



jogging

Dr. Charles R. Young

Injury to the Achilles — a runners' worst enemy

The painful Achilles tendon in the jogger is one of the more common ailments affecting the lower extremities of runners. By definition, a tendonitis is an inflammation of the tendon itself, while a tenosynovitis is an inflammation of the sheath or covering enclosing the tendon.

Whereas most tendons slide within an outer covering much like a tube, the Achilles has a unique sort of fatty-tissue covering which moves with it. This outer, mobile layer of tissue serves to protect, lubricate and nourish the enclosed tendon apparatus.

Most likely, the majority of cases involving the Achilles are actually afflictions of the sheath — initially.

I base this attitude upon the relative vulnerability of the tendon sheath as well as the tendency to subsequent scar formation and limitation in range of motion.

In order to more fully appreciate the debilitation effect of an Achilles tendonitis or tenosynovitis, we must first review the essential anatomy and function involved.

THE ACHILLES TENDON is actually the connecting band between three leg or calf muscles and the back of the heel. It is a very strong tendon which serves both a stabilizing and propulsive function.

While acting to maintain knee and leg support it also lifts the heel during the toe-off portion of the gait cycle. One can clearly understand the disability resulting from injury to this tendon complex through subsequent interruption in the stability and propulsion of the lower limb.

Achilles tendon injuries can be debilitating, stubborn and potentially hazardous to the jogger.

The condition itself usually appears with pain upon pressure and palpation in the lower area of the tendon.

Redness and mild-to-moderate swelling are also frequently present.

The runner will often note a limitation in motion at the ankle due to the painful tendon. The very thought of rupturing an Achilles tendon is enough to cause fear and anxiety in the best of runners. In order to reduce the incidence of complications to this tendon, it is essential to recognize and treat the most common sources of injury.

IN DEALING WITH Achilles tendon problems on a clinical basis, it seems that the primary causes can be broken down into four main headings. The first of these is the high-arched or pes cavus type of foot.

This variety of foot structure is notoriously a poor shock absorber which leads to impact stress being transmitted up the back of the leg.

The Achilles tendon, like a bridge between two pillars, acts as a conducting medium for the involved shock. In addition, a varus or inverted heel is commonly associated with the high-arched foot type. This further stresses the tendon and adds to its relative vulnerability.

Re-establishing proper foot function and redistributing and absorbing impact shock are the suggested treatments for this type of condition.

A second frequent source of Achilles tendon problem is a running shoe that is too rigid in the ball of the foot area. It is essential that adequate sole flexibility be present in order that the toe-off phase of gait can occur in an effortless manner.

MOST RUNNING SHOES on the market today have an elevated heel tongue on the back of the counter.

Supposedly, this padded segment serves two main purposes. First, it provides additional fit and conformity to one's foot, and secondly, it protects the Achilles tendon.

In the opinion of this author, the actual efficacy of this device is questionable. A good many runners have difficulty tolerating the pressure of the pad against the tendon itself.

I have treated a number of runners with actual lacerations and inflamed tendons from this padded extension.

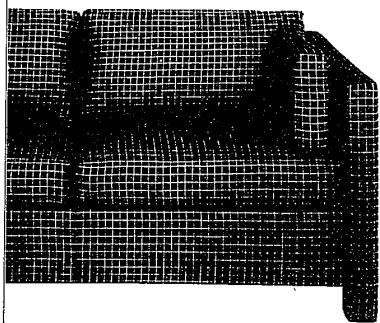
In the presence of such an irritation, it is good advice to remove the raised portion of the pad so that it is level with the rest of the shoe counter.

A final cause of Achilles tendonitis or tenosynovitis is, of course, trauma. Whether an isolated injury to the tendon itself or a result or repetitive trauma to the limb in the presence of a functional disorder, the result is often Achilles tendon pain and disability.

Adequate recovery and rehabilitative measures are essential in preventing more serious complications.

When you hurt his tendon, you just have to rest it before attempting to abuse it.

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Rochester domination! Highlanders in top spot; Falcons 2nd

There's been a major shakeup in the weekly Observer & Eccentric wrestling rankings.

This week's poll finds the two Rochester School District teams — Adams and Rochester — on top. Both teams have only one dual-meet loss, but Adams gets the No. 1 ranking because of its victory over its cross-town rival.

Southfield-Lathrup moved down a spot to No. 3, and West Bloomfield — previously ranked first — falls to a fourth place tie with Troy Athens. Farmington is ranked sixth and North Farmington seventh.

Adams, tied for first place in the Metro Suburban Activities Association

Wrestling rankings

(MSAA) with Athens (3-0 records), defeated Lathrup in a big dual meet last week. The Highlanders have won three straight league wrestling championships.

Athens will host Adams in a MSAA showdown on Feb. 5.

Meanwhile, in the Greater Oakland Activities League (GOAL), Rochester

easily defeated West Bloomfield, 45-15. The Falcons (17-1 overall as of Monday) won nine of the 13 weight classes.

Athens (14-3-1) blew past Groves in a MSAA meet last week by winning 11 of the 13 matches.

Farmington (4-2 as of Monday) lost to Pontiac Northern, and North Farm-

ington defeated Livonia Franklin.

The O&E wrestling rankings are selected by sports editors Tom Haer, Marty Hudner and Dennis O'Connor. Schools from the Birmingham-Bloomfield, Farmington, Rochester, Southfield, Troy and West Bloomfield areas are in the O&E coverage area.

WRESTLING RANKINGS

1. Rochester Adams
2. Rochester
3. Southfield-Lathrup
4. (tie) Troy Athens
4. West Bloomfield
6. Farmington
7. North Farmington

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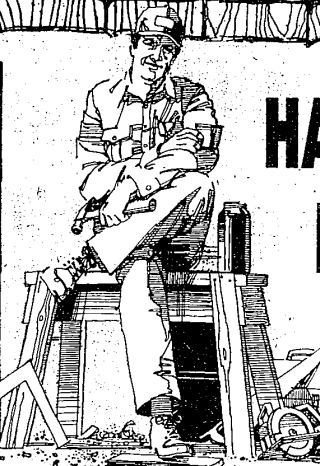
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