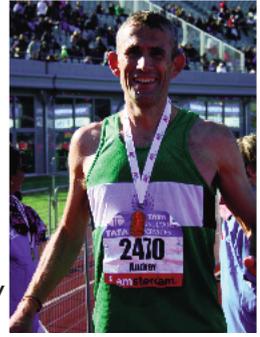


Avoid running into trouble

In the last issue I highlighted skiing injuries, hopefully you have avoided those or have recovered sufficiently to be tempted into a summer of getting fit. And what a summer we have to look forward to; Wimbledon, The European Football Championships, The Open Golf and then the Olympics and Paralympics. That is surely enough to inspire the most inactive of you into a frenzy of health related activity



Running and cycling seem to be two of the most popular ways to get fit at the moment and at Tudor Physiotherapy we see plenty of evidence of ill advised increases in activity, poor technique and often biomechanical shortcomings.

In contrast to skiing where most of the injuries are traumatic running injuries are nearly always overuse. These develop over a period of time until continuing to run is no longer an option. Cycling is a combination of both, with traumatic injury often serious and involving other road users.

The most common and disabling running injury we see is called iliotibial band friction syndrome, or runners knee. The iliotibial band is a thick, fibrous band which runs down the outside of the knee and attaches just below the knee joint. If this band is tight it can rub on the outside of the knee joint and cause inflammation and pain. Usually this pain builds to a level where the individual has to stop exercise immediately.

Another common injury for runners is Achilles tendonopathy. The Achilles tendon attaches the calf muscles to the calcaneus (heel bone) and is often a site of inflammation or sometimes degenerative changes. Symptoms are characterised by extreme tenderness on squeezing the tendon and pain with any dynamic activity or after a period of inactivity.

Runners also commonly experience anterior knee pain (usually inflammation of the joint between the patella (knee cap) and knee) and shin splints (a term that includes any pain between the knee and ankle and, most commonly, is an inflammation of a muscle attachment alongside the inner border of the shin. Sometimes severity can increase and a stress fracture can develop). Stress fractures may also be seen in the foot where activity has been increased too quickly.

For cyclists anterior knee pain is the most common injury we see, as described above it is usually a result of a dysfunction in the movement of the patella over the knee. This we call patella tracking. If there is a muscle imbalance the patella can be pulled off track and the surfaces of the joints can become inflamed and ultimately may degenerate.

You may be thinking is it worth it and with all the sport on television this great British summer would I be better parking myself on the sofa with a supply of alcoholic beverage and savoury snacks? No, the benefits of exercise to both your physical and psychological well being far outweigh the chance or effects of picking up an injury. If you are sensible and increase your activity slowly, get properly assessed for footwear and equipment (we recommend Warwick Sports) and respond early to any injuries then you have a good chance of reaching the next ski season in one piece!

At Tudor Physiotherapy our Chartered Physiotherapists are all experienced in assessing and treating overuse and traumatic injury and we place a big emphasis on biomechanical analysis. We feel this approach is important as we like to identify the root cause of injury and with this knowledge put in place strategies for preventing injury recurrence rather than just treat the presenting symptoms.

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Come to our Olympic Open Day on 28th July and experience a whole host of FREE advice from: gait analysis, nutrition, injury advice, postural analysis, fitness testing and sports massage. There will be a once in a lifetime photo opportunity with the Olympic Torch and Warwick Sports will be on hand to offer footwear advice and discount vouchers. Money raised will go to local charities. See website for more details.