



ELECT DERMATOLOGY

THE ELECT DERMATOLOGY

Texas Sun Protection Guide

What actually works when the UV index hits 10 — sunscreen decoded, the myths worth dropping, and a 10-minute skin check you can do at home.

Sunscreen, decoded

River & lake days

Kids & babies

Monthly skin check

From the board-certified dermatologists at **Elect Dermatology PLLC** — New Braunfels, Texas
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Why Texas sun is a different problem

Sun advice written for Ohio does not survive a July afternoon on the Comal. Here is what the numbers actually look like at our latitude — and the three assumptions that get people burned.

The **UV Index** is a daily forecast of how intense the sun's ultraviolet radiation will be, on a scale of 1 to 11+. In New Braunfels, forecasts routinely reach **10 or higher** from late spring through early fall — the top of the EPA's scale, where the guidance stops being "wear sunscreen" and starts being "extra protection needed." You can look up today's number for 78130 on the EPA's [UV Index page](#).

UV INDEX	CATEGORY	WHAT THE EPA RECOMMENDS
1–2	LOW	No protection needed. You can safely stay outside using minimal sun protection.
3–7	MODERATE–HIGH	Protection needed. Seek shade during late morning through mid-afternoon; apply broad-spectrum sunscreen generously and wear protective clothing, a wide-brimmed hat, and sunglasses.
8+	VERY HIGH–EXTREME	Extra protection needed. Be careful outside, especially late morning through mid-afternoon. If your shadow is shorter than you, seek shade.

The shadow rule — no app required

If your shadow is **taller** than you are, UV exposure is lower. If your shadow is **shorter** than you are — which in Central Texas summer means most of the middle of the day — you are getting high UV, and it is time for shade. The American Academy of Dermatology puts the peak window at **10 a.m. to 2 p.m.**

Three things Texans get wrong

"It's overcast, I'm fine."

Even on cloudy days, **up to 80% of the sun's harmful UV rays can penetrate the clouds**. An overcast river day still burns — it just burns without the warning sensation of direct sun on your shoulders.

"I'm in the water, so I'm shaded."

Water, sand, and snow **reflect** UV back at you, which **increases your chance of sunburn**. Tubing, boating, and lake days deliver a double dose — direct overhead sun plus everything bouncing off the surface.

"I'm just driving to work."

UVA rays — the aging rays — pass through window glass. UVB, the burning rays, are blocked by glass, which is why a long commute ages skin without ever turning it red. If you drive a lot, the left side of your face and your left forearm are doing more work than you think.

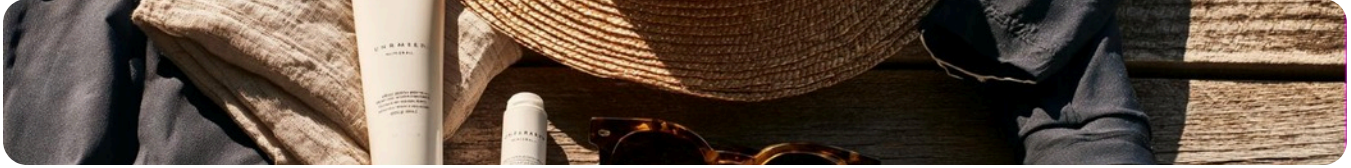


The short version

From roughly March through October in New Braunfels, treat the middle of the day as a high-UV environment by default — cloudy or not, in the water or not, in the truck or not. The rest of this guide is how to do that without staying indoors all summer.

Reading a sunscreen label

There are only three things that have to be true on the bottle. Everything after that is preference — and the best sunscreen is genuinely the one you will use again and again.



SPF 30+

Blocks about 97% of UVB rays. Higher SPFs block slightly more — none block 100%.

Broad spectrum

Covers UVA (aging) and UVB (burning). Both cause skin cancer.

Water resistant

No sunscreen is "waterproof" or "sweatproof" — those claims aren't allowed.

Mineral or chemical?

If the active ingredients include **zinc oxide** or **titanium dioxide**, you have a mineral (physical) sunscreen. Anything else is a chemical sunscreen, and hybrids contain both. Dermatologists often recommend mineral formulas for sensitive skin and for young children. All of them form a protective layer that absorbs UV; mineral filters also reflect some of it. Any of the three protects you well if it is broad spectrum, water resistant, and SPF 30 or higher.

