. As I began my high school years, I realized that getting into a field where I could combine athletics and medicine was the direction that I wanted to go. I was fortunate in the high school I went to in Charlotte, North Carolina that there was a certified athletic trainer there that I reached out to. One thing led to another. I attended a student athletic trainer camp and got the basics of first aid and general taping and began working with that certified athletic trainer at my high school, and really enjoyed the involvement I had there back in the late '80s and decided I'd like to pursue this. So, I think that it goes back to when I was in high school and obviously taken that going into college of Appalachia State that had an approved curriculum program in Exercise Science and Athletic Training that that was the route I wanted to go.
- S1 03:51 We've talked a little bit about this in the podcast. But athletic training - the educational side of athletic training - has really changed over the last 15 years. Where before it was kind of an internship program, and now it's more of a curriculum-based program.
- S3 04:02 Yes. I was fortunate when I went to Appalachia State. I started in 1986, and it was one of the few actual curriculum programs that were out in the mid-80s. Now, obviously, that has transitioned over the years where, as you stated, there were plenty of internship opportunities for students to get the opportunities, and get the classes that they needed to become a certified athletic trainer. But, fortunately for me, Appalachia State was an approved educational curriculum program.
- S1 04:31 We introduced you earlier, you're the head athletic trainer here. Sports, in general, at college levels have really blown up, and that means a lot of things have changed. Sports Medicine staffs have increased, I think, to the better. What does a head athletic trainer for a university do?
- S3 04:46 Well, what I do in my role here at Texas A&M, I oversee the complete healthcare of all of our student athletes. We have a staff of 11 certified athletic trainers, and 4 graduate assistant certified athletic trainers that are there assisting our student athletes on a daily basis, assisting every facet of their health care, whether it be a general illness or an injury that they have, whether be it in the court or in the field. They are there doing the initial first aid, that initial assessment, and then seeing that that athlete is properly rehabilitated to get back into the field. My role in that is to supervise that staff of 15 certified athletic trainers and to make sure that they have the tools that they need in order to sufficiently deliver the health care that's needed to our student athletes. Also in that capacity is ensuring that what we're doing here from a Sports Medicine perspective at Texas A&M is on par with NCAA best practices. The concussion issue has been out in the forefront for several months and years, and what not, just making sure that's one thing that I've been addressing is making sure that our concussion policy is up to par with where it needs to be with the NCAA best practices. And just taking that a bit further, not just concussions but there's eating

disorders, there's environmental issues. There's a lot of administrative responsibility with the position I have, but the main thing is just ensuring the health and safety of our student athletes at Texas A&M.

- S1 06:09 There's so much to unpack in what you just talked about, but I think for our audience in particular, for them to appreciate that this is a healthcare system within the university for the athletes. People only see athletic trainers as they run out onto the field or the court to help people, and they don't know the whole scope of what goes on.
- S3 06:28 Correct. I tell people all the time, to be an effective athletic trainer you need to have very good time management skills, because we don't work banker's hours. It's not an eight to five job. Our athletic trainers are in as early as 6:30 in the morning. Right now, our football staff, they and our athletic trainer run until 8:00, 8:30 at night. So, we're there pretty much throughout the day and we're also on call throughout the night, too. With our student athletes and our coaches, if an issue develops during the course of the night, we're the mom and dad. You have student athletes that are many miles away from home. If they get sick in the middle of the night, or an injury happened during the course of the day, and they are having problems at night, obviously we're a phone call away. So, you've got to have effective time management skills to get everything in that you need to do. We have athletic trainers here that have multiple sport responsibilities, so it's a profession that you definitely have to be on your toes, and be current, and be flexible.
- S1 07:24 That was the question I was going to bring up, and that is, given the certified athletic trainers you have, do they work all sports, or are they assigned to specific sports?
- S3 07:33 They are assigned to specific sports. Ideally, in a perfect world, we'd have enough staff to assign one athletic trainer to each particular sport. With a staff of 15, for the most part, we're able to do that. But obviously that involves our graduate assistants as well. Then, we have staff - certified athletic trainers - that are overseeing the graduate assistants. Ultimately, it's their job to ensure the safety of that particular sport.
- S1 07:59 You mentioned something a while ago, I think is very in-- we'll talk about concussions, because that's certainly always on the table. I wanted to mention something that you brought up which I got involved with, I guess maybe 15 years ago, and that was developing the eating disorders plan for the female athletes, because that strikes female athletes more often. And that's something that really is not talked about a whole lot. Do we see a prevalence in, and we won't say A&M, but in general, in college-level women athletes, of eating disorders and problems associated with that?
- S3 08:27 Well, obviously, you do, especially in an athletic department the size of Texas A&M, you're going to run into issues with eating disorders. To be honest with you, it's not just strictly isolated to females. A lot of times, with females, it's more about weight loss, with males it's about weight gain. We do see, I don't want to say a high rate of eating disorders, but it is an issue that we do face on an annual basis, and unfortunately, with the psychological component in it, that it can be something that's quite devastating to an individual or a team.
- S1 09:02 How is that handled? Are there play issues with that? Is there a time when you would look at an athlete and go, "No, we're not going to allow you to participate because--"
- S3 09:08 Yes, there is. And, obviously, we rely on our medical physicians to make that decision. We have sports nutritionists here as well that are gathering the information that we utilize and get that information to our team physicians. We involve, obviously, the

