

Q & A: Running Injuries Show Notes

I was told I have multiple imbalances in one leg. One was tight ankles. My question would just be how does multiple imbalances happen? Is it genetic or is it just something that happens from injury? -Johari

- Imbalances can be genetic. There are many different structural anomalies found in individuals.
- Most imbalances are from chronic poor posture:
 - Poor sitting posture.
 - Poor standing posture.
 - Asymmetries with common movement patterns. For example only crossing your left leg, or always sitting on the couch with your legs tucked under one direction.
- Spot train the imbalances and asymmetries as best you can. Work toward gaining symmetry in the body.
- Small changes over time will yield big results.

Would love to hear about "sleeping" glutes and what can be done to reawaken them! -Britt

- Most common cause is chronic sitting.
- Poor posture from either standing or sitting.
- The treatment is to move more. Not to just stand more (although that is better than sitting), but move more. Focus on activities that activate the posterior chain such as squats, deadlifts, and bridges.
- Increase the neural input to the glutes. The more you use them, the more the neural pathways will be established and re-enforced.
- Encourage everyone to address his/her glute strength as they are typically weak in most individuals. As part of cross training, implement core strengthening which will help to prevent low back pain.

For more information, please refer to:

<http://marathontrainingacademy.com/low-back-pain>

<http://www.thephysicaltherapyadvisor.com/2014/10/20/how-to-safely-self-treat-low-back-pain/>

<http://www.thephysicaltherapyadvisor.com/2014/06/30/my-top-7-tips-to-prevent-low-back-pain-while-traveling/>

I have a partially torn tendon in the gluteus medius that attaches to the greater trochanter. After 7 months of physical therapy, chiropractic and cortisone shots, I have improved greatly. I have been running 2-4 miles over the last 2-3 weeks. But during the last run of 5 miles, at 4.5 miles I had pain again which lasted several days. Will I be able to run longer distances again without having surgery? -Sharon

- This is a major injury. Concentrate on building a stronger running base.
- Pushing too hard too soon. Progression should be very slow to avoid re-injury.
- To progress, keep within a pain-free distance and then at about 3 miles, start a run/walk protocol to slowly increase distance. Use this method to help progress your running base and time on your feet while avoiding pain.
- Avoid uneven running surfaces such as trails.
- Assess your running technique. If it is a narrow base when you run, this puts more pressure on the IT band and gluteus medius. You may want to run with a slightly wider base.
- Continue to work on improving your hip strength. Focus on the gluteus medius, but also focus on the piriformis and other rotators of the hip in order to provide additional stability to the hip. Be sure to work on core strength.

For more information, please refer to:

<http://www.thephysicaltherapyadvisor.com/2015/04/08/q-a-how-to-increase-hip-strength-and-improve-mobility/>

Please talk about treatment for proximal hamstring strains. Stephanie and I would like to hear about how you know if a hamstring strain can be self-treated versus when you need to go in for physical therapy, and what the treatment is. -Taylor

- Hamstring strains can be tricky to recover from. Severe Grade II sprains can take 6-9 months to fully recover from. Minor strains may take 1-2 months.
- To determine if you can self-treat, determine severity of injury:
 - Can you walk normally?
 - How intense is the pain, and what brings it on?
 - Was there bruising present at the site of injury?
- Initial treatment is rest, ice, compression, and gentle motion. Avoid pain.
- As pain and motion improve, start with soft tissue work by utilizing a foam roller. Initially start away from the area of the injury. As the pain improves, you can work over the injury area.

- Progression then would be to improve range of motion (ROM). Resume full motion without pain. Work on the strengthening of hamstrings as well as core strength. Start slow with strength and motion. Exercises eventually will be ball bridging, dead lift, and straight leg dead lift.
- Remember to double your warm up time as you progress back into running. Also be sure the hamstrings are ready to be active. It's very common to re-injure this area, so be careful.

For more information, please refer to:

<http://www.thephysicaltherapyadvisor.com/2015/07/22/how-to-recover-quickly-from-a-hamstring-strainpull/>

Does he have one major symptom or sign that would tell us whether an injury just needs a few days rest versus a therapy or doctor visit? (Swollen? Hurts to touch?) - Mairead and JJ

- Depends on the injury and pain level.
- Listen to your body.
- If symptoms worsen or are not progressing, ask for help
- Swelling can indicate some damage is occurring. PRICE (Protect, Rest, Ice, Compression, and Elevation) may be indicated.
- Loss of motion.
- Difficulty bearing weight.
- Use your common sense. It's better to ask for help and not need it than to not ask and risk further injury.

