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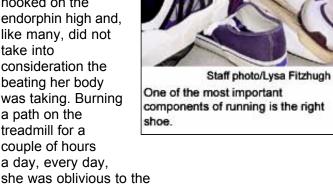


# Running the risk

Lack of knowledge, preparation results in sport injuries for all ages

Lysa Fitzhugh Special to shades

Once an avid runner, Karen Monson of Tempe, Ariz, was hooked on the endorphin high and, like many, did not take into consideration the beating her body was taking. Burning a path on the treadmill for a couple of hours a day, every day,



Weldon Johnson of Phoenix also paid the price. He ran up and down the basketball court until injuries sidelined him. He ended up hurting both knees and undergoing two surgeries.

life-long pain and restricted movement.

fact that her body was breaking down. Now she faces

Running-related injuries are on the rise in the United States as runners hit the road in droves. Health fitness experts say that many of these runners simply "lace up" and go, without proper knowledge, training or equipment.

They may not know it, but they're at risk. Sports injuries in the United States are becoming more and more prevalent across all age groups. according to America Sports Data, Inc., specialists in

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consumer survey research for the sporting goods, fitness and health club industries.

The group has been tracking sports activity in the nation since 1987 and is the principal provider of consumer research for organizations like the Sporting Goods Manufacturers Association (SGMA) and the International Health & Racquet Sportsclub Association (IHRSA).

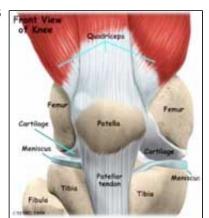
In 2001, the group reported that 50.6 million people over the age of six were frequent exercisers who ran, cycled or worked out on a treadmill at least 100 times a year. A substantial number of them suffered injuries related to their sport. Of the 35 million to 40 million people who show up in emergency rooms across the country each year, approximately 10 percent are there because of a sports-induced injury. American Sports Data estimates that five times as many people suffered sports injuries, but did not go to emergency rooms.

Gilbert, Ariz. resident Kristin Hoene, a personal trainer for 10 years, trains adults of various fitness levels. A competitive runner herself, she knows the endorphin high that runners experience...and the pitfalls. She develops running programs for people who run races, or who want to run races, and have suffered injuries trying to get there the wrong way.

"They try to do too much too soon and do not stretch or do resistance training," says Hoene. She says it's great when people have the enthusiasm, but it's better when they start slow because it's so easy to go overboard.

#### **COMMON INJURIES**

The most common running injuries are the simple ones, as podiatrists M.A. Caselli and S.J. Longobardio of the Division of Orthopedics at the New York College of Podiatric Medicine found in a 1997 study. Their research focused on the



degree of running injuries in the New York City Marathon that year.

The study which appeared in an article in the Journal of the American Podiatric Medical Association, surveyed 265 injured athletes and revealed the most

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common podiatric injuries reported were shear and stress injuries, including corns, callous, blisters and muscle cramps, acute knee and ankle injuries, foot pain due to swelling (plantar fasciitis) and toe dislocation (metatarsalgia). But runners also suffer a number of serious injuries, with knee injuries ranking the highest.

Many runners experience what is known as "runners knee," which begins with irritation under the surface of the kneecap. This is often the result of a runner making a quick start or stopping hard while running, according to a website developed by David Holt of Goleta, Calif., an orthopedic registered nurse.

Planting the foot and cutting to the side while running, a common basketball move, can also cause severe injury to the knee, says Dr. David Diduch, associate professor and Co-Division Head at the Sports Medicine Division at the University of Virginia. After leaving Harvard Medical School, Diduch concentrated his study on sports medicine while he did his residency in orthopedic surgery at the university.

From his research, he learned ligaments on either side of the knee and the soft bone inside can tear all at once. Without ligaments to stabilize the knee, the joint can move outside of its normal range. This is called an anterior cruciate ligament (ACL) tear and without these ligaments, the choices are few.

Avoid athletic activity or have surgery to repair the damage, he says.

Michael McLaughlin, director of Corporate Fitness for JPMorgan Chase, has spent 13 years in different venues of the industry and has seen people do exactly what Diduch described. He runs and plays basketball himself and cringes when he sees people stop suddenly while running in a position that sends the knees in a direction they were not meant to go.

He agrees with Diduch and says that's when injury begins. The ligaments, soft tissue that connects the knee to bone and muscle, begin to tear if they haven't torn all at once, he says.

"When (they) start to feel the pain of their mistake, it's best to get fitted for a knee brace at that time," says McLaughlin. "This may help stave of inevitable surgery."

According to the Medical MultiMEDIA Group, which was started by an orthopedic surgeon and operates an online site that helps physicians connect and

communicate with patients, women are much more likely than men to experience an ACL tear. Doctors and other experts interviewed in this study aren't sure why, but they think that differences in the anatomy of the female knee, weaker ligaments in women due to estrogen effects and differences in training, may all be to blame.

While knee injuries are endemic among runners, these athletes also suffer from lower back and hip ailments. Monson, 42, the Tempe runner, felt the pain in her low back and hips from the sciatic nerve being crushed.

The Medical MultiMEDIA group describes the common back pains as the gradual breakdown of discs in the spine, which causes swelling and pain in the back. They say this can also damage the nerve and create numbness. Treatment can be as simple as exercise, medication and therapy or can go as far as surgery.

Arizona chiropractor James Martell has seen many patients who suffer back, hip and leg problems from running on hard surfaces, such as concrete sidewalks. He tells patients that when they run on concrete, the hardest running surface, their heels strike the surface and jams their bones together. Stretching properly after running can help, but some patients, he said, should stop running altogether.