student athlete sport nutritionists, our team athletic trainers, and we love to have parental involvement as well if possible.

S1 09:30

Even though there's some issues there because they're above 18--

S3 09:32

Correct.

S1 09:32

--and then, there's all the federal privacy [crosstalk]--

S3 09:34

That is why I said if possible we would like to. Obviously, we'd like for that student athlete to disclose this and talk to their parents about it so that we can talk to the parents as well.

S1 09:44

That's what people also forget that these kids are all over 18 and so they're independent. We get calls from parents asking for grades and it's like, "Nope. Sorry. Can't do that. Please talk to your son or daughter. Please have that conversation." So, let's talk a little about concussion. You were telling me on the way over that you've been working on the concussion policy here, and certainly due to recent events at other universities, that has come back once again on the forefront. Give us a little bit of update on how those concussion policies are evolving.

S3 10:14

Basically, once again, team physicians are a vital role on this. We want to make sure that our student athletes are taken care of. First, we want to identify that a concussion has taken place. Common sense. Taking a look, seeing what's happening on the field or court. Knowing that an athlete could potentially be concussed from a blow that they received, not only from an opponent, but a lot of times concussions happen from a fall and they're head strikes the ground. So, we just want to make sure that if that happens that we are prompt and that we are thorough with our evaluations. That student athlete is pulled from competition and it states in our policy now that if we believe that a concussive event has taken place that student athlete will not return to play on that given day. Obviously, with that, if we believe that a student athlete has received a concussive blow, that athlete is going to be evaluated by one of our team physicians, who will then implement our protocol and see to it that our policy and procedures are followed as far as return to play criteria.

S1 11:15

Is that difficult sometimes with some of the athletes and their desire to participate?

S3 11:18

No, because it's really evolved, I think, with the influx of attention that concussions have been receiving in the media. Our student athletes are a little bit more in tune with that. If they're having these symptoms, in the past, they would try to gut it out and go back and play. Now, if they're having these symptoms, they know, "Hey. Something's not right. I need to let somebody know." So, in my opinion, it's actually gotten a little bit better, just because of the education that not only we're providing for student athletes, but it's one positive thing about concussions being in the forefront in the media.

S1 11:50

Yeah. We had Dave Weir on a few weeks ago, who's the head football athletic trainer here, and one of the things he said is that it's really become a team environmental deal, is that if you see your teammate probably concussed, then you need to bring that to attention of someone else. It's not manly, nor is it appropriate for competition purposes to keep that hidden. So, it's also now become a burden-- not a burden, but a responsibility of the teammates.

S3 12:13

Correct. We put that in our protocol now for student athletes in our education. That if you see or suspect that one of your teammates has received a concussive blow, if they're not right to you, please let us know ASAP so we can get them the proper help

that they need.