I would love to hear what to do about metatarsalgia. I understand it is a normal injury for runners. -Judith

- Injury is never normal.
- This term is used for many different kinds of pain that is located in the ball of the foot. It could be a neuroma, a stress fracture, pain at the metatarsophalangeal joints, arthritis, and gout.
- Typically associated with overtraining and/or poor foot mechanics.
- Risk factors include: poor fitting shoes; high heel shoes; being female; being overweight; hard running surfaces; and tight Achilles tendon.

- Treatment is similar to plantar fasciitis in many cases. Begin foot intrinsic muscle strengthening (*see link below*). Address footwear and/or possibly add an orthotic. Shorten stride length and quicken cadence. Look up the kinetic chain for possible imbalances.

For more information, please refer to:

<http://marathontrainingacademy.com/plantar-fasciitis>

Feet! The ball of my left foot, but more medial and even to the top has bothered me for a couple years! If I back WAY off running, it'll subside, but one run does me in! I don't know if what I have is metatarsalgia or not, but it has given me the blues. Second, deep muscle tightness. I carry weight in my "backside" and thighs, and I have a hard time really working on knots with a stick or foam roller. I feel like I need a left leg transplant, from waist down!!!! It's tight, knotted, twisted and pained...all the way to my toes! -Julie

- Fascia does not remodel easily. It takes 6-12 months of diligent work to remodel fascia. Don't expect a quick fix, and don't give up!
- Use your body weight and a harder ball, such as a softball, to self-mobilize areas with dense tissue.
- May need assistance from a masseuse or body worker.
- For some, fatty tissue can have many knots and nodules. Don't worry about them. They can be painful, but are not serious.
- Look into a run/walk protocol to help increase running distance. Please refer to MTA's fantastic podcast at <http://marathontrainingacademy.com/jeff-galloway>.
- Work through the plantar fasciitis protocol (*see links below*). If you're still aren't experiencing any relief, ask for help.

For more information, please refer to:

<http://www.thephysicaltherapyadvisor.com/2014/07/23/foam-rolling-for-rehabilitation/>

<http://www.thephysicaltherapyadvisor.com/2015/04/29/14-tips-and-strategies-to-self-treat-muscle-pain/>

<http://marathontrainingacademy.com/plantar-fasciitis>

<http://www.thephysicaltherapyadvisor.com/2014/12/01/how-to-self-treat-plantar-fasciitis/>

This isn't so much an injury, but perhaps a preventive question. I hear crunching in both knees when I do squats and lunges. Zero pain, but just curious if that's a precursor to a possible issue down the road. Thanks guys!! Looking forward to the interview. -Courtney, Kelly, Laura, and Lou

- This is often referred to as chondromalacia, in which the cartilage under the knee cap can become soft or irregular and can lead to grinding and popping.
- Typically this is due to patellar femoral pain syndrome (PFPS) or poor patellar tracking. It can also be related to arthritis in a more middle-aged population.
- It occurs often in both youth and middle-aged people. It's more common in women and those with flat feet.
- Constant grinding can lead to early deterioration, so it should be addressed.
- Focus on hip strength and correcting imbalances in the lower extremity. Address the pelvis clear down to the feet as there are many potential causes.
- Start a quality glucosamine supplement in order to help preserve cartilage tissue.

For more information, please refer to:

<http://marathontrainingacademy.com/how-to-self-treat-runners-knee>

<http://www.thephysicaltherapyadvisor.com/2014/12/15/how-to-self-treat-patellar-femoral-pain-syndrome-runners-knee/>

Long term solutions for ITBS! All I do right now is foam rolling post run (when I can fit it in) and symptomatic foam rolling. -Kelly and Ruth

- Look at your running form. If you run with a narrow base, then you risk more strain on the IT band and may also be prone to shin splints.
- Increase cadence time.
- Work on hip strength, particularly the hip rotators.
- Need to be dedicated to improvement and not just to foam rolling as needed.
- Recovery and injury prevention are critical and should be performed regularly. Set aside the time to work on recovery and cross training in addition to your regular training runs. If you do not take proper care of your body, then you are likely to get injured at some point. This can lead to missing valuable training time and can ruin a racing season.