#### **MISTAKES AND CONSEQUENCES**

For Monson it was her back that took the beating. Her second and third lumbar discs were crushing her sciatic nerve, causing her to temporarily lose the ability to walk upright, she says. She also experienced what she describes as excruciating pain.

Her doctors told her to quit running altogether. While Monson still runs a little, it's much less than before because she realizes that she is at a higher risk of injury than ever.

Almost every morning when the alarm goes off, Monson takes a few minutes to sit up and deal with the stiffness in her lower back. While her daughters make their breakfasts and get ready for school, she massages her lower back with a handful of deep heating rub.

Her youngest daughter, Sammy, needs a little help picking out clothes and packing her lunch, but she has to wait while her mom loosens up. As the medication begins to take effect, Monson stretches out and straightens her frame. She's tall and slender with a strong, attractive build, but for several months, she was in the shape of a question mark. Her

muscles would seize up, and standing upright was not an option.

Monson will head to school; and work, but not before a stop at the gym. She says exercise is a daily routine for her and has been for several years. The only difference now is that she spends less than 30 minutes on the treadmill, walking and a light run every now and then, and about an hour on the elliptical trainer and recumbent bicycle.

"My doctor doesn't know...he would kill me," she says.

Hoene, the Gilbert personal trainer, believes that most runners make the mistake of not knowing their limitations. Some decide the fastest way to get in shape and lose weight is to run. Unfortunately, not taking the time to visit a doctor first to educate themselves on the best way to begin or the proper form for running is what sends many of them in the emergency room or complaining to their doctors, she says.

When someone with a running injury comes to Hoene, the first thing she does is to stop him or her from running. To get them back on the path, some will need a physician's consultation and an X-ray picture to show Hoene.

From there, she'll start them off like she would a novice runner – with flexibility training and a 30-minute session of walking and running intervals.

Johnson, 39, didn't get a doctor's clearance when he began running up and down basketball courts and occasionally around the track, even though he was about 30 pounds overweight. He didn't think he needed it.

He does now.

Johnson tore his the soft bone that connects the kneecap to surrounding tissue, known as the patella tendon, twice. The left one first was the first to go. With a tear such as this, the only option is surgery. Although his insurance company took care of the monetary cost, he paid the physical price. After enduring surgery, he spent six weeks in a cast and several more in physical therapy to regain full use of his knee.

Three years later, the right knee went. This time, rehabilitation was shorter. He was fitted with a walking knee brace and began physical therapy five days after surgery.

"Getting up and walking so soon after (surgery) was great...but the left knee works better," says Johnson, comparing his reconstructed knees. He says he still plays ball and runs, but he's much more cautious than he used to be.

Like Johnson, 36-year-old Mary Cervantes, also of Phoenix, started exercising while overweight. She has two goals: Lose 40 pounds and run a marathon by January – just eight months after she started running. She set the second goal to reach the first. She says she wants to be able to run the 26.2-mile marathon, but has to conquer mile one first. She figures if she stays on track, she'll have to add three miles to her distance each month.

"As long as I stay consistent," Cervantes says confidently, "I'll get there."

Hoene says many runners overlook the fact that weight puts extra strain on the joints. Additionally, many people gain weight when they're not exercising, and a sedentary period can also cause the area around the joints to weaken.

"If you don't build up the integrity of the muscles and ligaments around the joints, you're going to destroy the joints," says Hoene.

#### PREVENTION AND PROPER TRAINING

Hoene has been running races, including marathons, for more than 15 years, but she has never suffered a serious injury. She trains appropriately to increase her time and distance and takes the risk of injury seriously. She knows it could happen to her.

Hoene starts with strength training. As a fitness professional, she designs her own strength-training regimen and sticks to it. She knows the dynamics of her anatomy and how easily harm can come. She lifts weights to keep the muscles surrounding her joints strong. The muscles act as stabilizers for the joints, so lifting is a critical part of any training process. She warms up before a run and stretches soon after. She prefers to run on dirt rather than concrete or other outside surfaces.

"It's more forgiving...on the joints," says Hoene, who also knows the value of resting between workouts, whether she's been running or lifting.

While she has never had a major injury or ailment due to running, Hoene does experience minor injuries and mild discomfort

"There is no cure-all, beat-all answer to training pains," she says, so she takes them in stride and does what she can to combat discomfort and avoid it as much as possible. "You can get injuries you don't know about. You get micro tears in the muscle and you don't even know."

When the aches and pains come, she treats herself to a massage. When it comes to equipment — shoes, clothing and heart rate monitors — Hoene chooses the best...for her. The shoe she chooses has nothing to do with the brand name or cost. She first looks at a shoe structure that will support the way her heel strikes the ground and the way her feet are structured.

"I only wear shoes that my feet and body like," says Hoene.

Her clothing depends upon function and form. She considers the conditions she will run in and selects appropriately — not too tight, not too loose. And as for a heart rate monitor, Hoene says she doesn't need all the bells and whistles. Just a basic model that tells her how close she's getting to her maximum energy expenditure point and how long it takes her heart to recover from a run.

Hoene runs inside and outside all year long, but says she'll hit the outdoor path more in the warmer months to train for her races. She typically sees an influx of runners at this time since people want to get in shape for a variety of reasons. When she trains clients, she says it's her job to warn people of the pitfalls of running and she makes sure she advises and trains them to get stronger and not get hurt.

"Some people will pay attention and be cautious," she says, "but unfortunately, many will learn the hard way."

Fitzhugh has been active in the fitness industry as a personal trainer and a group exercise instructor since 1995. She currently instructs classes at 24Hour Fitness in Gilbert. Ariz.



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