# AVOIDING INJURIES

## INJURIES MADE SIMPLE

Most running injuries are self inflicted. If we're serious about training and preparation for a target race, we push the envelope. It's hard to balance the serious efforts required to achieve our goals with the need to avoid injury.

One area of training that requires particular caution is speed work of any type. Long slow workouts rarely cause injury. But the additional stretching caused by longer and faster strides can stretch muscles and tendons to the breaking point.

Running competitively for some time now, I've observed this important fact: If you get injured at the age of 60 or above, you will probably take a step down in race performance never to return. A few can come back. Most don't.

**Lesson learned: Avoid injury. Lesson still to be learned: How?**

## MORE ON INJURIES

### Adductor Tendon Injury.

While running in a 10 mile race, at the 5 mile mark I developed a cramp in the upper thigh area near the groin. The cramp lasted just a few seconds but it then went to a sharp pain. There was no running. I could walk without pain but could not even jog. Thankfully, a nice young woman came by in a car and took me to the finish line to my car.

Apparently, the adductor tendon or tendons originate in the groin and go the inside of our legs holding the leg in its proper place. In this case the day was hot and humid and I knew I should not run a race…but did so anyway. I was certainly dehydrated when the injury occurred.

**Lesson (re-learned): Don't race with dew points above 70 F/ 21 C.**

### Hamstring Pulls.

My winter racing schedule has 3 main target races starting with a Half marathon; followed quickly by a 5k and concludes with a 15k. As you can read under "Training Tips", I train primarily for the 9.3 to 13.1 mile (15 to 21.1 km) distances and hope I can quickly add some track workouts for the 5k. That year, after an all-out Half, I was doing the track work the next week before I had recovered. I rounded a turn and with no warning….a sharp pain. There was no: "I think I'll slow down and run this off". I was done.

**Lesson learned: Recover fully before doing speed work.**

### Plantar Fasciitis Left Foot.

Amazingly, this injury came from cross training….riding a stationary bike barefoot. I recovered enough to run a 10 mile (16 km) race about two weeks later but as the race wore on it was clear I was re-injuring the foot. At the finish line it was crawl to the car and go home for the crutches.

**Lesson learned: No barefoot training.**

### Plantar Fasciitis Right Foot.

Apparently, I'm susceptible to this injury. With the previous foot injury, I learned taping the arch could help provide support so I taped it well before a run. Unfortunately I taped it too well. At one mile it started to feel uncomfortable. At two miles it hurt like hell. At 2 ½ miles I was done and could barely get home. This time recovery was very slow and I was unable to run for several months. The solution was provided by Dr. Todd Burmeister in Naples, FL. He has developed a process for modifying a commercially available orthotic. They are a thin carbon fiber material with a good balance of firmness and flexibility.

**Lesson learned: See Dr. Burmeister for all foot problems.**

### Hernia Repair.

Actually this year I had two surgeries, one on each side. Both were done at the Mayo Clinic and used laparoscopic techniques. Time to return to running after surgery was 10 days in the first case and 12 days in the second. Time to race was 3 weeks in the first case (5k) and 6 weeks in the second (10 miles).

**Lesson learned: In the hands of a skilled surgeon, laparoscopy is minimally invasive and recovery can be quite fast.**

### Achilles Tendinitis.

While preparing for a target 1/2 M I cracked my orthotic, wore out my cushioned trainers exactly the week of maximum miles 4 weeks prerace. All this resulted (not surprisingly) in an injury. By mostly good luck the injury remained at a low level and training could continue. After the race I had the time to allow it to heal.

**Lesson (re) learned: Changes that affect foot/ leg alignment are high risk of resulting in an injury, especially during high mileage training.**

### Toe calluses and Blood under the nail.

Again, while preparing for a target 1/2 M, during the two weeks of highest mileage I noticed a callus appearing on the center toe. Also, there was blood under the toenail. It turned out this was easily resolved probably because I caught it early and quickly attended to it. I cut a "Band-Aid" lengthwise and put it along each side of the toe keeping the gauze pad on the callus. I also taped the "Band-Aid" in place with another piece of medical tape by wrapping it around the toe. Then I loaded the front of the toe with "Vaseline" which in a few days softened the callus. Finally, I changed socks to a thinner type. Eventually, the blood blister went away.

**Lesson learned: Overuse injuries are always lurking. Move quickly to deal with any problems before they become severe.**

### Calf muscle cramp and resulting damage.

At the 5 mile/ 8 km mark in a 10 km race I began to develop a calf muscle cramp. It became quite severe but I was able to "run though it" to the finish. I did not run for three days as it was a recovery period from an all-out race. On the fourth day with only limited soreness, I went for an easy 6 mile/ 10 km run. At the halfway mark it became very tight and sore. It was difficult to get home and I knew my rule "if it gets worse as you run, it's certainly not OK" was happening. The problem: I was still 3 miles/ 5 km from home. This was a dehydration cramp caused by the high temperature and humidity on race day. This is nothing new. I very well know the difficulty of racing in those conditions.

**Lesson learned: cramps are potentially serious and not to be "run through". The race time was going to be bad anyway, so why risk injury?**

The following are a number of issues which quite simply are age related i.e. they come as one grows older and older and often cannot be kept away by any Wellness activities.

### Exercise induced hypertension.

During my annual visit to my primary care doctor at age 64, we decided if the purpose of my running was going to be racing, I probably should have a stress test to be sure there was no underlying problems. Frankly, it seemed like a waste of money because I had just run several races and was in really great shape. So I had the test and I flunked. At the early part of the protocol my blood pressure spiked through 250 and according to their limitations the test was stopped. The results were later confirmed at Mayo Clinic where we also learned if the elevation was reduced or if the test was repeated quickly, my blood pressure did not go so high. Thus I needed a warm up. The diagnosis was exercised induced hypertension. As a result of this test I was put on a blood pressure lowering drug. It worked but too well. After a morning run my blood pressure was typically 60-70/ 50. If I tried to pick up a golf ball I nearly passed out. Once my blood vessels were warmed up by a good dose of blood flow they became more pliant. Later, I was taken off this medication and instead put on a cholesterol lowering drug which I use to this day with no apparent ill effects. Now for the good news: I've learned I must warm up well for races, especially 5k races or start quite slow for longer races.

**Lesson learned: Call it "Forced Negative Splits" a.k.a. how we should all run anyway.**

## Mitral Valve Regurgitation.

While I'm able to race at near National Class Levels, I have a heart defect called "Mitral valve regurgitation". Simply that means a valve between the left chambers of the heart does not close totally and some blood "regurgitates" or flows backward on each heartbeat. Obviously, this causes some loss of performance. Except to be sure your doctor is aware of the condition and monitors changes, if any, there is nothing one can do.