

# Smarter Bodies

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Editor Jim Ra-

## Referral Race

Beginning September 18, 2006

the client who refers 3

friends or family

who purchase 10 or more sessions by

January 1, 2007

will Win



## 10 Free Trainings

an upgrade of 4 from the 6 already given

And everyone who reaches 5 Referrals will win

## 15 Free Trainings

an upgrade of 5 from the 5 already given

Referrals can be for  
Marlton, Turnersville and even Florida!

# SMART RUNNING

## Baby Steps Often Most Effective



The great philosopher Friedrich Nietzsche said, "One must walk before one can fly. One cannot fly into flying." Nietzsche was talking about the need for small steps toward greater goals in life; little did he know he was speaking to a running coach in the hills of Appalachia.

As a distance running coach Nietzsche's words (now scribbled on the inside of my coaching notebook) piqued my interest immensely, for to me they apply directly to victory and defeat and how finding the former -- even amidst the latter -- more often will enable each of us to reach our best. For most, the concepts of victory and defeat are fairly black and white. There is a winner and a loser and very little gray area between. In team sports such as basketball and football and even individual sports such as boxing, fencing, or tennis, there is a winner and a loser and not much middle ground to speak of. In mass individual sports such as cycling, swimming, and long distance running, however, the idea of victory and defeat begins moving toward the ethereal. At the Chicago Marathon is there really only one male winner, one female winner and roughly 30,000 losers? I'm not here to suggest (no matter how warm and fuzzy it may sound) that we are all winners simply for being out there. I'm a bit too old school in my thinking to jump on that ship. What I am suggesting is that in long distance running our victories are individual, be it the cracking of a four-hour marathon for the first time or winning the age group at your local 5K. And for each of us, arriving at these goals can be hastened by looking for small steps (or victories) rather than simply the big ones.

### "Chunking" Your Way to Success

British Olympian Chris Chataway was one of the first athletes to discuss "chunking" openly as a means of attaining goals both in training as well as racing. The idea of chunking is quite simple. Rather than viewing a 10-mile run in its entirety, break the effort down mentally into more manageable segments such as 2 x 4 mile runs followed by a short two mile to finish. The same strategy can be applied to racing. Rather than entering a 5K and thinking of it as a full 5,000 meters, try thinking of the distance as two separate 2,000-meter chunks followed by a 1,000-meter finishing chunk. Critical to successful chunking is putting any completed chunk mentally behind you once it is over. Even if you run a "chunk" too quickly or too conservatively, know that once a chunk is over, nothing can be done about it -- move on. This "chunking" served Chat-

taway well during his extensive career and has been used as a model for runners from 1,500 meters to the marathon for decades.

### Young Gun Lesson -- Chunking Racing en Route to a Breakthrough Season

ZAP Fitness athlete Brendan O'Keefe is a talented young 1,500-meter runner from Prospect Harbor, ME. A graduate of Brown University, this son of a lobster fisherman spent virtually all of his four years at Brown under the cloud of injury. Stress fractures, soft tissue injuries, structural problems...you name it, O'Keefe had it. "Rarely did I see more than three weeks of healthy running before I would break down," said O'Keefe. "It was very frustrating." Following graduation, O'Keefe, who managed to run an impressive 3:47 for 1,500m (roughly a 4:04 mile) between injuries at Brown, came to us at ZAP and said he simply wanted a chance to realize his potential. Along with his obvious talent, our selection committee saw in his eyes a great deal of desire and willingness to do whatever it took to be his best. We decided to take a risk. My coaching plan for Brendan was simple: no racing for an entire year. My sole mission was to simply get him training in a healthy manner. After remaining patient during a first year replete with many ups and downs I allowed Brendan some racing opportunities in 2006.

