

Certain exercise injuries go hand in hand: Get one, and the other's not far behind. Find out what problems you're at risk for and how to head off future aches and pains.

BY JESSICA GIRDWAIN

# Double

**Until recently my morning routine went like this:** Alarm, snooze button, alarm, sigh, dash out of bed, lace up my sneakers, hit the pavement for a prework run. I'm training for my second marathon, and other than a little motivational lag at 7 a.m., I was healthy and happy with my progress.

Then two weeks ago I was midway into my run when, without warning, deep pains shot through my foot. Days passed and the pain worsened until even walking hurt. Ice and athletic tape cure all, I'd heard, and soon I was out running again, as if nothing had happened.

Until last Wednesday, when something else did: a popping sensation in my right knee. What a cruel joke—two injuries on the same leg just days apart.

Sports doctors say people like me limp through their doors all too often. "About 70 percent of my patients have multiple problems," says Karen Langone, D.P.M., a podiatrist in Southampton, New York, who works

# Jeopardy

with athletes. “You’ve heard the lyric, ‘The leg bone’s connected to the knee bone.’ Well, that’s the reason one injury puts you at risk for developing another. Everything is linked.”

As enthusiastic exercisers, we know that some discomfort is par for the course, which sets us up for bigger problems than it does couch potatoes. “Gym-goers are a tough crowd. They expect aches to go away on their own, so they’re less apt to see a doc,” says Nadya Swedan, M.D., a women’s sports medicine specialist in New York City.

Although sports injuries strike men more often than women, women are twice as likely to suffer “overuse”

problems, including patellofemoral pain syndrome (PFPS, or “runner’s knee”) and stress fractures, experts say. Blame it on doing too much too soon or ramping up the intensity too quickly.

Once injured, the risk for subsequent problems is high. “Injuries force surrounding muscles to work in ways they’re not designed to, increasing the chance for a secondary issue,” says Thomas Nesser, Ph.D., associate professor of physical education at Indiana State University in Terre Haute. Luckily, there are ways you can keep yourself healthy. Here’s what you need to know.

### You’ve got . . . WEAK HIP

During activities like kickboxing, aerobics or running, your foot rolls inward when it hits the ground. To maintain proper alignment, your knee and lower leg roll too. “Everybody does this to a certain degree; it’s natural body mechanics,” says Reed Ferber, Ph.D., director of the Running Injury Clinic at the University of Calgary in Canada. Whether your foot rolls a little or a lot depends on your hips: If the muscles are weak, they can’t stabilize your legs, resulting in greater rolling.

### It could lead to . . . KNEE PAIN

Weak hip muscles shift the strain onto your knees to keep your lower legs in alignment. That increases your risk of irritating these muscles and tendons, causing PFPS. You’ll notice pain and aching near your kneecap and the back of the knee. In reviewing 28 years of studies on running injuries, Ferber found that weak hips were the primary source of discomfort. “Knee pain usually has nothing to do with the knee,” he says, noting that in his 2007 study of nearly 300 injured runners, 92 percent had weak hips.

**Treat it** To test your hip health, do a single-leg squat. If your knee collapses further inside than your big toe, it’s time to strengthen the hip abductor and flexor muscles with moves like standing side leg lifts, back leg lifts and standing knee raises (find exercises at [runninginjuryclinic.com](http://runninginjuryclinic.com)). In his research, Ferber discovered that 89 percent of patients who strengthened their hips had less leg pain in four to six weeks.

### You’ve got . . . SHIN SPLINTS

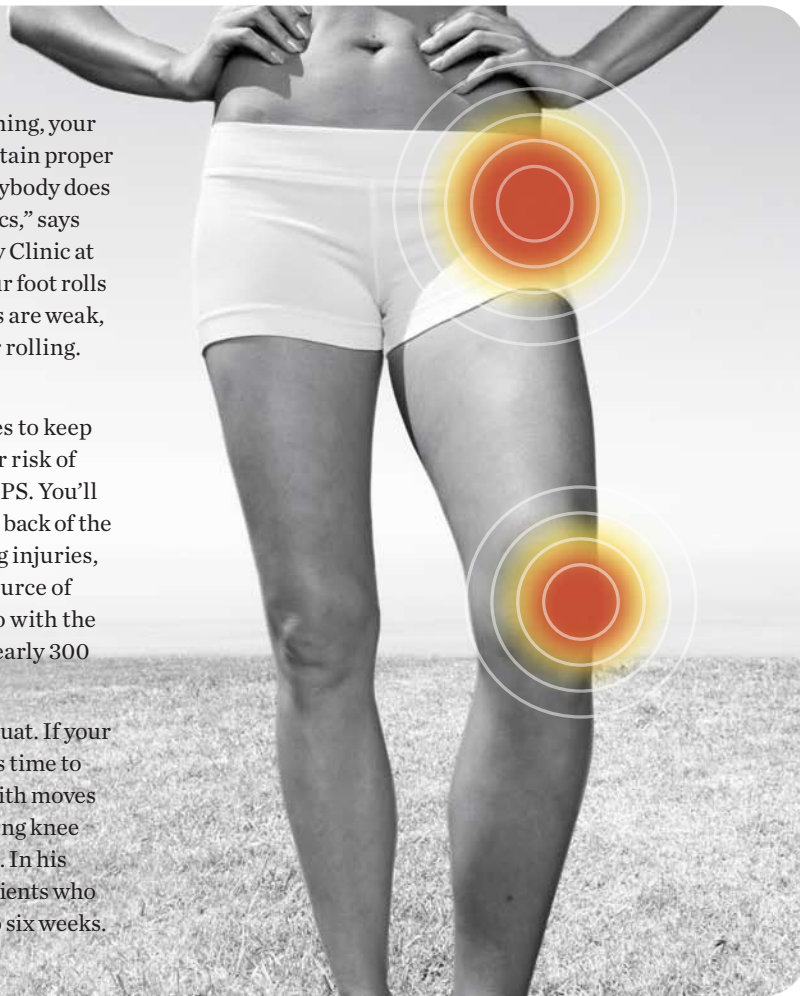
While running, your lower legs absorb an impact more than three times your body weight—a big burden, especially if you’re quickly adding on miles. Overdoing it places extra stress on the muscles along your shinbone, resulting in pain and tenderness called tibial stress syndrome, or shin splints.