A higher SPF is not a longer day

SPF 70 does not last longer than SPF 30 — reapplication timing is the same. The real argument for a high number is that **most people apply only 20–50% of the amount used in testing** (Petersen & Wulf, *Photodermatol Photoimmunol Photomed*, 2014), so a higher SPF partly compensates for the under-application we all do.

Pick the format for the job

- **Creams** — dry skin and the face.
- **Gels** — oily skin, the scalp, hairy areas.
- **Sticks** — around the eyes.
- **Sprays** — easy on squirming kids, but hard to gauge coverage. Spray until the skin glistens, then *rub it in*. Never spray near the face, into the wind, or near heat or flame.

Two label extras worth knowing

- **"Tinted"** means it contains iron oxide, which adds protection against visible light. That matters if you deal with melasma or dark spots — visible light can worsen them.
- **Sunscreen + insect repellent combos** aren't recommended. Sunscreen goes on generously and often; repellent goes on sparingly and rarely. Buy them separately.

Does last summer's bottle still work?

Under [FDA rules](#), a sunscreen must carry an expiration date unless testing has shown it stays stable for **at least three years** — so the FDA says to treat an undated bottle as expired three years after purchase. Toss anything past its printed date, anything undated and older than three years, and anything whose color or consistency has changed. Write the purchase date on undated bottles — and stop storing sunscreen in a hot car, which speeds up the breakdown of the active ingredients. If you are using enough of it, a bottle should not survive a Texas summer anyway.

How to actually apply it

This is where good sunscreen goes to waste. The product on the shelf is rarely the problem — the amount, the timing, and the spots people skip are.

1 oz

A shot glass full, minimum, to cover all skin not covered by clothing. Bigger body, more product.

1 tsp

For the face alone — about the amount that covers the length of your index and middle fingers.

15 min

Apply to dry skin before you head outside; that's how long absorption takes.

2 hrs

Reapply that often outdoors — and right after swimming or sweating, every time.

The spots almost everyone misses

☐ Ears

☐ Tops of feet

☐ Back of neck

☐ Scalp / part line

☐ Lips (SPF 30 balm)

☐ Hands

☐ Eyelids

☐ Behind the knees

☐ Underarms

☐ Chest / neckline

☐ Under swimsuit straps

☐ Hairline

Lips count

Skin cancer forms on the lips too — particularly the lower lip, which catches direct overhead sun. Use a lip balm or lipstick containing sunscreen with an **SPF of 30 or higher**, and reapply it as often as you would anything else. It is the single most-skipped item on this page.

A routine that survives a real Texas day

- 1 **Before you dress.** Apply to dry skin 15 minutes ahead, while nothing is in the way of your shoulders, back, and the skin along your swimsuit edges.
- 2 **Face last, and generously.** A teaspoon feels like far too much. It is the correct amount.
- 3 **Set a two-hour alarm.** Not "when I remember." Reapplication is the step that fails, and a phone timer fixes it.
- 4 **Reapply after every swim, every towel-off, every long sweat** — regardless of what the timer says.
- 5 **Keep a second bottle where you'll actually be** — the cooler, the truck, the golf bag, the diaper bag. Sunscreen at home protects no one.

One more thing: moisturizers and makeup with SPF are a fine base layer, but they don't change the math. If you're outdoors, they still need reapplying about every two hours.

Everything that isn't sunscreen

Sunscreen alone cannot fully protect you — dermatologists say this plainly. Shade and fabric do the heavy lifting; sunscreen covers what's left over.

Clothing that earns its keep

- **Look for a UPF number on the label.** Ultraviolet Protection Factor is the fabric equivalent of SPF, and rated clothing protects more reliably than an ordinary t-shirt.
- **Lightweight long sleeves and pants** beat bare skin, even in August. Modern sun shirts are cooler than they look.
- **A wide-brimmed hat** — not a ball cap. Ball caps leave the ears and the back of the neck exposed, and those are common skin cancer sites.
- **Sunglasses with UV protection.** Eyelid skin is thin, frequently burned, and almost never protected.

