

I'm Injured...Now What???

Since 2 out of 3 runners are injured at any time, there's a very good chance you're injured right now. And the probability is high that you're suffering from one of the injuries listed below:

1. Runner's knee (the medical name is patellofemoral pain syndrome or chondromalacia patella)
2. Iliotibial band syndrome
3. Achilles tendonitis
4. Plantar fasciitis

These are the four most common injuries runners sustain, and although each one affects a different area of the leg or foot, the causes are the same.

How Did I Get Here?

When you're injured the first thing you must do is treat the injury. But equally as important is learning why you got injured so you can prevent another injury in the future. Runners typically get injured because:

1. They make training errors. These errors include (but aren't limited to) increasing mileage too quickly; doing speed-work too often or too soon in the training cycle; not getting enough rest; running on surfaces that are too hard; or running hills too often.
2. They're wearing the wrong shoes. This means either wearing shoes that are inappropriate for their foot type, or wearing shoes that are worn out.
3. They haven't dealt with muscle imbalances or weaknesses by engaging in a regular stretching and strengthening routine.

Do you recognize yourself? 95% or more of you will, and you'll probably realize that more than one of these errors contributed to your injury.

OK...How do I Get Out of Here?

Once you know why you're injured you're halfway down the road to recovery! As soon as you're able to run again, you're going to make changes in your training, start running in the right shoes, and begin a stretching and strengthening regimen...right? By doing so you should be able to avoid future injuries. But what do you do in the meantime, while the injury you have now is healing? First, you need to determine if you have to stop running completely. How do you know? Take the following test:

- Is the injured area swollen, a different color than the surrounding skin, and warm to the touch?
- Do you have difficulty walking without discomfort or a limp?
- Do you have such pain when you run that your gait changes?
- Do you have an injury to your back?

If you answered "yes" to any of these questions, you **MUST STOP RUNNING** until you've seen a medical professional and the injury is healed enough that you no longer experience pain. But if your injury isn't quite so serious, you may be able to continue a limited running schedule and fill-in your non-running days with cross training.

Staying on the Road to Recovery

If you're going to "run through" your injury, try the following:

- Start getting massages on a regular basis. Initially, you may have to get a massage as often as once a week. Sometimes 2 or 3 one-hour massages can produce excellent results, but if your injury has been festering for many months (or years) you may need 20 or 30 to see results. Make sure the massage therapist is trained to work on runners.
- Reduce the number of miles you run per week. If you usually run 20 miles a week, run 10 for several weeks until you feel that your injury is healed. Also try doing shorter runs more often, but run the same number of miles weekly. For instance, instead of doing a 8 mile long run on the weekend, do a 4 mile run on Saturday and another 4 miles on Sunday.
- Run on a treadmill rather than the road. Treadmills provide good cushioning, which softens the impact to your joints. Also, you tend to run a little differently on a treadmill because the belt is moving underneath you.

Cross Train your way back to Health

If you can't run for several weeks, you can keep yourself fit by cross training. The secret is choosing an activity that will give you a good aerobic workout so your VO2 max won't drop too much. Biking, swimming, aqua jogging, cross-country skiing and roller-blading are excellent cross training activities. The one you choose depends on your physical capabilities, access to the right environment, and the type of injury you have.

- **Biking**
Biking is an excellent cross training activity if you're suffering from knee pain. Cycling builds up muscle mass in the muscle that's just above and inside the knee. When you cycle you also build up the muscles in your hamstrings and glutes, which are often weak in runners. Biking also stresses your cardiovascular system. It's important to use the right gears when you bike. A cadence of 90-100rpm will create good cardiovascular benefits without tiring out your muscles. The downside to biking is that it can destroy your posture by flattening your lower back and rounding your upper back. If you already have poor posture, biking would not be a good choice for cross training. Also, people often don't get properly fit for their bike. If your bike isn't set up properly, your posture will suffer even more.
- **Swimming**
Swimming is an excellent exercise for stressing the cardiovascular system that doesn't stress the legs. If you have Achilles tendonitis, swimming is a good choice. The biggest downside to swimming is that you need to be a fairly decent swimmer to reap any of the benefits of the activity. If you can't swim well, thrashing around in the pool will only make you tired, won't create the appropriate aerobic training stimulus, and may cause shoulder and neck pain. Also, swimming doesn't strengthen the legs.
- **Aqua jogging**
You'll lose virtually no cardiovascular fitness aqua jogging, primarily because running in the water mimics the actions of running on the ground. Because the legs receive virtually no stress, aqua jogging is an excellent choice for runners suffering from lower leg and foot injuries. (Note: if you have had recent knee surgery you may find

that running in the water will cause pain. In that case, you'll have to wait a few weeks until the tissues heal, then you can begin aqua jogging again.) Another benefit to running in the water is that you'll "feel" like you're running, which is good for morale. However, like swimming, aqua jogging doesn't strengthen the legs, and you need to "run" with good form (don't slump over in the water) or you'll experience low back pain and limited lung function.

