The Flocker:

GIVING SOME ACCOMPT OF THE PRESENT UNDERTAKINGS, FLIGHTS, AND LABORS OF THE ROCKY MOUNTAIN HANG GLIDING AND PARAGLIDING ASSOCIATION

Distributed Mid-February, 2006
For the months of January and February

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Renew Your RMHPA Membership!

It is now time for membership renewals! The RMHPA claims to be a great asset to Colorado pilots: each year RMHPA members host fly-ins, organize a parachute clinic, work with landowners and government agencies to maintain and improve relations, and retain our flying privileges in Colorado. The association covers several flying sites through landowner agreements and site insurance provided through USHGA. The association hosts the RMHPA.org website, where pilots share flying stories and communicate flying plans. The community clearly benefits from the continued communications. There were several times last year, where more than twenty pilots were gathered together, to enjoy our unbeatable mountain vistas and catch some air. By working together we help ourselves have more fun; together we are safer, and we become better pilots through shared experiences.

To renew or join for 2006, send your name, address, phone numbers, USHGA info, emergency contact info, and a $36 check (made out to RMHPA) to J. Beach, 11533 E. Alaska Ave., Aurora, CO 80012-2220

Summer South Park Flying by Sean Riley

This summer I had a few short, but significant to me, type flights. Everyone has their thresholds that they live within. These flights were important to me because I was breaking out of my typical flight patterns. Instead of flying like a yo-yo, just staying up as long as possible, I actually set out to do some flights that went somewhere. My goal was to do some XC flights that finish where you park your truck or close by. My best flight along this plan was a dogleg flight, that I could not close into a triangle. Since I am currently trying to decide which glider to buy next, Mark Windsheimer has been loaning me some of his gliders to test fly. I had his Altair Saturn, which is a mellow flying novice glider. Dan Rayburn towed me up at his favorite site near Stoll Mountain in South Park. I hooked into a boomer right off the string. The clouds were well developed and the wind was from the Northwest.

Going up is great. I had just passed 17,000' (an all time high for me) with a big grin on my face when I looked at the clouds again. In the time I had been circling the clouds a thousand feet above me were now pitch black. Not interested in breaking any more altitude records,I had to fly crosswind to get away from the overdevelopment in a novice glider. I was sweating bullets because I was going so slowly. I was not sure if I would have enough altitude to make it to Badger. Well when I got there I was two grand over! That was a big surprise.

Life was not all rosy because the clouds were continuing to overdevelop toward the North. It felt like they were chasing me. So my next plan of attack was to gain altitude and fly northwest into the wind. This was a new one for me since most of my previous ventures have been straight downwind or a quartering tail. The Saturn goes up really well. Mark loaned it to me to fly at Lookout. I found that I would circle for altitude after gliding and almost get back to where I started. I did several iterations of glide a mile, circle back ¾, glide a mile, circle back ¾. I finally realized I was actually making progress.

The sky was mostly overcast by now and I was wondering if I could make one last altitude gain and try to rocket back to the LZ. Well that wasn't going to happen. As I scratched lower and lower I radioed back and tried to describe as well as I could the road I was landing next to. Mike Wiman was good enough to come and get me.

I looked back on the flight, and I realized that I had accomplished a lot of things that I had not done before. Since I was not fixated on XC as max miles, I had gone to 17,000', flown a crosswind leg, and flown an upwind leg all on a novice glider. The two legs were only 12.1 miles, but now I can also say I have flown Badger without ever having had to launch or land there.

Description of the Annual Awards Ceremony, Writ by Steve Ford

We had a fun awards party this year, and I really enjoyed seeing all who attended! Both longtime and new pilots were in attendance, some even with family members, and we managed to have a great potluck meal, followed by the annual awards as well as the XC awards.

The venue was the Majestic View Nature Center, which is part of the City of Arvada Open Space and Parks. Joan Smith had suggested this as a possible place so I followed up on her suggestion by contacting Mike Smith who works with Arvada Open Space, and he made the initial inquiries for the club. After visiting the center and meeting Karen Baltz, the center Director, we managed to secure the venue. We hoped this would be a more central location for club members throughout the Denver/Boulder Metro area.

