
P.T. RUNNER'S UPDATE

Kern & Associates Physical Therapy

March 2005

The 27th Mile and Beyond

Congratulations! As marathon season is upon us, many of our readers will complete their very first marathon. Whether you have completed 1 or 100, you have undoubtedly encountered multiple challenges in your training along the way. It is our hope that by education, we can assist you in minimizing the musculo-skeletal troubles that can come up while training – the psychological and motivational components are up to you!

Myths Regarding Running, Training, and Injuries, Part 1

1. MORE MILES ARE BETTER. Not always true! While there are physiological adaptations that occur with longer bouts of training, there are a few key variables that should not be forgotten:

- **INTERVALS:** By incorporating briefer, more intense bouts, you can teach the body to adapt to hills and more challenging parts of the race.
- **SPREAD IT OUT:** Consider completing 2 or 3 shorter runs of equal intensity during the day. In that way, you get quality, with some quantity, rather than fatiguing so much at the end of your 2-1/2 or 3 hour long run.
- **TRUST:** Your body has an internal mechanism of protection, and it is often ignored while you are training for a deadline (i.e., race). It is important to determine whether the discomfort you are experiencing is detrimental or not. If it is, your

body may pay for it by losing future workouts. Respect what messages the body is giving you, and adjust later workouts accordingly.

- **REST:** OK, admit it. We have all been guilty of putting in “just an extra couple” of miles, here and there. These miles really add up. Don't forget, other workouts like cycling, swimming, and lifting, (while good cross-training activities), still add to fatigue. Track your workouts and how you feel. Incorporate designated rest days and rewards for hard work. They will allow you to relish the days you go hard, and allow you to have the energy for those workouts.

2. ALL THOSE GOOFY BALANCE EXERCISES LOOK, WELL, GOOFY. I AM SIMPLY TOO BUSY FOR THEM. Exercises that incorporate single limb balancing, biasing multiple muscles in different planes of motion, are actually crucial to

Upcoming Events

Wednesday, March 9, 2005 at 5:30pm - A stronger back is a healthier back: Learn back strengthening exercises for daily life. Wear comfortable clothes and come ready to work.

Wednesday, March 23, 2005 at 5:30pm– Exercising during your pregnancy: Get current information regarding safe exercise and injury prevention during pregnancy.

Wednesday, April 6, 2005 at 5:30pm– Pilates: A fun way to get back in shape.

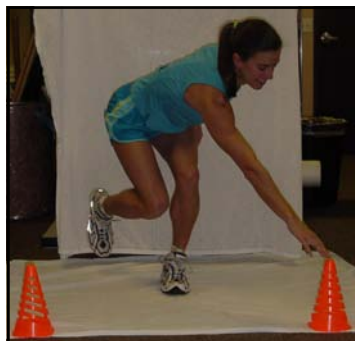
your success in injury prevention as a runner! As an activity, running primarily occurs in a single plane of motion, front to back (sagittal). If you train muscles properly (hip rotators and abductors, you diminish strain on the body during running. This training allows for better shock absorption thus preventing abuse of other tissues. (IT band, medial knee, plantar fascia). These exercises could include any of the following:



“Hip and leg control for knee”



“Hip control to help the foot”



“Hip control for IT band”

As for the time management issue, well, active time usually means some down-time, as well. (Consider TV commercials. They are long enough to “channel surf.” Why not commit to completing some of these during commercials?) If you do exercises prior to your run, you will be able to recruit muscles better. So, if you are a morning runner, don’t hit that snooze button!