From the onset of his 2006 racing season, O'Keefe's goals were fairly straight forward: achieve the USATF 1,500m Championship standard of 3:42 (the equivalent of a 3:59 mile). With a personal best of 3:47, however, the task appeared slightly daunting to the 24 year old -- particularly without a personal best in almost three years. Enter the chunk. "The problem for me was that I saw anything shy of running 3:42 as a failure," said O'Keefe. "I saw running 3:45 or 3:46 as a defeat rather than as a victory. Even though doing so would make running 3:42 more reasonable." After learning to see "victory" in small steps, O'Keefe set out to grab the little victories where possible -- running 3:45 (his first personal best of the season) at Victoria, British Columbia, only to follow that up with 3:43 and 3:42 performances in Indiana in late June. "It was the little victories I set for myself that enabled the larger one. Now running 3:38 to 3:39 and being one of the top Americans seems completely in range."

As each of you Running Journal readers approach your fall and winter training, set goals that are both reasonable as well as lofty, but be open to the idea of smaller goals en route to the larger ones. If you have a realistic goal of a 50:00 10K, know that 53:00 on the way is not a defeat. In addition, as you attack those goals, try breaking your toughest training sessions into smaller pieces -- even if only mentally. Few of us become victorious in races in absolute terms, but as competitors on any level we all desire to as Nietzsche said, "fly," to earn our own victories on the tracks and roads of the South, to fully see just how good we can be. I would argue for most that the best way to achieve flight is to walk before stepping over the cliff to soar.

# Nutrition of the week Contest



Prizes for the  
**BEST & WORST**  
diets!  
Sponsored by  
**Nature's Sunshine**

**WIN Free Nature Sunshine Products  
and Lunch at:  
Great Wraps  
Salad Works  
Eat Fit Fast**

## Welcome to Smart Bodies



*Dave Dalrymple*

Originally from Marlton, NJ  
Now Resides in Tabernacle, NJ

### **Certifications**

International Sports Sciences Association

*Dave is available Monday evenings and Saturday Mornings*

## Make Your Exercise Fit!



How often do you decide it's time to "get in shape," then create elaborate strategies to achieve that objective? Plan A: Take lunchtime at the local Y to swim. Plan B: Do a 45-minute Pilates tape nightly after dinner and dishes.

Plan C: Get up an hour earlier every day to conquer the gym.

And (be honest!) how often are your plans thwarted due to other life intervening—overlong meetings, social engagements, household projects that last until bedtime or just plain exhaustion that keeps you hitting the snooze button?

You're not alone in mismatching your complicated lifestyle with great training intentions. However, it is possible to introduce healthy habits into your routine with thoughtful planning. Bill Phillips, fitness guru and author of *Body-for-Life*, suggests

you ask yourself what habits you currently have that could sabotage your new routine. What new habits do you need to create to support it? Are you really, really ready to commit?

Also consider your personality type: Are you an adventurer, couch potato or something in-between? What sorts of activities excite you: swimming, watching TV, yoga, computer games, team sports, hiking? Are self-motivated or do you need a little push?

The bottom line in staying committed is determining what activities turn you on so that you don't dread exercise like a recruit does boot camp. The more at ease you are, the more likely you are to continue. Along those lines, WebMD advises viewing everything you do as an opportunity to get aerobic exercise. "Make exercise more of a habit than a chore. Take the stairs instead of the escalator and walk rather than drive. Plan active outings instead of going to a movie. You can even make cleaning the house an aerobic exercise."

Once you know what whets your exercise appetite, investigate how to incorporate your new habits into your existing schedule. If you're crunched for time, take stock and see what you can cut or at least determine which items are flexible. Perhaps your at-work hours are more malleable than anticipated—check with your employer.

Block exercise time out as if it were a client meeting or an important family commitment, but be realistic. If you take an hour to get ready in the morning, lunchtime workouts might just end up being stressful and rushed. In that case, pick another time of day and really focus during your training. Choose a more intense practice that delivers high results in a short amount of time. Also consider a personal trainer.

If family life is pulling you every which way, contemplate coaching your kids' soccer team or joining them in their Aikido dojo—or create new family exercising events that bring you together for fitness time. Evening walks are perfect for family exercise. In bad weather, you can host dance parties in the living room!