Shade, deliberately

- The sun's rays are strongest **10 a.m. to 2 p.m.** Plan the yard work, the round of golf, and the long walk outside that window.
- If there's no shade, bring it — an umbrella, a canopy, a pop-up tent at the ballfield.
- Shade is not a force field. Reflected UV off water, concrete, and sand reaches you under an umbrella.

There is no safe way to tan

Every tan is UV damage that has already happened — that's what the color *is*. Ultraviolet radiation from the sun and from tanning beds is classified as a known human carcinogen, and indoor tanning raises the risk of melanoma, including early-onset melanoma in young women. If you want the look, use a self-tanning product — and keep wearing sunscreen with it, because self-tanner provides no UV protection.

The Central Texas situations that actually catch people



The river and the lake

Tubing the Comal or the Guadalupe is a four-hour exposure with reflected UV and constant water contact. A UPF rash guard takes the whole torso out of the equation, a hat with a chin strap survives the rapids, and waterproof-bagged sunscreen makes mid-float reapplication possible.

The commute and the truck

UVA passes straight through side windows. If you drive for a living or spend real time behind the wheel, that exposure is cumulative and one-sided. Daily facial sunscreen, a long-sleeve layer, and UV-blocking window film are the three fixes.

What about vitamin D?

Sun protection can reduce your skin's vitamin D production. The AAD's position: healthy adults should get vitamin D from **diet and fortified foods** rather than UV exposure — the same nutrient, without the skin cancer risk. Ask your physician about testing.

Babies, kids, and teenagers

Childhood sunburns are not a rite of passage — they are the exposures with the longest tail. This is the chapter worth putting on the refrigerator.

The number that should change your summer

Experiencing **five or more blistering sunburns between the ages of 15 and 20 increases melanoma risk by 80%** and nonmelanoma skin cancer risk by 68% (Wu et al., *Cancer Epidemiol Biomarkers Prev*, 2014). Sunburns during childhood and adolescence **raise the odds of developing melanoma later in life** — which is why children need protecting even more carefully than adults.

Under 6 months old

- **Keep them out of the sun's rays entirely** when you can. Shade is the primary tool — and if there's none, make your own with an umbrella, a canopy, or the stroller hood.
- Dress them in **lightweight long sleeves, pants, a wide-brimmed hat, and sunglasses**.
- **Avoid sunscreen at this age if possible.** If shade and adequate clothing aren't available, a *minimal amount* of a mineral (zinc oxide or titanium dioxide) broad-spectrum, water-resistant SPF 30+ may be applied — and washed off once you're indoors.
- Watch for overheating: plenty of fluids, and head inside if the baby is fussy, crying excessively, or showing redness in lighter skin tones or darkened areas in deeper skin tones.

6 months and older

- Broad-spectrum, water-resistant **SPF 30 or higher** on all skin not covered by clothing, reapplied about every two hours and after swimming or sweating.
- Zinc oxide and titanium dioxide formulas — or sunscreens made for infants and toddlers — tend to irritate sensitive skin less.
- Sprays are easy on a moving target, but spray until the skin glistens and **rub it in**. Never spray near a child's face; put it in your hands first, then apply.

Make it somebody's job

At the pool, the ballfield, or the river, name the adult who owns the two-hour reapplication and hand them the bottle. Sunscreen fails at the reapplication step far more often than at the purchase step.

Teenagers and tanning

Women younger than 30 are **six times more likely** to develop melanoma if they tan indoors (Lazovich et al., *JAMA Dermatology*, 2016), and the younger a person starts, the higher the risk. It's a conversation worth having before prom season, not after.

Pack list for a river day with kids

UPF rash guards · wide-brimmed hats with chin straps · SPF 30+ mineral sunscreen (plus a backup bottle) · SPF 30 lip balm · UV sunglasses · a pop-up shade or umbrella · water · and a two-hour phone alarm that somebody is responsible for.

Your 10-minute monthly skin check

About half of all melanomas are found by patients themselves, not by doctors. Ten minutes, once a month, in good light, is one of the highest-value things you can do for your own health.

1 in 5

Americans will develop skin cancer in their lifetime — it's the most common cancer in the U.S.

~half

Of melanomas are self-detected, which is why a monthly habit matters.

99%

Five-year survival when melanoma is found and treated before it spreads to the lymph nodes.