For more information, please refer to:

<http://marathontrainingacademy.com/itbs>

<http://www.thephysicaltherapyadvisor.com/2014/12/10/how-to-self-treat-it-band-syndrome/>

I have degenerative discs and was told I have to expect life-long ITBS. I notice pain only on my really long runs or marathon distance. Do I have to accept this or is there a way to improve my IT Band? -Diana

- Degenerative disc disease and ITBS would not necessarily be related except that core weakness can be a potential cause of ITBS due to faulty biomechanics during running
- The number one thing to address degenerative disc disease is work on core strengthening (particularly, the lumbar extensors). Long term core strength is critical.
- Focus on at least 10 minutes a day on lumbar/core strength to prevent injury. Research also indicates that core strength can increase 5k time.
- For ITBS, focus on hip strength and gluteus medius strength.
- Reduce arm swing and increase your cadence. Be sure to keep your foot and knee pointed forward. Be mindful of running surfaces. Try to avoid concrete. You may have to avoid trails short term.

For more information, please refer to:

<http://marathontrainingacademy.com/itbs>

<http://www.thephysicaltherapyadvisor.com/2014/12/10/how-to-self-treat-it-band-syndrome/>

<http://marathontrainingacademy.com/low-back-pain>

<http://www.thephysicaltherapyadvisor.com/2014/10/20/how-to-safely-self-treat-low-back-pain/>

<http://www.thephysicaltherapyadvisor.com/2014/06/30/my-top-7-tips-to-prevent-low-back-pain-while-traveling/>

We would love to hear some thoughts on prevention of injury recurrence for nagging stubborn injuries. (Hip flexors for me!) Is it all in the strength/core training and yoga or what else can we do to prevent being side-lined? -Naomi, Joellen, and Tricia

- Rule #1: Recovery work should be as programmed into your training cycle as your actual training runs.

- Set up a long term plan to spot train and address known areas of weakness.
- If you on choose to work on one area, choose core strengthening. Focus more on the posterior chain (not just the abs).
- If your hip flexors are chronically an issue, than you are likely sitting too much. The second most likely cause is that you have a lumbar vertebral segment that is hypermobile. The best treatment is core strengthening.

For more information, please refer to:

<http://www.thephysicaltherapyadvisor.com/2015/04/08/q-a-how-to-increase-hip-strength-and-improve-mobility/>

<http://marathontrainingacademy.com/low-back-pain>

<http://www.thephysicaltherapyadvisor.com/2014/10/20/how-to-safely-self-treat-low-back-pain/>

<http://www.thephysicaltherapyadvisor.com/2014/06/30/my-top-7-tips-to-prevent-low-back-pain-while-traveling/>

I'd like to hear about the use of active mobility versus stretching for a runner like myself with hypermobile joints (both before and or after sport.) -Sarah

- If you are already hypermobile, then you likely don't need to work on range of motion for a joint. You still need to warm up and prepare the tissues for activity.
- Start with a cardio warm up, and then active mobility. No need to focus on range of motion. Instead, just prepare the tissues for the training session. Keep within your already hypermobile range of motion.
- Strength training is a critical component to injury prevention for hypermobile individuals.

Is there any risk of damaging yourself if you continue to train hard while having PF (other than the pain progressing)? -Lee

- The short answer is YES. There is a significant risk. You don't want to tear the plantar fascia. The surgery is a very long recovery.
- As the pain worsens, you are likely experiencing more and more micro tearing (which can eventually tear the plantar fascia completely and sideline you for a very long time). Recovery includes possibly a cast and/or a rigid walking boot. Based on the severity, weight bearing can also be completely limited.

- The longer you take to address this, the longer it will take to treat and heal.

For more information, please refer to:

<http://marathontrainingacademy.com/plantar-fasciitis>

<http://www.thephysicaltherapyadvisor.com/2014/12/01/how-to-self-treat-plantar-fasciitis/>

I've recently changed my form from predominantly heel striking to a forefoot strike. I think I could be a better runner in the long run for it, but calf and hamstring and forefoot pain has been affecting my training recently. Any input on whether changing form is ever a good idea, and if so, how to make that type of transition during training might be helpful. -Jon

- In general, there is no real reason to change running form unless there is a repeated injury or a significant issue with the technique that is likely to cause an injury.
- There isn't any conclusive proof that a heel strike is better or worse than a mid foot strike or that a certain running method is better than another.
- Transition is always longer than expected. The older you are, then the harder on the body the transition can be. A fast transition would be 3 months, but it's common to take a full year to fully adapt.
- The body needs time to adjust to the new stresses placed on it with the new technique so you have to rebuild a base.
- Be sure to work very hard on recovery during the transition to limit the risk of further aches, pains, and injury.