"Set goals that are ambitious, but attainable," offers Phillips. He assures it can be done using less 5 percent of the time available to a person each day. "It doesn't matter if you're 22 or 62, man or woman, fit or unfit; you have the power to change."



## 220 – Age: One Formula Does Not Fit All

Two cardiologists were on a plane, poring over their data...

Although it sounds like the beginning of a joke, it's really the story of how the Max Heart Rate, (220 – age) equation came to be. En route to a conference, two cardiologists developed the equation for use by their peers in conducting stress tests. Although they never intended for 220 – age to be applied outside the medical field, it was and still is. In fact, most exercise physiology textbooks, ACSM guidelines, AFAA, and the Spinning Instructor Manual all recommend it for determining and monitoring exercise intensity, often without mentioning some of its inherent flaws.

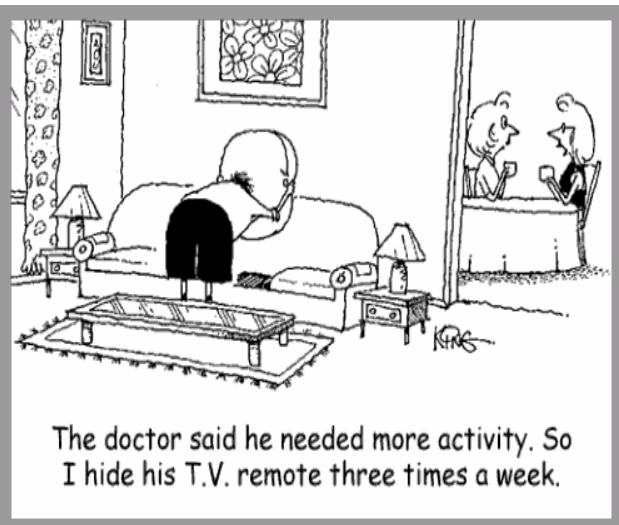
Although the 220 – age (or 226 – age for females) equation can sometimes be an adequate estimate for some people, it's quite inaccurate for most. The reason? It doesn't account for the vast differences in individuals' fitness levels. That's why using the formula to recommend exercise intensity can be confusing—even frustrating. For example, sometimes you'll see a rider who is seated upright, pedaling contently on a flat road, reporting that his heart rate is at 85% of max. Obviously, the formula didn't work in his case. If he were at 85% of MHR he would be sweating, breathing hard and exerting considerable effort. The bottom line: since maximal heart rate is determined by a variety of factors, including, but not limited to genetics, physical condition, fitness level and age, using a simple equation simply based on age just can't work for every individual.

Since we monitor exercise intensity using percentages of max heart rate, starting with an accurate MHR is critical. When that number is off, the whole training plan is off. How can you ensure that you're burning fat effectively if you're unwittingly training in the anaerobic zone? Similarly, how can you build high-end endurance if you're not pushing your anaerobic threshold? The good news is that there actually is an accurate way to safely determine max heart rate and come up with individuals' true target heart rate ranges for each Energy Zone™. Years ago when the 220-age formula was developed, only a stress test conducted by a physician

could safely determine the data. In recent years, sub max testing has been available through qualified fitness professionals as well, but the testing equipment was prohibitively expensive for most health clubs. Paul Robbins, often spotted at WSSC performing VO2 testing, uses an affordable, yet impressively accurate testing unit that any health club staff can learn to use.

The tests are safe because they're sub-maximal—the athlete being tested is never asked to go very far beyond his/her anaerobic threshold. That's the point when the body can no longer flush lactic acid from the muscles as fast as it is being produced. Lactic acid accumulates in the blood, the rider fatigues and is literally forced to slow down. AT can occur anywhere between 80% and 92% of an athlete's MHR – but pinpointing precisely where it occurs is difficult, unless you measure oxygen uptake as Robbins does. In the absence of sophisticated testing, we've found creative ways to estimate AT. Generally speaking, if an individual can carry on a conversation during exercise, he or she is in an aerobic zone. Alternatively, if one's breathing is labored and it's a struggle to talk during a workout, it's anaerobic. The benefit of understanding how and when this shift occurs is obvious. A rider who knows his AT can tailor training to maximize his/her time in the saddle. Since AT rises closer to MHR as fitness improves, and drops with improper training or time off, it is relatively easy to monitor progress over time.