3. MY ILIOTIBIAL (IT) BAND HURTS. MY FRIEND TOLD ME TO ICE AND STRETCH. IT HASN’T GOTTEN MUCH BETTER IN THE LAST 3 WEEKS. STRETCHING MUST NOT WORK... Aaah, the excuse of “it hasn’t worked yet...” well, there are a couple of things to consider. First off, are you simply unwilling to give your body a break while you let the tissue heal? Oftentimes the answer is no. All of the “stretching” in the world will not help if the tissue isn’t given the opportunity to heal. Part of this healing stems from figuring out the cause. Consider the picture below:



This patient presented with 3 YEARS of “IT” band pain, described as intermittently “excruciating.” She had stretched and used a foam roller often. Take a closer look – when her foot contacts the ground, does the muscle on the outside of the hip/thigh look short?! NO! In reality, she was actually straining the muscle on EVERY stride she took! With proper correction and strengthening of the muscles that control side to side motion (frontal plane) in the frontal plane of motion, this triathlete returned to Ironman distance races. It is CRUCIAL to have your running assessed (usually on a treadmill) by a physical therapist that understands running biomechanics. At Kern & Associates Physical Therapy, the therapists are well trained at analyzing running gait to determine the source of the problem. Then you can stretch and strengthen to your heart’s content!

RUNNING Q & A:

Q. How long should I take off after the marathon?

A. Take into consideration multiple things:

- 1: Unless you have already scheduled another “high-priority” race, allow your body to heal with lower impact activities, such as aqua-jogging, cycling, or swimming.
- 2: How do you emotionally feel? Pushing yourself back into strict regimens soon after a race can also lead to burn-out (It is too early in the year to do that to yourself!). Monitor closely your response to exercise over the coming weeks. If you are consistently fatigued with brief training sessions, then don’t pretend that you are recovered – give your body a break!
- 3: After taking a bit of time off, slowly begin integrating speed work and tempo runs back into your routine. Again, refer to your daily logs of fatigue and levels of exertion to guide progress.

Q. I have been injured within the last month (unable to run more than a few minutes without pain). How quickly can I get back into my long runs?

A. If you have been fortunate enough to have stretches and exercises that have assisted in your recovery, do not neglect them as you are increasing your mileage. Include a considerably longer amount of time pre-run to warm-up and stretch, allowing the tissue to adapt to the demands you want. Similar progressions as early training regimens, such as adding ½ to 1 mile per week to long runs could be reasonable. Most importantly, respect your symptoms. Acknowledge that at first you may be spending some time walking, and then readjust your plans and goals accordingly. Finally, icing, proper rehab or strengthening, and non-impact cross training on off days are crucial to re-establishing your previous running fitness.

Q. I have had IT band problems, on and off, for the last year. Running flat surfaces is fine; as soon as I try to do any trail running, the IT band starts flaring back up. Why?

A. Depending on the source of weakness, the unstable trail surfaces create more force,

movement, and demand on the feet, legs and hips. If the muscles that control the hip’s side to side movements are weak, then you are loading that leg longer. If the tissue around your nerves or hamstrings are tight, it is also possible that the nerves are getting irritated as you lean forwards to go uphill. A brief irritation is one thing; the fact that your symptoms go away and come back consistently over a long period of time tells that the “IT” band is not happy with some of the demands that you are placing on it. Have a PT look at your running and gear some exercises specifically for you.

SHOE SELECTION AND ASSESSMENT

An important consideration in running is to keep the feet healthy. Blisters, corns, calluses and bunions are the runner’s nemesis. There are many biomechanical reasons why these problems might occur, but proper shoe selection and fit are also critical. Some helpful hints are as follows:

Shoe size:

- Shop at the time of day that you run/workout
- Have feet sized every 12 months with Brannock device
- Ask if your shoe store has a specialist (Pedorthist) trained in fitting shoes
- If you use orthotics, try the shoe on with the orthotic. You may need a ½ size larger.

Some of our ongoing services

- Orthotics Evaluations
- Sports Injury
- Manual Therapy
- Women's Health
- Vestibular/Balance treatments
- Alexander Technique
- Incontinence prevention
- Spinal rehabilitation
- Post-Op Rehabilitation
- Pilates
- Pediatrics Physical Therapy
- Free Injury Screening

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