
Preventing Tick Bites

Centers for Disease Control and Prevention, 1600 Clifton Road Atlanta, GA 30329-4027, USA

While it is a good idea to take preventive measures against ticks year-round, be extra vigilant in warmer months (April-September) when ticks are most active.

Repel Ticks with DEET or Permethrin

PERMETHRIN kills ticks on contact. Clothing only repellents that contain Permethrin are very effective and provide long-lasting protection. The best protection you can achieve is by using a repellent that contains Permethrin on your clothes

- Use repellents that contain 20 to 30% **DEET** (N, N-diethyl-m-toluamide) on exposed skin and clothing for protection that lasts up to several hours. Always follow product instructions. You should apply this product avoiding hands, eyes, and mouth.
- Use products that contain permethrin on clothing. Treat clothing and gear, such as boots, pants, and socks with products containing 0.5% permethrin. It remains protective through several washings. Pre-treated clothing is available and may be protective longer.
- Other repellents registered by the Environmental Protection Agency (EPA) may be found at <http://cfpub.epa.gov/oppref/insect/>
- Consider spraying your pants with **permethrin**. (available in camping stores & Walmart)

Find and Remove Ticks from Your Body

- **Conduct a full-body tick check** using a hand-held or full-length mirror to view all parts of your body upon return from tick-infested areas. You should check for ticks under the arms, in and around the ears, inside the belly button, behind the knees, between the legs, around the waist, and especially in their hair.
- **Examine gear.** Ticks can ride into the home on clothing, then attach to a person later, so carefully examine coats, packs and your bed roll before & after sleeping.
- **When home, tumble clothes** in a dryer on high heat for an hour to kill remaining ticks. (Some research suggests that shorter drying times may also be effective, particularly if the clothing is not wet.)

University of Rhode Island site:

http://www.tickencounter.org/prevention/protect_yourself

Symptoms of Tickborne Illness

Many tickborne diseases can have similar signs and symptoms. If you have been bitten by a tick and develop the symptoms below within a few weeks, a health care provider should evaluate the following before deciding on a course of treatment:

The most common symptoms of tick-related illnesses are:

- **Fever/chills:** With all tickborne diseases, patients can experience fever at varying degrees and time of onset.
- **Aches and pains:** Tickborne disease symptoms include headache, fatigue, and muscle aches. With Lyme disease you may also experience joint pain. The severity and time of onset of these symptoms can depend on the disease and the patient's personal tolerance level.
- **Rash:** Lyme disease, southern tick-associated rash illness (STARI), Rocky Mountain spotted fever (RMSF), ehrlichiosis, and tularemia can result in distinctive rashes:
 - In Lyme disease, the rash may appear within 3-30 days, typically before the onset of fever. The Lyme disease rash is the first sign of infection and is usually a circular rash called erythema migrans or EM. This rash occurs in approximately 70-80% of infected persons and begins at the site of a tick bite. It may be warm, but is not usually painful. Some patients develop additional EM lesions in other areas of the body several days later.
 - The rash of (STARI) is nearly identical to that of Lyme disease, with a red, expanding "bulls eye" lesion that develops around the site of a lone star tick bite. Unlike Lyme disease, STARI has not been linked to any arthritic or neurologic symptoms.
 - The rash seen with Rocky Mountain spotted fever (RMSF) varies greatly from person to person in appearance, location, and time of onset. About 10% of people with RMSF never develop a rash. Most often, the rash begins 2-5 days after the onset of fever as small, flat, pink, non-itchy spots (macules) on the wrists, forearms, and ankles and spreads to the trunk. It sometimes involves the palms and soles. The red to purple, spotted (petechial) rash of RMSF is usually not seen until the sixth day or later after onset of symptoms and occurs in 35-60% of patients with the infection.
 - In the most common form of tularemia, a skin ulcer appears at the site where the organism entered the body. The ulcer is accompanied by swelling of regional lymph glands, usually in the armpit or groin.
 - In about 30% of patients (and up to 60% of children), ehrlichiosis can cause a rash. The appearance of the rash ranges from macular to maculopapular to petechial, and may appear after the onset of fever.

Tickborne diseases can result in mild symptoms treatable at home to severe infections requiring hospitalization. Although easily treated with antibiotics, these diseases can be difficult for physicians to diagnose. However, early recognition and treatment of the infection decreases the risk of serious complications. So see your doctor immediately if you have been bitten by a tick and experience any of the symptoms described here.