Balancing the hard workouts with the easy, finding the right intensity, and putting it all together is science. By personalizing fitness goals, we can harness the abilities of each competitive athlete and everyday



**When should you spend the extra cash (and make the extra effort) to buy organic food?**  
**Here's how to weigh the benefits**

Head to the grocery store these days, and almost everything on your shopping list has an organic equivalent. And not just strawberries and spinach. You can buy organic cereal, soup, chicken, string cheese, and yes, even organic hot dogs. Since 2002, when farmers and manufacturers were expected to fully comply with the organic standards set by the U.S. Department of Agriculture, the availability of organic products has skyrocketed. Once confined to co-ops and out-of-the-way health-food stores, organics are now found on the shelves of 73 percent of U.S. supermarkets, some of which, like Safeway and Giant Foods, have recently launched their own brands of organic breads, cereals, juices, and other foods. Even Wal-Mart sells organic produce. Which is all good news for runners looking for the healthiest meals possible.

Organic foods, including produce, meats, grains, and ingredients used to make various products, must be grown without the use of potentially harmful pesticides, chemical fertilizers, antibiotics, or growth hormones. "We get healthier food when we eat organic," says Natalie Ledesma, R.D., of the University of California at San Francisco's Comprehensive Cancer Center. "There are studies that suggest organic produce has higher nutrient levels and studies connecting health risks to the hormones and antibiotics" used in conventional animal products. Some nutritionists argue the differences are negligible, but eating an organic diet is greater than the sum of its parts, Ledesma says, because like a savings account, the benefits accumulate over time.

Still, even with the introduction of lower-cost supermarket brands, conventional foods have one irresistibly attractive quality: price. Organic fruits and vegetables typically cost 10 to 30 percent more, and frozen produce, meats, eggs, milk, and processed foods like cereals, soups, and salad dressings run 50 to 100 percent more. So should a runner always shell out the extra cash for the healthier stuff?

**Smart Shopping**

"There are clear differences among fruits and vegetables in their loads of pesticides," says David Schardt, senior nutritionist at the Center for Science in the Public Interest. "Some make sense to buy organic; others don't matter as much." After analyzing more than 100,000 pesti-

cide tests conducted by the U.S. Department of Agriculture and the Food and Drug Administration, the Environmental Working Group, a watchdog organization based in Washington, D.C., released the "Dirty Dozen," a list of fruits and vegetables with the highest levels of pesticides. "By eating the organic versions of the dirty dozen, you can reduce your exposure to contaminants by 90 percent," says EWG spokesperson Lauren Sucher.

If your budget or options are limited, don't feel bad forgoing organic bananas, peas, and other produce from the EWG's "Consistently Clean" list. Though organic versions of these foods may provide a higher nutrient density, none poses much risk of pesticide exposure; in fact, no contaminants were detected on 90 percent of the conventional avocado, cauliflower, asparagus, and onion samples the EWG analyzed. The reason for the difference in pesticide levels varies from crop to crop; some foods require more pesticides than others, and some have their own protective shell, like the skin of a mango or a banana peel. And buy conventional, too, if you can't find or afford organic produce, says Ledesma. "Eating fruits and vegetables for the multiple nutrients they provide is the more important thing."

Springing for organic meats, poultry, eggs, milk, and other dairy products limits your intake of the antibiotics and growth hormones given to conventionally raised livestock. "These chemicals may contribute to higher cancer rates," says Ledesma. Fish is in a category of its own because, unlike other organic products, no U.S. standards yet exist to govern seafood. Salmon and other seafood labeled organic are certified by an independent group, often European. Britain's Marine Stewardship Council is the leading authority on environmentally sound fishing practices, and its blue "fish forever" label is found throughout the United States. That said, Ledesma says that "wild fish are generally leaner, contain less overall fat, and have higher omega-3 levels. More research is needed, but at this point, I favor wild fish over farm-raised."

