

Summer and Fall Should Mean Racing Season, Not Injury Season



By Jenna L. McLane PT, DPT

Running is a great form of exercise. It is relatively accessible to all and requires little to no equipment, making it an efficient and cost-effective way to improve overall health. For many years, it has been debated whether running increases the development of osteoarthritis, raising concern over its benefit, but recent literature published in the *Journal of Orthopedic & Sports Physical Therapy* suggests recreational runners are actually at a lower risk of osteoarthritis in joints compared to non-runners. Good news for those who love the sport!

Unfortunately, the bad news is that running is associated with high rates of injury, with some estimates as high as 79% of runners reporting that an ache or pain interrupted their training at some point in time. The most common type of running injury is that of overuse. These injuries tend to occur due to training too often, too fast, or too far—sometimes a combination of all of the above.

Overuse injuries are multifactorial and often result from imbalances in muscle strength and flexibility, individual anatomy and body mechanics, and changes in training. Many times, we see runners when their pain is preventing them from training. This often occurs a few short weeks before an event they have been training for, leaving them with a time crunch for rehabilitation.

Summer and fall are especially treasured times of the year for runners. Many people take advantage of the nice weather and longer days to train for autumn

events including marathons, half marathons, and 5Ks. Before your ache or pain interrupts your training schedule with a full-blown injury, we'd like to help you stay healthy for those big events.

No matter if it is your first race or you are a seasoned runner with marathon bibs decorating your wall, all runners can benefit from an evaluation of their body mechanics and neuromuscular firing patterns.

Some of the most commonly diagnosed injuries seen in runners include iliotibial (IT) band syndrome, shin splints (also known as medial tibial stress syndrome), patellofemoral pain syndrome, plantar fasciitis, and Achilles tendonitis. If you are running either for training purposes or recreation and suspect you may be suffering from one of these conditions, don't hesitate to schedule an evaluation.

When an individual comes to our clinic complaining of pain, we discuss his or her training schedule and what types of complementary stretches or strengthening exercises he or she may use already. Pain often starts after there has been some alteration in a person's normal exercise routine. Changes can lead to a small ache or pain but, if not addressed, can evolve to injury that inhibits further training.

We evaluate our clients' body mechanics in running as well as their form with squatting, stretching, and stairs to help identify the muscle imbalances that may be contributing to their pain.

For example, many runners are surprised when they are asked to complete a single leg squat during their evaluation, and they are often shocked at how difficult it is. Single leg tasks are important for evaluating neuromuscular control in the kinetic chain and to help identify muscular asymmetry. The information we collect during the evaluation helps us to tailor a strengthening and stretching program to reduce pain and inflammation and prevent further injury as training resumes.

As with many injuries, most running injuries do not involve treating one isolated body part. It can often be hard for a patient to grasp that knee pain may be the result of hip weakness. A typical physical therapy evaluation should be comprehensive and examine all components of the kinetic chain, since any imbalance along the chain can contribute to pain and dysfunction.

For example, when a person has weakness in the gluteus medius muscle in the hip, this can cause the knee to translate too far past midline as the leg comes forward. This puts an increase pull on the IT band, causing irritation and inflammation that can ultimately lead to lateral knee pain.

Someone who comes to us and has been diagnosed with IT band syndrome with pain on the outside of the knee may be treated with a combination of techniques. Their program can include hip- and core-strengthening exercises to improve control and loading during running, creating a more-stable structure overall.

That same patient may also receive both hands-on and

instrument-assisted manual therapy techniques to reduce tissue tension. To supplement this, he or she may also receive self-stretches and will certainly be given a home exercise program to work on independently. This will supplement therapy sessions to help maximize results and increase independence with symptom management and prevent future risk of injury.

The thrill of setting a personal record, the high of completing a race, or simply getting out for some personal time during a busy day are just some of the rewards that keep runners going. We don't want anyone to miss out on their beloved sport and all of its benefits.

If you start to feel that twinge in your knee when you run or those shins just don't stop aching when you get home, we encourage you to give us a call! It is better to address the underlying cause of the pain early on before it completely inhibits participation. We want to work with you through your training to help you maximize your potential and avoid missing out on crossing the finish line.



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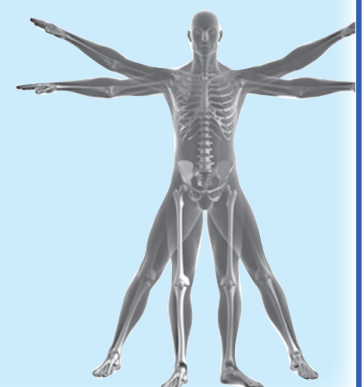
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