Let's all have a fun, challenging, and safe 2006! See you all at the next awards party in January 2007!

The 2005 RMHPA Member Awards

Most Valuable Member: **Mark Windsheimer**	Mentor of the Year: **Mike Reeder**
Most Improved Pilot: **Andy Aakhus-Witt**	Safe Pilot of the Year: **Wakinyan Zitkala-Win**
Driver of the Year: **Mike Wimam**	Mattress Thrasher: **Richard Krenek**
Golden Hammer: **BJ Herring**	Bushwacker: **Tim Denton**

2005 RMHPA XC Award Winners

Best flight from Lookout: **Andy Aakhus-Witt**
Class D (best previous flight less than 10 miles): **Andy Aakhus-Witt**
Class C: (best previous flight less than 50 miles): **Andy Aakhus-Witt**
Class B: (best previous flight less than 100 miles): **Shaun Riley** 2nd: **Kent Dyer**
Class A: (Open Class): **Tim Denton**

Jim Yocom presents the XC Awards, Mike Reeder tells some stories, and Steve Ford presents the Member awards

MVM Mark Windsheimer explains his philosophies

Message from the Editor

The newsletter was fun to put together this time! Foremost I want to praise and flatter Sean Riley for his contribution. Sure, it is half a year late, and it may not be a masterpiece, but it is great! He took a few minutes to write what is important to him about flying. Not only did we enjoy reading it, and learn from it, but Sean also solidified and mastered his ideas by writing them down and putting them together in a meaningful matter. Superb Sean! Some photographs or diagrams would have been nice.

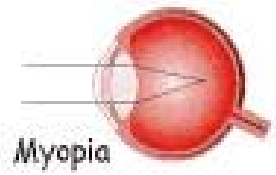
The awards ceremony was good fun. It's too bad for you, if you weren't there; we'll tell you who won what, but we're not going to give you all the good stories that go along with the awards in this newsletter – you have to be at the ceremony to get those! So be there next year.

I have an infomercial for you. Keith Leach from EyeShapers approached me with this, saying he thought pilots would have particular interest in it. I found the technology to be curious and worthy of your attention, so now you are to suffer the indiscretion of an infomercial in your newsletter. But truly, this Orthokeratology seems to be a superior choice to the laser eye surgeries you hear so much about. I am fortunate enough to enjoy emmetropic vision, so I won't be needing any of these devices now, but those who wear contact lenses should pay attention.

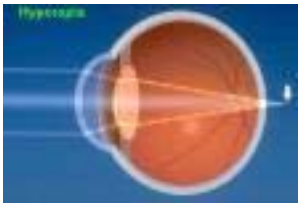
Notice to advertisers: your advertisements expired. Actually I don't know if they really did or not, but I think we were all sick of looking at the same ones every time. So send me new ones and they'll be inserted. Otherwise you'll have to be content with what I rigged up for you this time.

Orthokeratology Infomercial, by Keith Leach; LASIK Without Surgery: A Non-Invasive Alternative

Unless you have been living in a cave on Fiji for the last ten years, then you are familiar with LASIK eye surgery. And unless you were in that same Fijian cave for the last 50 years, you are familiar with contact lenses. As of late, there has been a marriage of sorts of these two technologies. Let's review a little bit of optics, and the reason why people are nearsighted and may have astigmatism.



(Nearsightedness)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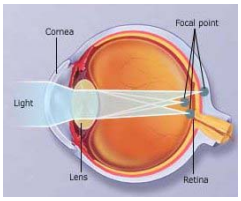

(Astigmatism)

As light enters the eye from far away objects, the cornea is the first surface in which light rays pass through. As you may already know, the cornea is the clear window on the front surface of your eye. Many people are unaware of the fact that the cornea is responsible for 2/3 of the bending of those light rays as they enter the eye. Light rays must quickly change directions to focus correctly in the back of the eye. By changing the shape of the cornea the power can be changed as well and clear vision can be accomplished. Eyes that are nearsighted have rays that focus too quickly in front of the retina. You might say the power of the eye is too strong. The cornea is also the surface where a contact lens fits. It is important to understand that the cornea is constantly bathed in tears, so contact lenses actually reside either within or upon this tear film, not actually resting directly upon the corneal tissue itself.