Conventional processed foods like pasta, cereals, and salad dressings contain low levels of pesticides to begin with, says Schardt. But buying organic further limits your exposure. "It's good to play it safe and buy organic if you have small kids," says Schardt, "as they're the most susceptible to potential health hazards." Plus, packaged organic foods are good for the whole family because they contain no synthetic dyes or hydrogenated trans fats, and they avoid most preservatives commonly used in conventional foods. *(Continue on page 7)*

The bottom line is that some foods expose you to more contaminants than others. If you can afford to buy organic all the time, it's better for you—and the planet. But if that means sacrificing your whole paycheck, choose the foods that matter most to you.

### Organic Shopping Guide

**What does the label mean?** The USDA National Organic Program regulates how the word organic can be used for both domestic and imported foods. The official "USDA Organic" seal signifies a product is at least 95 percent organic. Here's what the other labels mean:

**100% Organic:** All ingredients must be organic

**Organic:** Guarantees 95% of the ingredients are organic

**Made with organic ingredients:** At least 70% of the contents are organic

### Spend Wisely

These 12 fruits and vegetables contain the highest levels of pesticides; buy organic to reduce your exposure.

- Apples
- Bell peppers
- Celery
- Cherries
- Imported grapes
- Nectarines
- Peaches
- Pears
- Potatoes
- Raspberries
- Spinach
- Strawberries

Also buy organic meats, poultry, eggs, and dairy to limit your exposure to antibiotics and growth hormones.

### Don't Worry (as much)

The pesticide levels of these 12 fruits and vegetables are low to undetectable; okay to buy conventional.

- Asparagus
- Avocados
- Bananas

- Broccoli
- Cauliflower
- Kiwi
- Mangoes
- Onions
- Papaya
- Pineapples
- Sweet corn,
- Sweet peas

Choose organic breads, pastas, cereals, and other processed foods when cost and availability allow it.

### Preventing Height Loss: How to Keep from Stooping to New Lows

The image of a tiny old man or woman stooping over a cane is a common association with aging. While your body will undergo changes as the years pass, there are steps you can take to keep standing tall.

Height loss is natural, and shouldn't be a cause of worry, unless it occurs rapidly. On average, people lose about one centimeter in height every 10 years, beginning at 40 years of age. This rate increases after the age of 70, leading to a total loss of between one to three inches of height.

The reason for the shrinking has to do with the vertebrae, the disk-like bones that make up your spine, which begin to lose mineral content and thin slightly. Additionally, the fluid that fills the space between each vertebra begins to diminish. Each of these small changes adds up to a noticeable loss in height.

Making matters worse, the loss of muscle mass in your back and the gradual deterioration of your spine and muscles causes many elderly to hunch-over when they stand. This bent-over position can cause pain and difficulty breathing.

The good news is that the sooner you take steps to prevent height loss, the greater the overall impact you can make. The National Institutes of Health suggests two basic means of stemming the tide against height loss:

#### **Prevent osteoporosis**

By consuming plenty of calcium, you can prevent osteoporosis, the disease characterized by the weakening of bones. While men may also get this disease, postmenopausal women are most at risk, and need 1,200 to 1,500 milligrams of calcium every day to keep their bones strong. Vitamin D is important, too, as it helps the body absorb calcium.

#### **Exercise**

Exercise is important to keep your bones strong and to improve flexibility. Weight-bearing exercises, like running, puts stress on your bones and send signals telling your body to strengthen them. Some experts also suggest trying yoga or tai chi, as these exercises emphasize maintaining a straight posture. Another exercise to try involves lying on your stomach and lifting your head and shoulders off of the ground for a few seconds. This will strengthen the muscles in your upper back to prevent stooping

## Tennis Elbow Needs More Than a Shot in the Arm

### *Physiotherapy, rest beat corticosteroid injections, research shows*



A corticosteroid injection may provide temporary relief from the pain of tennis elbow, but only physiotherapy or a "wait and see" approach actually relieves the problem over the long term, Australian researchers report.