- S1 12:26 A little bit of a loaded question here, but what would you say if a coach said to you, "Well, I didn't see the hit, so I didn't know. I didn't know that he was concussed."?
- S3 12:33 Well, obviously, "Coach, I'm sorry you didn't see that, but it's our role to take a look at this, and we did see it, and we do suspect this. This is a medical issue that needs to be addressed by the medical staff, not by the coach."
- S1 12:45 I've chatted about this, but that's been the excuse that's been rolled out a few times over the last couple of years is "We didn't see the hit."
- S3 12:53 We're fortunate here, from a medical standpoint, our sports medicine staff, we have the support of our administration. Eric Hyman has let it be known to me that he wants the medical staff making medical decisions, and he wants the coaching staff to make coaching decisions. So, obviously, if we feel as though a student athlete has been concussed, it's up to us to go that coach and say, "Hey, this guy has been concussed and he's not to return to play."
- S1 13:20 One of the things that makes all this more difficult, especially with the concussion, is that sometimes symptoms are different and it's difficult sometimes to tell when it's time for them to come back to play.
- S3 13:29 Correct. Each concussion is different. It's easy to predict, a lot of times, with an ankle sprain how long a student athlete is going to be out. An ankle sprain is an ankle sprain. A knee sprain is a knee sprain. But with concussions, we don't know. Everybody heals at different rates, at different speeds. There's external factors that we can't control that play a role in the recovery from a concussion. What are they doing while they're at home? Are they listening to our advice of cutting the TV off, and staying away from video games, and just basically just trying to be as quiet and peaceful as possible? Or are they doing these things? Is something going on at the apartment or the dorm room that's stimulating the brain and prolonging the symptoms? There's no true assessment or true way to say, "Hey, your concussion's going to last five days, seven days." Each one is different.
- S1 14:21 And you just mentioned something very important. I don't think people appreciate that, when you have that concussion, you have some of those cognitive centers and visual centers, that if you continue to overstimulate them in recovery, you don't recover as quick.
- S3 14:33 Correct. [crosstalk] And obviously, the academic role is part of it, too. And looking at our policy, looking at a return to learn criteria as far as getting our academic services and disability services in line for our student athletes that may be diagnosed with a concussion. Because, obviously, there's going to be times where there's going to have to be accommodations made with academic services or disability services to accommodate the healing process of the concussion.
- S1 15:01 It gets more complicated, doesn't it?
- S3 15:02 Very much so. It's not just about going out and playing on Saturdays or playing throughout the week. There's many more external factors that our athletic trainers need to look at, and it involves that team approach that David talked about. It's our athletic trainers, it's our team physicians, it's our student athletes, it's our coaches, it's our team nutritionists, it's our academic environment, our academic services.
- S1 15:24 I think things have gotten better because people realize that this could be life altering

event. And I don't think, at least I've never met a coach in particular who wanted someone to participate in sports at the expense of their future mental health.

- S3 15:39 I think you're right. And I think that's another good thing about the attention that concussions have received, and the autopsies that have been done on some of these former NFL players, and the CTE. I think that that's another-- unfortunately for the families of those individuals and the people affected, it's a bad thing. But for research and education of student athletes today, it's a positive.
- S1 16:01 I'll move back a little bit to some topic earlier. We mentioned earlier about this being kind of a healthcare system within the university. How does this healthcare system interact with the external healthcare systems? I mean, in our society, there's so much attention now on healthcare for the general public. And so, does a student, if they have to have surgery, is that paid for by the university? Is that paid for by an external insurance company that they have or their parents have?
- S3 16:23 The way it works is, if a student athlete is injured here playing a sport at Texas A&M, their expenses are covered, first, by their primary insurance. We hope that all of our student athletes have primary insurance through their families. However, if they do not, we provide a primary insurance for our high risk athletes such as our football athletes. From there, any balance that's left after an insurance payment goes through, comes back to us, and is paid by the athletic department.
- S1 16:53 Because that can be confusing on how all that works, and how it all works together, since these systems are big moving parts.
- S3 16:59 Yeah. It's a lot of money that's exchanging hands, so to speak, because, obviously, medical healthcare is not cheap. I think everybody knows that. And, obviously, especially in our collision sports, injuries can and will happen. So, we want to make sure we've done everything on our side to help protect Texas A&M. And the first role in that is providing insurance or hoping that the athletes have a primary insurance through their family.
- S1 17:26 Yeah. Given the fact that some of this is still evolving, and certainly, as a country we're still grappling with this whole issue, leads me to a very good question, and that is, what do you see coming down the road for Sports Medicine, and in particular athletic training probably over the next ten years?
- S3 17:38 I think what you're going to see, you're going to see a lot of athletic training departments in universities actually starting to bill out for some of the services that they're providing within the athletic training room. For the general population, if you have knee surgery, nine times out of ten that physician is going to refer you to a physical therapist. The same thing is going to happen within athletic training environments such as Texas A&M. Right now, we do have a physical therapist on staff. He's a PT ATC, Matt Kee. So that, obviously, when those surgeries do happen, we can keep those in-house but we can actually bill for some of those services to help offset our budget for what we're having to payout. Obviously, salaries play a role in it. The providing the purchasing of insurance, that money is going to have to come from somewhere. So, I think that you're going to see a lot of institutions in the years to come at least to explore billing for selected services within the athletic training environment. I don't think that you're going to see a total wholesale charge for each and everything that's done within an athletic trainer. I don't know what to expect would have us to do. But some of the special services that are provided within these facilities, I think that the revenue stream can be produced. And I think that a lot of the

schools are going to start to take a look of that.