PROTECTING YOUR FEET

Chafing often occurs on the inner thigh, groin area, armpits, nipples, etc. as a result of sweating, and friction from body parts rubbing together, or friction from clothing. The best treatment for chafing is prevention.

Stay hydrated - Drink plenty of water to prevent dehydration. Among other things, staying well hydrated will help prevent chafing by allowing you to perspire freely. When you stop perspiring your sweat will form salt crystals on your body increasing friction.

Treatment - The general treatment for chafing is to treat the area by washing with soap and cool to luke warm water. Then apply an antibacterial ointment or antiseptic spray, cover with a bandaid or sterile gauze. A and D ointment. (Yes, the diaper rash ointment!!) It relieves pain and itch, promotes healing, and keeps the area lubricated so you can continue walking without discomfort.

Shoes - As with many other walking ailments, begin with the brogans. Your brogans must fit properly to avoid blisters. Too snug or too loose is always a problem. Ensure that there is ½ inch space between your longest toe and the end of your brogan. Be sure that you have enough room to wiggle your toes inside the toe box, and your heel does not slip when you walk. Inspect the inside of your brogans for seams or worn areas that might produce extra friction.

Socks - Select socks that fit your foot without being too tight or too loose. Ensure that the socks do not have bulky stitching at the toes or heels. Some people choose to wear two layers of socks to aid in blister prevention. Do not wear socks that are too worn. Thin areas and holes are very likely to produce hot spots and blisters. Do not wear untested socks on a long walk and never wear unwashed socks. When walking distance carry a spare pair of socks. Change during your walk if your feet become sweaty or wet.

Stay Dry - Using powder along with the right sock can really help. Use foot powder, talcum powder, or cornstarch to stay dry.

Band Aid brand Blister Blocks - When training for marathons runners used blister blocks on heels. During the longest walks, cover your middle toe for extra protection against black toe. They are like a thick rubbery extra skin you apply to problem areas. It cushions and protects.

Spenco Second Skin - Soothing hydrogel dressing for blisters. Should be held in place with adhesive knit tape.

Spyroflex Wound Dressing - Use as both a preventative treatment against blisters, etc., or as a protection over a blister, cut, abrasion or other wound. Both of these products were recommended by ultra-marathon runners.

Moleskin can also be used to cover a blister that has already formed. Buy the self-adhesive kind in sheets. Cut a piece larger than the blister and cut a hole in the center. (Shaped like a donut.) The outer ring will help cushion the blister, but the blister itself will not be covered.

Hopefully using a combination of the preventatives above you will come away blister free. It is important to apply the products prior to your walk if you are prone to blisters. You can also carry supplies with you on your walk. Stop and apply as soon as you feel a hot spot to prevent a blister from forming.

BLISTER TREATMENT - Use the following steps to minimize the chance of infection. Small blisters can usually be taken care of without puncturing. Leave intact and use only steps 1, 3, 7, 8, 9, and 10. (Diabetics should always seek medical attention for blisters).

1. Wash your hands with disinfectant soap and water.
2. Clean the blister and surrounding area using a disinfectant soap or solution.
3. Sterilize the tip of a needle by soaking it for at least three minutes in a disinfectant solution or heating it until it glows red, then cools.
4. Make a small puncture at the base of the blister. Leave the roof of the blister attached so it can continue to protect the skin.
5. Use a gloved finger to gently push the fluid out.
6. Apply antibiotic ointment to a piece of gauze and cover the wound. Avoid drying products such as alcohol.
7. Cut a hole the size of the blister in a piece of moleskin.
8. Cover the blister with the moleskin so that the blister rests in the middle of the hole and the adhesive sticks to the skin around the blister.
9. Replace the bandage daily and check for signs of infection: heat, pain and swelling on or around the blister, pus, red streaks radiating from the blister, or fever.

Toenails: Make sure you take the time to trim your toenails before a big hike, especially one that involves long descents. It's best to clip your toenails as short as possible so that there's no extra nail length. If need be, file the nails down until they're flush with the skin.

Blisters: The following are a few other suggestions for avoiding blisters:

- * Train your feet. Don't go out on a long hike without taking the time to toughen up your feet by doing walks or short hikes leading up to the big day.
- * Don't try to break in brand new boots on a long hike either. Wear a new pair around town, or on short hikes, before taking them long distance.
- * Walking barefoot around the house, especially outside, will toughen the skin of your feet.

- * Stop and remove dirt, sand, or any other debris that gets in your boots ASAP.
- * Air your feet out during a break in order to cool and dry them off.
- * If you have areas on your foot that have caused problems in the past, try putting moleskin or athletic tape on before blisters have a chance to form.
- * If you do develop a hot spot, cover them immediately with moleskin.