Tennis elbow, formally called lateral epicondylitis, is a common cause of elbow pain. However, the condition is not the result of inflammation, but results from small tears of the ten-

ons that attach the muscles of the forearm to the arm bone at the elbow joint.

"Patients and their health care practitioners should be mindful that the rapid resolution brought about by corticosteroid injections is associated with poorer long term results when compared to both physiotherapy and a wait-and-see approach," noted lead researcher Bill Vicenzino, an associate professor of physiotherapy at the School of Health and Rehabilitation Sciences at the University of Queensland.

"We found that patients allocated to physiotherapy appeared to express greater satisfaction with their overall management, in that they sought out far fewer other treatments over the 12-month period of the study," he added.

Vicenzino's team published their report in the Sept. 28 online edition of the *British Medical Journal*.

In the study, the researchers tried different treatments on three groups of patients with tennis elbow. One group were enrolled in a "wait and see" approach. These patients were told that the condition would eventually settle down and were encouraged to wait. They were also given instructions on modifying their daily activities so as to avoid aggravating their elbow condition.

Another group was given a corticosteroid injection and told to gradually return to normal activities. The third group got eight 30-minute physiotherapy sessions over six weeks and was taught home exercises and self-manipulation. The researchers measured the patients' progress at six weeks and again after one year.

Initially, corticosteroid injections worked best, with 78 percent of patients reporting improvement. This was followed by physiotherapy, where 65 percent of the patients reported

improvement. In contrast, only 27 percent of the patients in the "wait and see" group reported improvement, the researchers found.

A year later, however, the results were very different. Patients who received a corticosteroid injection had significantly worse improvement than patients who got physiotherapy. People who got injections also had the most recurrences.

In fact, 72 percent of these patients had deterioration in their condition after three or six weeks. This could be due, in part, to faster initial recovery, leading to greater use and over-taxing of the elbow, the researchers said.

Moreover, long-term effects of physiotherapy were similar to the wait-and-see approach. At the end of the study, people who received physiotherapy or a wait-and-see approach were either significantly improved or had completely recovered, the researchers report.

"Patients with tennis elbow can be reassured that with a self-care approach, their condition will resolve after about three to six months," Vicenzino said. "The short-term or early effects of corticosteroid injections should be considered in view of the longer term delay in healing and generally poorer outcomes overall," he added.

"Should a patient wish to speed up the recovery of tennis elbow, a physiotherapy program of exercises and elbow manipulation should be considered in favor of a corticosteroid injection," he advised.

One expert agreed with the findings.

"It didn't surprise me that people who had injections did the best early on, and that people will get recurrent symptoms after that," said Dr. Reid Abrams, professor and vice chairman of Hand and Microvascular Surgery, and Hand, Wrist, Elbow and Upper Extremity Surgery at the University of California, San Diego.

Abrams understands that patients are looking for relief as soon as possible, so, he said an injection followed by physiotherapy may be the best overall treatment. Resting the muscle and giving it time to rebuild is key to curing the condition, Abrams said.

"Education about ergonomics and modifying activities is also important," he said. "Once you educate patients about what muscle is involved and the specific activities that set it off, patients can modify what they do to avoid setting off that particular muscle," he said.

## Web Site of the Month

### **Kids Playground Web Browser (Windows)**

*How to set your kids up to  
surf safely.*

Kids Playground is a free web-browser that allows you to set up your kids to surf safely. It allows you to password protect links and prevents your children from accessing sites that you haven't chosen.

#### URL

**<http://www.download.com/Kids-Playground-Web-Browser/300>**

## QUOTE OF THE MONTH

*"Never eat more  
than you can lift"  
- Miss Piggy*

## **Link Between Carpal Tunnel Syndrome and Diabetes?**

Feeling a little wrist pain? It may be a sign of impending diabetes.

Researchers from the King's College in London have found that people with carpal tunnel syndrome may be more likely to develop diabetes than someone without this wrist pain.