The ABCDEs of melanoma

- A Asymmetry** — one half of the spot is unlike the other half.
- B Border** — the spot has an irregular, scalloped, or poorly defined border.
- C Color** — the spot varies in color from one area to the next: shades of tan, brown or black, or areas of white, red, or blue.
- D Diameter** — melanomas are usually larger than 6 mm (about a pencil eraser) when diagnosed, but they can be smaller.
- E Evolving** — the spot looks different from the rest, or is changing in size, shape, or color.

How to check, in order

- 1 **Face, ears, neck, chest and belly** in a full-length mirror — lift and check under the breasts.
- 2 **Underarms, both sides of your arms, palms, between the fingers, and under the fingernails.**
- 3 **Front and back of both legs, tops of feet, soles, between the toes, and under the toenails.**
- 4 **Buttocks and the backs of your legs** using a hand mirror.
- 5 **Back, shoulders, and the back of the neck** — a hand mirror, or better, a partner.
- 6 **Scalp** — part the hair in sections, or ask someone to look. This is the spot people never check.

Call us if you notice

A spot that is **new**, a spot that looks **different from all the others** on your body, or any spot that is **changing, itching, or bleeding**. Also: a sore that doesn't heal, and any change in the size, shape, or color of an existing mole. Skin cancer can appear on skin that never sees the sun — including palms, soles, under the nails, and inside the mouth — so check everywhere, whatever your skin tone.

Twelve months, twelve checks

☐ January

☐ February

☐ March

☐ April

☐ May

☐ June

☐ July

☐ August

☐ September

☐ October

☐ November

☐ December

When to bring it to a dermatologist

A self-exam finds changes. A professional skin exam finds the things you can't see — and settles the question about the spot you've been watching for six months.

Consider a professional skin exam if you

- Have a personal or family history of skin cancer or melanoma
- Have more than 50 moles, or moles that are large or atypical
- Burn easily, or have naturally blonde or red hair
- Have a history of significant sun exposure or blistering sunburns
- Used tanning beds at any point
- Have a weakened immune system, or a history of transplant or childhood cancer
- Have a spot that is new, changing, itching, bleeding, or simply won't heal

What a visit with us looks like

A full skin examination with a board-certified dermatologist typically takes about **15 minutes**. We look head to toe, including the places that are hard to check yourself, and use dermoscopy to examine anything questionable more closely. If a spot needs a biopsy, it's usually done the same day.

How often? The Skin Cancer Foundation recommends seeing a dermatologist [once a year for a full-body professional skin exam](#) — more often if you're at higher risk. The American Academy of Dermatology takes a more individual line: your interval depends on skin type, sun history, and family history. We'll give you a straight answer about which fits you.

Elect Dermatology PLLC

Board-certified medical, surgical, cosmetic, and pediatric dermatology for New Braunfels and the surrounding Hill Country. Dr. Stahr and Dr. Hockley, M.D., board-certified dermatologists.

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You're on the list — here's what comes next. Twice a month we send the Skin Health Digest: one practical skin tip, what's worth knowing this season in Central Texas, and first word on our monthly specials. Know someone who spends their summer on the river? Forward them this guide, or send them to electdermatology.com/newsletter.

Where this information comes from

Underlined text throughout this guide links directly to the source for that statement — tap or click to read it.

American Academy of Dermatology — [Sunscreen FAQs](#) · [Skin cancer statistics](#) · [How to apply sunscreen](#) · [How to prevent skin cancer](#) · [ABCDEs of melanoma](#) · [How to perform a skin self-exam](#) · The Skin Cancer Foundation — [Annual Exams](#)

U.S. Environmental Protection Agency — [UV Index Scale](#) · [The UV Index](#) · U.S. Food & Drug Administration — [Sunscreen: How to Help Protect Your Skin from the Sun](#)

Peer-reviewed studies — [Petersen & Wulf, Photodermatol Photoimmunol Photomed 2014 \(sunscreen under-application\)](#) · [Wu et al., Cancer Epidemiol Biomarkers Prev 2014 \(blistering sunburns and skin cancer risk\)](#) · [Lazovich et al., JAMA Dermatology 2016 \(indoor tanning and melanoma\)](#)

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