### It could lead to . . . STRESS FRACTURES

Continue to run without adequate recovery and those muscles become so tired they begin to shut down, leaving

your shinbone, or tibia, to pick up the slack, Ferber says. Because the tibia wasn’t designed to handle such pressure, small bone cracks develop over time. Pressing along the area will hurt, revealing the site of the fracture, but a bone scan or an MRI can confirm the diagnosis.

**Treat it** Six to eight weeks of rest without weight-bearing activities is the common prescription for a stress fracture. If you catch it at the shin splints stage, a regimen of rest, icing and anti-inflammatories should do the trick.





### You've got . . . **SORE ABS**

All that effort in your Ab Attack class could backfire, Nesser warns. During his research, he found that typical abdominal classes focus on crunch-based and isometric moves, which home in on deep stomach muscles. Awesome for bikini season, sure, but the problem, Nesser says, is that the routines ignore your lower back. Eventually they create an overdeveloped stomach and a weak posterior.

### It could lead to . . . **LOWER BACK PAIN**

Overworked abs cause an imbalance in your core. Bigger muscles, such as the inner obliques, will become stronger and more dominant and begin to tug on the weaker ones, like those in the lower back. This puts pressure on the spine and pulls it out of alignment. The result: a sore back and potentially pinched nerves.

**Treat it** Focus less on workout machines that isolate only one muscle group, Nesser advises, and ease up on crunch-focused ab classes. Instead, increase your emphasis on arm and leg toners using light weights. "This naturally forces you to engage your core to stabilize your body," he says. Adding moves that concentrate on your back, such as back extensions and side bends, also helps build strength. Sit-ups are OK, Nesser adds, as long as they're not the centerpiece of your workout.

### You've got . . . **PLANTAR FASCIITIS**

It's the job of the plantar fascia—a tissue that runs along the bottom of your foot from the heel to the toes—to absorb shock and support the arch. Under duress (when you're running greater distances or speeds, for example), the tissue strains to support your weight and, bit by bit, begins to tear. Resulting inflammation, called plantar fasciitis, causes a stabbing pain felt near the base of the heel.

### It could lead to . . . **ACHILLES TENDINITIS**

The plantar fascia and the Achilles tendon (which runs from the back of your heel up your calf) work together to stabilize the foot and disperse your weight as you walk or run. "They help plant your foot solidly on the ground," Dr. Langone explains. If the plantar fascia gets overworked, the Achilles tendon picks up the slack and kicks into overdrive, causing irritation and possibly tendinitis. Plantar fasciitis is the

most common injury Dr. Langone treats—affecting 60 to 70 percent of her patients—followed, not coincidentally, by Achilles tendinitis.

**Treat it** Don't ignore this foot pain; the longer plantar fasciitis goes untreated, the longer it takes to go away. Ice the bottom of your foot, especially the inside of your heel, several times a day for 10 to 15 minutes at a time. Stretching the calf may help; ultrasound, cortisone shots, physical therapy and orthotics are also of possible benefit. For stubborn cases, many running stores sell socks or splints you can wear at night to gently stretch out the plantar fascia as you sleep.

### You've got . . . ROTATOR CUFF PAIN

Commonly seen in tennis players and exercisers who regularly take cardio-sculpt classes, this chronic pain stems from performing repetitive arm motions (like swinging a racket) combined with weak shoulder blade muscles that put stress on the surrounding tendons, says Robert Wilder, M.D., associate professor of physical medicine at the University of Virginia in Charlottesville.

### It could lead to . . . TENNIS ELBOW

Continuing an activity like tennis once the rotator cuff is injured forces your arm to generate power from the wrist instead, straining the forearm muscles. This may lead to painful inflammation in the tendons that run from your forearm to your elbow. Improper equipment, like a too-large racket, can cause similar problems.

**Treat it** You need to strengthen your arm in three separate spots for pain relief: the shoulder, the elbow and the wrist. Your doc or physical therapist will prescribe rehab exercises, Dr. Wilder says. The good news: The stronger you make your body, the faster you'll recover next time—and the more resistant you'll be to getting injured in the first place. ■

## "It Hurts . . . Can I Still Work Out?"

Stephen Rice, M.D., Ph.D. director of the Jersey Shore Sports Medicine Center in Neptune, N.J., explains the four stages of an overuse injury.

### Stage 1

You feel pain within an hour of your workout. It goes away an hour or two later but returns each day after you exercise. (Normal muscle soreness usually shows up a day or two later and bothers you all day long.)

**Your Rx** Scale back what you do that week by 10 percent.

### Stage 2

The pain appears sooner and sooner after each workout until it is present near the end of the activity and afterward. Still, it doesn't affect performance.

**Your Rx** Tone down activity level 25 percent.

### Stage 3

The pain comes on during your activity and affects performance: Running times get worse or you feel fatigued in the middle of Spinning when you used to be fine.

**Your Rx** Decrease activity 50 to 75 percent.

### Stage 4

The pain is debilitating. It's there as soon as you start a workout and even during daily activities—for example, being unable to walk 10 steps without hurting.

**Your Rx** You may have a stress fracture or its equivalent. See your doctor and suspend activity until further notice.