Carpal tunnel syndrome is caused when nerves in a part of the wrist, called the carpal tunnel, become pinched because of the swelling of these nerves or of nearby tendons. It is most commonly caused by an injury to the wrist, the use of vibrating hand tools or rheumatoid arthritis, but it also has been linked to other causes, such as a cyst or tumor in the wrist. Ultimately, carpal tunnel syndrome can cause numbness or pain in the fingers, hand or arm.

It is common for patients with diabetes to have nerve damage in the arms and legs as a result of their disease, and carpal tunnel syndrome is also commonly seen in these patients. However, up to this point, there has been no evidence showing that carpal tunnel, or any type of nerve damage, may appear before the onset of diabetes.

To determine if this is a possibility, Dr. Martin Gulliford and colleagues looked at the medical records of over 2,600 patients with diabetes beginning well before they were diagnosed. All of these patients were considered to have had pre-diabetes, a condition that marks the beginning of diabetes-like problems. During this time, "individual subjects have normal glucose tolerance or varying degrees of hyperglycemia [high blood sugar]," write the study authors in *Diabetes Care*. In other words, these patients' bodies are just beginning to have problems processing sugar normally. Full-blown diabetes causes much more significant problems with blood sugar.

Comparing these patients with a sample of 5,300 patients who never developed diabetes, Gulliford found that those who had been diagnosed with carpal tunnel syndrome at some point were over 35 percent more likely to later be diagnosed with diabetes.

"Hyperglycemia and associated abnormalities may contribute to...local peripheral nerve disorders before the diagnosis of diabetes," writes Gulliford.

The researchers state that the sample size may be too small to draw any large conclusions. However, these findings do suggest that even pre-diabetes can adversely affect the body years before diabetes is diagnosed.

# Low Carb

## Recipe of the

### Month

## Pan-Seared Salmon with Vegetables & Citrus Soy Sauce

Serves: 6      Active Time: 15 min

**Total Time:** 30 min

1 pkg (24 oz) Wegmans Food You Feel Good About Cleaned & Cut Stir-Fry Vegetables  
2 Tbsp Wegmans Basting Oil, divided  
1 medium (about 1/2 lb) red or yellow sweet pepper, halved, cored and diced medium  
6 salmon fillets (6 oz ea)  
Wegmans Pan Searing Flour  
2 Tbsp olive oil, divided  
1 tsp butter  
1 cup Wegmans Citrus Soy Sauce (Prepared Foods)

1. **Blanch** stir-fry vegetables 1 min in large pot of salted water. Drain; transfer to bowl of ice water. Drain; toss with 1 Tbsp basting oil. Set aside. Repeat with peppers, but do not add basting oil. Set aside.
2. **Dust** salmon with pan-searing flour; pat off excess. Heat 1 Tbsp olive oil in skillet on MEDIUM-HIGH, until oil faintly smokes; add salmon. Turn over when salmon changes color one-quarter of way up and seared side has turned paper-bag brown. 3-4 min. Reduce heat to MEDIUM; cook until temperature of salmon reaches 120 degrees, 4-5 min. Check by inserting thermometer halfway into thickest part of salmon.
3. **Add** remaining basting oil and butter to

pan; swirl, being careful not to burn butter. Baste with spoon, 1-3 min, until internal temperature reaches 130 degrees. Transfer to clean platter; let rest at least 2 min. Keep warm. Discard drippings from pan.

4. **Add** remaining Tbsp olive oil to pan. Add vegetables; toss and cook on HIGH 3-4 min. Add sauce; bring to simmer on MEDIUM-HIGH. Remove from pan; divide evenly onto 6 serving plates. Top with salmon.

**Tip:** Sauce can be reduced to glaze fish; continue cooking until reduced to syrupy consistency, 2-3 min.

**Option:** Haddock or Cod can be used in place of Salmon.

*Recipe featured in Wegmans Menu Magazine Winter 2005, on pg. 38.*

**Nutrition Info:** Each serving (1 salmon fillet, 1/2 cup vegetables) contains 430 calories, 15g carbohydrate (4g fiber), 33g protein, 25g fat (5g saturated fat), 80mg cholesterol and 970mg sodium.