The light rays passing through the cornea begin a process bending together so that they will hopefully come to a single point directly on the retina. But before light can reach the retina, it must first pass through another optical focusing structure called the crystalline lens, which is just behind the pupil. The crystalline lens further aids in focusing light on the retina and amounts to the other 1/3 of the total power of the eye. Most people are under the impression that the lens within the eye does most of the focusing of light, but as previously shown, the cornea is the real workhorse.

When light rays have entered the eye and passed through both the cornea and lens, it is intended to focus directly on the retina. It is best to think of the retina as if it were film in a camera. When the focused image reaches the retina, it is passed on into the brain to be processed. We have all heard the phrase "garbage in, garbage out". This is especially true of eyesight. Unless the cornea, lens, and the total length of the eye are in perfect alignment, we will see blurry images. When light rays are focused precisely on the retina, people generally do not need to wear glasses or contact lenses. When light comes to a focus point in front of the retina, it is called myopia. When the opposite is true and light reaches an imaginary point past the retina it is called hyperopia. When the eye has astigmatism, light is focused in more than one position that can be in front of, behind, above or below the central retina. Astigmatism is best described as "out of roundness". Traditionally the cornea is the part of the eye that is astigmatic, or out of round, but the lens inside the eye can also account for internal astigmatism.

Now that you have an overview of how the eye works, and have been introduced to the relevant terminology, I would like to refer back to the main point of this article. As some of you may be familiar, LASIK uses a beam of Excimer laser energy to reshape corneal tissue, using energy that is absorbed only by the cornea tissue, and breaks cellular structures apart. LASIK first involves cutting a thin part of the cornea called a flap, and is folded back out of the way while the laser is sculpting the cornea. Once the laser has done its job the flap is placed back into the original position, covering the area the laser just treated. The Excimer laser is designed to flatten the curvature of the cornea by removing tissue and changing the shape, which alters the power. Once the treatment has been applied, the untouched corneal flap is repositioned in its original orientation over the altered cornea and left to heal without stitches.

(Microkeraome corneal flap)

(Flap repositioning)

(Orthokeratology)

There is a newly FDA-approved procedure for people of all ages called accelerated Orthokeratology, or Corneal Refractive Therapy. This procedure is intended to correct nearsightedness with or without moderate astigmatism, and also correct lower amounts of farsightedness with or without moderate astigmatism. With Orthokeratology, the patient is fit with specially designed gas permeable contact lenses that gently flatten or steepen the outer layer of the cornea while sleeping, which changes the shape of the eye. These lenses are used just before the patient goes to sleep and removed when the patient wakes up. This allows a person to have clear vision for all waking hours and perhaps into the next day. Also, these special therapeutic lenses have power in them so the wearer can see perfectly with them on in case they want to watch television or read before going to sleep, or if they need to get up during the night. The above Orthokeratogy picture on the right shows the contact lens on a nearsighted eye. A special dye is used in this picture to enhance the doctor's view to evaluate the fitting characteristics of the therapeutic lens. The green ring just outside the center acts as a reservoir for the central corneal tissue to migrate towards. No tissue is removed. It only is moved away from the center.

The important thing to remember about Orthokeratology is that no tissue is being destroyed. Due to the malleability of the top layer of the cornea, the cornea is molded into shape. If Orthokeratology is discontinued, the eye will return to its natural shape within a few days. Depending on a person's prescription and specific corneal shape, Orthokeratology can take as little as overnight for full correction and last all day. Also, if an Orthokeratology patient has a prescription change in the future, a lens change is all that is needed to return to optimal visual correction. If a LASIK patient has a noticeable prescription change, they will need to wear glasses, contact lenses or have more surgery to correct their vision.

Many doctors may offer Orthokeratology in their practices but specific instrumentation is needed to make the procedure more successful. A corneal topographer allows the doctor to monitor the shape changes that are made and the correct positioning of the therapeutic lenses.

Dr. James Jordan, O.D. practices Orthokeratology in Arvada with his business, EyeShapers.
If you would like more information about Orthokeratology, call EyeShapers at

303.996.0440