- S1 18:57 One of the reasons this is important, at least here, is that it has been deemed that athletics will be self-supporting.
- S3 19:03 Yes.
- S1 19:03 And it's a big deal if the university has to loan athletic department money, which they've done in the recent past. And I say recent past, in the last ten years. And there was a big uproar about that, about how come athletics is not self-supporting. But being self supporting doesn't happen around the country very often.
- S3 19:18 No. No. But, you know, athletics is business. Obviously, in the SEC, it's business. Unfortunately, going on down to the smaller institutions is getting to be business there as well. It used to be about being a game, but to be honest with you, it's about business. So, obviously, it takes money to run a business. And being self-supportive, you got to look at different areas to be creative to produce that revenue steam. Obviously, TV is producing a lot of money and the conference is providing us with a lot of money. But it also takes a lot of money to run an athletic department. You look at how much money is spent per athlete each year. When you're looking at 500 to 600 athletes and the money that's spent on each, you're going to need a lot of money to sufficiently do it.
- S1 20:06 And even when we talk about the so called non-revenue generating sports - in our case women's soccer, equestrian or track and field to some extent - you still have the same costs for those athletes.
- S3 20:16 Very much so. The risk is there. Obviously, you talk about soccer, you talk about equestrian. Just because the equestrian rider is not running in to an opponent every play, the risk of injury is there. Same with soccer. It's a collision sport. The risk of injury is there, so, obviously, the financial side of it is going to come into play as far as what we are providing for that student athlete.
- S1 20:42 Are there any medical issues you think that are going to explode? I mean, I think if we'd talked ten years ago, you and I both would have said, "Well, there's going to be more emphasis on concussions." You think there's anything coming down the road? I know some of the coaches - not here - but some of the coaches have been talking about pace of play in football and how that can lead to dangerous situations. Do you see something like that coming down the road, you think?
- S3 21:01 I don't see that. I think the concussion is still going to carry the torch for the next few years because there's so much uncharted territory and so much more to learn, that I think that that's the route that the Sports Medicine field will continue to evolve. As far as pace of play, I think that's just a coaching thought. It's outside of the norm of the way college football has been played. I think that it's just, once again, coaches just trying to get an advantage, one way or the other.
- S1 21:30 What's interesting is they're hiding behind player safety. They're using that as the excuse.
- S3 21:34 I think it's easy for a coach to hide behind that because that's the one thing that's going to open people's ears. On the flipside, you look at concussion, and obviously, if you decrease the number of plays per game, you decrease the potential risk of concussion. What coaches don't realize is concussions don't just happen on Saturdays. They happen Mondays. They happen on Tuesdays, Wednesdays, et cetera. It happens during the practices. And that's one thing the NCAA has come in and recommended

best practices for how much contact a football student athlete should receive during the course of their season.

S1 22:08 It's almost like tracking baseball pitches. They're tracking hits.

S3 22:11 Correct. They're tracking your full contact, full padded practices. But coaches, they find a way, even if you're not in full pads, if you're just going out in helmets and shoulder pads, a concussion can still happen.

S1 22:26 When you've got those large people running around--

S3 22:29 No doubt.

S1 22:29 --there's no doubt they may run into each other.

S3 22:31 They've gotten bigger, faster, and stronger. That's part of it. They do have protective equipment, and it's evolved over time as well. The football helmet has taken a lot of criticism over the years, but people have got to realize that the football helmet was designed to prevent skull fractures. These concussions are due to what's going on inside the skull to the brain, and that's directly related to the speed of the game.

S1 22:56 There's been some work out there in the literature about trying to predict who is more prone to concussions than others. And there's some genes that have been suggested to be representative of that. Do you think we will get to a point where we will start screening athletes on their propensity for concussions?

S3 23:12 Well, I think that research can take us down that road. Obviously, it's such as the Kinesiology department and what we have here at Texas A&M that the research that can be done is going to help us predict that. There's a lot of research going on now about looking at the genes and what not. I know that we have some graduate assistants coming out from the Kinesiology department in our Master's of Athletic Training program, they're collecting urine samples of individuals that have been concussed and using that to try to find a factor that may help predict who's at risk for a concussion.

