

Runners: Treat heel injury early

The following column discusses various injuries caused by running or jogging. It is written by Dr. Bruce I. Kaczander and Dr. Brian L. Kerman, partners in Family Podiatrists in Canton and Southfield. Both doctors live in West Bloomfield Township.

THE MOST common cause of heel pain in a runner is a condition known as "plantar fasciitis." The plantar fascia is a protective tough tissue which extends from the base of the heel to the ball of the foot and protects the 17 muscles which lie in four distinct layers within the arch of the foot. It acts as the foot's shock absorber.

The plantar fascia normally is a fairly resilient structure which helps maintain the total architecture of the foot. But sometimes the ligaments binding the bones of the arch become weakened. Then, the muscles of the sole of the foot lose some of their elasticity; and sooner or later, the protecting fascia becomes stretched and painful.

jogging

PLANTAR FASCIITIS is an overuse syndrome. As in other overuse injuries, the pain develops at the beginning of a workout, but diminishes during running, only to recur at the finish or later. Frequently, the patient will experience pain with the first few steps taken in the morning. If left untreated, this condition can progress to what is known as a heel spur.

When runners have a plantar fasciitis, their pain is more severe when running on the balls of their feet. When there is a heel spur problem, the pain appears to be more severe at heel contact.

Initial treatment consists of ice, compression and extremity elevation. Occa-

sionally, steroid injections at the point of maximum tenderness will successfully interrupt the pain-injury cycle. Treatment must be individualized.

Remember, all athletes have one thing in common — the better trained they are, the closer they are to being on the brink of disaster. The brink of disaster is that state between athletic excellence and athletic disaster.

Too much training can lead to injury. Don't overuse your body.

MANY COMMON sports injuries fit into the category of tendinitis or inflamed tendons. Achilles tendinitis is the second most common injury seen in runners. The Achilles tendon is the cord that arises behind and above the back of the heel bone — it unites the calf muscles and attaches to the heel bone. It bears the brunt of our foot's activity, while transmitting forces through the ankle, leg and thigh.

Inflammation, characterized by swelling and tenderness, usually is a result of prolonged irritation to an area.

Athletes engaged in running sports must use deep and superficial muscles in the back of their legs. These muscles become overdeveloped which produces a compensatory shortening of muscles in the calf and a tightening of the Achilles tendon.

When your body weight glides over your foot, the ankle bends and stretches the heel cord. An inflexible calf muscle, or short leg, can be the cause of excessive

stretching of the Achilles, which can produce the inflammation.

THE MOST common symptom is a burning pain in the heel cord when getting out of bed or pain at the start of a run. This usually will dissipate early in the workout and recurs after the exercise is completed.

The most common causes of the development of an Achilles tendinitis are uphill/downhill running and wearing shoes with a rigid sole. When running uphill, a strain is placed on the Achilles as the runner toes off to go up the hill. During downhill running, landing hard on the heel places an excessive strain on the heel. A rigid soled shoe provides inadequate shock absorption.

Other common causes include inadequate and improper warmup, improper positioning of the heel when the foot contacts the surf, tight hamstrings, and too rigid a running surface (concrete).

THE BEST treatment for an Achilles tendinitis is prevention.

Adequate warm-ups and cooling down with stretching and flexing of the Achilles tendon may be the only therapy necessary to clear up this condition. Avoiding extensive uphill/downhill running, or banked soft surfaces, as well as orthotics to control rotation of the heel bone, are helpful. Stretching over ice, or a 1/2-inch or 3/4-inch heel lift also is beneficial.

Injection of steroids should be avoided because this can produce tendon rupture.

Running does not have to be stopped, just decrease the distance and stretch properly before and after the run.

If neglected, a hard nodule will form in the tendon, which may necessitate surgical removal.

Get medical OK before exercising

Most authorities recommend that people older than age 35 who have previously been inactive, or people suspecting a medical problem, obtain a physician's clearance before beginning a vigorous exercise program.

Taking a fitness test is a good way to get an idea of what shape you're in when you start an exercise program, and how to gauge your progress. Stan-

dard tests exist which measure cardiorespiratory endurance, flexibility, muscle strength and endurance and body fat.

Studies show that you are more likely to stick with your exercise program if you establish specific and realistic goals and schedules. Set aside a regular time for your workouts and set goals for distance covered, games completed or exercises performed.

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