Hiking Physical Fitness Training - Exercises for Hiking

Start off by making small 2-4 km (1-3 miles) hikes on regular intervals (1-2 times per week) under not too challenging conditions and without a backpack or bed roll. Do it near your own home so you can make sure that you are able to be back before sunset.

- Steadily increase the length of your hikes until you are able to comfortably make a 15km (9 miles) hike.
- On your 15km hikes, you will most likely already be carrying a haversack with some snacks and drinks. Now work on increasing the weight of your load by adding more equipment.
- Steadily increase the weight until you are able to comfortably finish a 15km hike with your backpack or bed roll.
- From this point on, you should steadily increase your distance and the weight and size of your pack. With the proper training, you should be able to carry up your full.
- Walking for consecutive days is very different from single day hikes with periods of rest between them. Consecutive hikes bring the added challenges of possible blisters, muscle aches and skin irritation. Train yourself by increasing the number of consecutive Hiking days in early May.

Three Areas you need to prepare before you go out on a serious hike:

- **Hiking muscles** - all your leg muscles plus your core body support. Arms and upper body are not that important for hiking.
- **Cardiopulmonary** - your lungs and heart need to be fit to supply your body with adequate oxygen.
- **Gear** - your feet need to be comfortable with your boots and your hips and shoulders with your pack or bed roll.

Be a Turtle: start slow and build gradually.
Here's a sample schedule for someone in good health just starting to hike:

| Day | Miles | Minutes |
|-----|-------|---------|
| 1 | ½ | 15 |
| 2 | ¾ | 20 |
| 3 | 1 | 25 |
| 4 | 0 | rest |
| 5 | 2 | 45 |
| 6 | 2 | 40 |
| 7 | 0 | rest |
| 8 | 2 | 40 |
| 9 | 3 | 60 |
| 10 | 0 | rest |
| 11 | 3 | 60 |
| 12 | 3 | 60 |

In two weeks, taking it slowly, you can be on a routine that provides you with recommended amounts of physical exercise using a gradual increase in **distance and exertion**.

Hike Every Day

If you are preparing for a 5-day trek, then go on practice hikes 5 days in a row before taking a rest day. Daily hikes more closely simulate what you'll have on your trek and prepare your feet and joints to the shorter recovery time.

After your first couple hikes you will probably suffer from DOMS, Delayed Onset Muscle soreness. The first couple times you go hiking DOMS will start about 24 to 48 hours after a hike and is characterized by mild to severe muscle stiffness and soreness. It usually passes in 24 to 48 hours after it begins. Don't worry about the fact that you have DOMS, since it is entirely normal for people who haven't been very active.

The best exercise to prepare for a hike is good, old fashioned walking. Walking provides both a cardiovascular workout and strengthens the same muscles you'll use on your hike. Begin by walking 30 to 45 minutes three days a week to train for a five mile (eight kilometer) hike. On a

fourth day, take a longer walk and increase your distance each week until you're walking about two-thirds of the length of your hike [source: Spilner and Robertson].

Hiking Warm-Up Exercise Video:

<https://www.youtube.com/watch?v=l8ntcKK1Dn4>

SNAKES IN ARKANSAS

Snakes are feared more than any other wildlife species in Arkansas. According to psychologists and animal behaviorists, the fear of snakes is a learned behavior. Recent findings indicate our brains are pre-conditioned to readily accept this fear. Yet statistically, venomous snakebites account for fewer deaths than bee or wasp stings or lightning strikes, though these are also rare.

According to the Arkansas Department of Health, **from 1960 to 2007 only three Arkansas residents died from native snakebites, with all three occurring in the 1960s.** One death in 1960 was a rattlesnake bite, while the other two in 1964 and 1965 were by unspecified snake species.

Of the 36 species of native snakes in Arkansas, only six are venomous. Most venomous snakes are slow to strike and do so only if provoked. Typically, snakes will go to great lengths to avoid a confrontation with people.

In the late fall and early spring, snakes seek rocks or patches of sunlight to bask and heat their bodies and tend to be more active during daylight hours. Be snake alert when walking through rocky areas or in leaf litter, which can camouflage a snake.

When cleaning debris, watch where you put your hands and feet. If possible, don't put fingers under debris you intend to move. Use a wooden pole to move or flip the object first to make sure a snake isn't hidden underneath.

If you encounter a snake, step back and allow it to go on its way. Snakes usually don't move fast, and you can retreat from the snake's path.