For more information, please refer to:

<http://www.thephysicaltherapyadvisor.com/2014/12/15/how-to-self-treat-patellar-femoral-pain-syndrome-runners-knee/>

What are some keys to injury prevention for masters' runners? -Steve

- Be consistent with a recovery protocol.
- Warm up longer, and take more time for a cool down.
- Focus on body work by utilizing a foam roller or lacrosse ball or by working with a masseuse.
- Focus on strength training. Muscle mass slowly diminishes with age (particularly, Type II muscle fibers). Regular strength training is important.

- Focus on a clean lifestyle of proper eating and hydration. Supplement as needed (particularly with a quality glucosamine supplement like Mt. Capra CapraFlex).
- Work toward limiting inflammation with your food and supplement choices.

For more information, please refer to:

<http://www.thephysicaltherapyadvisor.com/2014/11/24/top-10-strategies-to-avoid-injury/>

<http://www.thephysicaltherapyadvisor.com/2015/04/01/how-to-safely-overreach-to-advance-your-training/>

<http://www.thephysicaltherapyadvisor.com/resource-guide/>

I was diagnosed with posterior tibial tendinitis in my right foot today by my podiatrist. I am currently keeping my running streak going and training for a March marathon. What does he recommend to heal the tendon without backing off on mileage? Is that possible?

-Dan

- Focus on eccentric strength for the posterior tibialis muscle and balance exercises. Particularly, by balancing on only one foot. To make it, harder close your eyes.
- Be sure to go back to the basics when identifying the cause. Check your running form and your shoes. Identify muscle imbalances from all the way up the chain to the hips and spine.
- The goal is to identify why you developed this initially. Work on fixing the problem while the tendon is healing.
- Don't forget to supplement. I recommend Mt. Capra CapraFlex or Tissue Regenerator by Hammer Nutrition.

For more information, please refer to:

<http://marathontrainingacademy.com/posterior-tibialis-pain>

<http://www.thephysicaltherapyadvisor.com/resource-guide/>

Why does my knee swell up after a long run for no apparent reason? It's very confusing and frustrating. No injury event. It just swells up, which makes it difficult to run for several days after. -Mike

- This is a difficult question to answer. There are many causes for knee pain including: patellar femoral pain syndrome (PFPS), meniscus injury, and arthritis.

- Either there is damage to the knee already present or the irritation from the activity is causing damage and resulting in a swollen knee.
- I would recommend that you consult your medical professional to determine what is causing the swelling in order to insure that no long term damage is occurring.

For more information, please refer to:

<http://www.thephysicaltherapyadvisor.com/2014/12/15/how-to-self-treat-patellar-femoral-pain-syndrome-runners-knee/>

<http://www.thephysicaltherapyadvisor.com/2014/11/05/q-a-7-tips-to-get-rid-of-knee-pain/>

<http://www.thephysicaltherapyadvisor.com/2015/02/18/q-a-how-to-self-treat-a-bakers-cyst/>

<http://www.thephysicaltherapyadvisor.com/2015/05/27/exercise-is-an-effective-treatment-for-knee-arthritis-pain/>

I'd like any input on how to pick a good physical therapist once you need one, as at different times in my life I have been to several and some of them seem to be much more successful at athlete rehab and working with runners than others. Telling me to stop running or stop doing whatever sport I'm doing is not the answer, but I'll do whatever stretch/strength that I'm given. -JJ

- First and foremost, find a physical therapist that is also a runner.
- Visit your local running store and ask who they recommend. Find a physical therapist that is a member of your running community.
- Look for additional certifications, such as OCS (Orthopaedic Certified Specialist) or SCS (Sports Certified Specialist).
- If you don't like whom you are working with, please change physical therapists. A good rapport along with an understanding of your body and goals are critical.

For more information, please refer to:

<http://aptaapps.apta.org/findapt/index.aspx>

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