S1 23:48 It's a little bit scary, though. That would really change the game, wouldn't it? When your kid gets to be ten and you're thinking about whether or not they are going to be playing football, do you have them do a DNA sample and you go, "No. Risk for concussion is too high."

S3 23:58 Yeah. It's going to be interesting to see what happens over time with youth sports. I think, in the past five years, that they have seen a decrease in the number of kids that are playing football.

S1 24:07 Yeah. So, it's going to be a fun time to watch going forward.

S3 24:09 Yes.

S1 24:11 Well, it's good that we have athletic trainers to help when there are injuries, because those do happen.

S3 24:16 Yes. We're very fortunate here at Texas A&M, as many institutions throughout the country. The colleges are fairly well equipped with athletic trainers on their staff. But the good thing is, with the attention these injuries are getting, you're seeing more and more athletic trainers in the high school setting. You see more and more athletic trainers going out to the Pop Warner leagues and being involved in the baseline concussion studies that are being offered to a multitude of student athletes that are happening prior to them getting into collegiate athletics. So, it's really benefited the

field of athletic training.

- S1 24:50 When you said earlier that when you were in high school that there was a certified athletic trainer on staff in your high school, that was pretty rare back then.
- S3 24:57 Back then, it was very rare. Back then, it was very rare, but it's really evolved. I think, once again, our education programs have helped. We're producing more athletic trainers for areas in traditional settings such as collegiate athletics, high school athletics. But now, physical therapy clinics are hiring athletic trainers to go out and do outreach to local high schools as well. Industries are hiring athletic trainers and putting them in to their industrial environmental to do the rehabilitation, evaluation of injuries, trying to help with the production of whatever is happening within their industry. The military is actually hiring athletic trainers as well, and assigning an athletic trainer to a squadron of soldiers during their basic training, and what not, and that's the [team?] for the athletic trainer. And that athletic trainer is there with them doing the injury evaluations and setting up the treatment rehabilitation programs.
- S1 25:52 Athletic training is a good field to be in.
- S3 25:53 Very much. It's good. It's been good to me and it's really evolved. In my time, I first was exposed to it in 1983, and seeing what's happened in those 30 plus years, it's really evolved.
- S1 26:06 Doesn't look like it's been 30 years, Phil. You look no more than 29.
- S3 26:10 Well, well. You know, I celebrate the anniversary of my 29th birthday annually. In fact, it's coming up next week.
- S1 26:17 There we go. We should probably stop on that note because we could both have conversations about that. We're running out of time here, I've seen. As we do with all of our guests, we want to give you the opportunity to give us your take home message. What's the one thing you want people to remember from this podcast?
- S3 26:30 Well, I'd like for people to think that they're fortunate to have a group of dedicated individuals here at Texas A&M that are helping to oversee and ensure the safety of the student athletes. Our fan base loves coming out on Saturday afternoons or coming out to the basketball court or the soccer stadium on a given day or night and seeing the product that's out there on the field, but they need to realize there's a group of dedicated people behind the scenes that they don't know of or they're not aware of that are there assisting our student athletes and ensuring that their health and safety is paramount. These kids on these teams, they are their children. So, I want people to realize that there are people here that are very dedicated to what they do. They love the Aggies. They love their student athletes.
- S1 27:14 Excellent take home message. Thank you for being with us today.
- S3 27:16 Thank you. Glad to be here.
- S1 27:17 Enjoyed having you here. And for the regular listeners of the podcast, you'll know at this point in the podcast is when we turn it over for a podcast question. And today with the podcast question is our producer Ayland.
- S4 27:28 How does healthcare insurance work for student athletes?
- S1 27:31 Thanks for that podcast question, Ayland. Be the first person to send us the correct answer to the question at huffinespodcast@hlkn.tamu.edu, and you'll win one of our nifty podcast t-shirts. I think we're on the fourth edition now. It's never too late to

respond, so send us an email with that correct answer. Again, Phil, thank you for being with us today.

S3 27:50

Thank you. Glad to be here.

S1 27:51

Thank you all for listening this week. Join us next week when we have another interesting person from the world of Sports Medicine and Human Performance. Until then, we hope that you stay active and healthy.

S2 28:01

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If you have questions or comments, please send them to huffinespodcast@hlkn.tamu.edu.

S2 28:49

From all of us at the Huffines Institute, we hope you have an active and healthy week.