- **Cross-country skiing**

This is one of the best exercises you can do for cardiovascular fitness and leg strength. The skating style will develop your glutes, hamstrings, and muscles around your knee a little better than the classic style. If you have access to snow, and are a good skier, cross-country skiing is the best cross training exercise you can do. As with swimming, you'll have to possess some skill at the sport to reap the benefits. Unfortunately the cross-country skiing machines you see in gyms and health clubs don't replicate actual skiing outdoors, so they won't be of much use if you don't have access to real snow.

- **Roller-blading (inline skating)**

Much like cross-country skiing, roller-blading is an excellent cardiovascular exercise that also strengthens the legs. Performed properly, with low technique, roller-blading will also improve range of motion in the hips. However, roller-blading does require a significant amount of skill, and must be performed correctly (with a low torso and an arch in the lower back.)

Don't Forget the Basics: RICE

How you initially manage your injury will make a big difference in how quickly you recover. At the first sign of pain or discomfort use the RICE treatment:

Rest: How long you rest depends on the severity of the injury, and how long you've ignored warning signs that something was wrong. By taking off for 24-72 hours you may be able to get back to your regular schedule without any trouble.

Ice: Ice the injured area several times a day for up to 7 days. During the first 3 days it's advisable to ice even more, as often as every 30-45 minutes. Hold the ice in one area for no more than 20 minutes at a time. The iced area should initially feel cold, then "burn", followed by an aching feeling, and then numb.

Compression: Compression helps reduce swelling, so it's important that you do it very soon after you feel pain. Apply compression using an elastic bandage, which you should start below the injury, away from your heart. Wrap the bandage toward your heart, tighter below the injury and looser once you're above it. Check your skin color regularly to make sure that the bandage isn't wrapped too tightly, the skin above and below the bandage should be the same color as the surrounding skin.

Elevation: If possible, the injured area should be raised above the level of your heart. This is easy to do when you have a leg or foot injury; simply lie on your bed or sofa with a pillow under the affected limb. During the first 2-3 days elevate the area as much as possible.

...and One More Thing! It's important that you become familiar with your own body, and how you handle pain and stress. You'll save a lot of grief if you learn when an injury is so serious that you need medical attention, and when you can manage it yourself. By using good common sense, you may be able to avoid unnecessary trips to the doctor. How often have you heard running friends complain (maybe you've said it yourself): "The doctor told me to stop running!" Of course that's what the doctor recommended, rest is a crucial first step in treating an injury. You know that, you don't need the doctor to remind you.

Get in tune with your body! When you feel a little nagging ache in your Achilles tendon, ice

it before and after you run, and make sure you're stretching out your calves well. Replace your shoes if they're worn out. If you're a woman, stop wearing high-heeled shoes to work. Chances are the ache will go away and won't blow up into a full-fledged case of Achilles tendonitis. Listen, listen, listen...your body will tell you what's going on. **Don't ignore it!**

Words to Live By

Many years ago, shortly after I had started running, I received an excellent piece of advice from my family physician. At the time he was in his early 50s, running over 80 miles a week regularly, and had a marathon PR in the mid 2:20s. Because he was such an excellent runner, he had gradually built up his practice to the point where the majority of his patients were also runners. Since I was relatively new to the sport and knew virtually nothing about it, I would make an appointment with him whenever I felt the slightest twinge or ache in my legs.

One day at the end of my appointment, the good doctor said to me, "Claudia, I have to tell you something important. I enjoy visiting with you when you come in, and I certainly love taking your \$20.00 (my, how times have changed!) but sooner or later you're going to need to learn when you really need to see me, and when you can treat an injury on your own." I was flabbergasted that he would be suggesting such a thing. Then he said, "Anyone who's running more than 10-15 miles a week is going to have an ache now and then. It's important to learn how to treat that ache before it becomes a big, giant pain that stops you from running altogether!"

From that day on I started listening to my body. I admit I haven't always been as attentive as I should be, and my body has let me know it! Your body is talking to you too, pay attention, you'll be glad you did.

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