

## FREQUENTLY ASKED QUESTIONS FOR RUNNERS

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### IT-BAND:

#### Question:

Over the last 6 months, I have really been struggling with my IT band problems and been unable to shake the pain. I have taken time off of running, but still biked and swam. I've tried to concentrate more on stretching and building abductor and adductor muscles. I've tried a few stretches and using the foam roller. Nothing has seemed to help. I am desperately trying to get back to running and will try anything. Is there anything I am failing to do or forgetting? Any silver bullet that I can use? Please help!

#### Answer:

It sounds like you are doing the right things. How much time did you take off of running? The bike may also be aggravating your ITB problem. Is your pain at the knee or at the hip? Do have an idea how this all started - Did you increase your activity level too much, too fast? Shoe wear issues? Have you seen a physician and or therapist? There are some treatments (including injection) that can still be tried. You have done a lot of good reading/ or someone has counseled you pretty well, but now it seems like you may need to see someone to get this thing better for you once and for all. Is it any better than when it started 6 months ago? Sorry, no silver bullet. You can also probably ease up on the adduction muscles and keep working on the abduction muscles - usually the adduction muscles are already too strong and overpower our abductors.

### ANKLE/FOOT INJURY:

#### Question:

I started running about 10 months ago for exercise. Never raced yet. I was running on Friday and slipped on a wet rock and sprained my left ankle, anterior lateral the worst. It didn't hurt right away so I continued to run. Later that day I paid the price. Now, two days later, the swelling is much better, as is the pain. Still with a bruise, but not bad. Probably only 1st degree sprain. Tell me when I should try to run again, because my head tells me to wait at least a week or two and go from there, but My heart is trying to rationalize why I can start running again sooner.

#### Answer:

In terms of returning to running (or any sport) after a lower extremity injury you need to have full range of motion (or close to it) and equal strength (about 85-90% of the non-injured side). Then if walking doesn't bother you, you can start with a light jog, and then get back into running, so long as there is not significant pain. Now, this is true if you are running on nice even pavement and not doing trail running or running on uneven terrain. If you are doing that, you continue the progression (like we do with other sports that involve lateral movements) to running in zig-zags, figure-of-eights and doing some leaping and bounding exercises. Doing some stretch band exercises to strengthen the muscles that support your ankle are also helpful. Lastly, doing some balance training is helpful. It can be as simple as doing a single leg balance with your eyes open and to make it more difficult you can do it with your eyes closed. Even more difficult, stand on a pillow and do the same (eyes open and closed). We have to retrain the nerves (proprioceptors) to fire correctly so we can minimize the risk of re-injury.

Long way of saying your body will tell you, but if you are walking pretty well now (with minimal pain and swelling) you can try an easy, light jog and see how you feel. Increase in pain and swelling, means its too soon.

### ACHILLES PAIN:

#### Question:

On and off for the past couple weeks, I've been having recurrent ache in my left achilles tendon, even when I'm not running. A few times it has hurt considerably during running to the point that I've had to stop and walk. (It was a weird sensation. It actually felt like there was something flopping around or twitching in my achilles area under my skin.) The last time I ran, I stretched much more than I usually do. The achilles still ached, but I did not need to stop during that run.

It is not a running-only ache. It also hurt when I played basketball tonight.

Could this be achilles tendonitis or could it be something else? What should I do? Can I continue to run? Do I need to rest completely, or can I do other non-impact exercise?

**Answer:**

This very much sounds like Achilles tendinitis/ tendinosis. It doesn't surprise me that basketball flared it up as well. The jumping and landing in basketball may be even worse than running. Decreasing your running should help. If that doesn't do the trick and stopping running with cross training will help. Sometimes athletes need help by a physical therapist to help this problem. It can be very stubborn. One of my worries, depending on your age, is rupturing your Achilles. I was treating a recreational basketball player (40 years-old, I think) and he got better after shutting down the basketball. He was very tight and also had some biomechanical foot issues we took care of. I discharged him from my care and about 6 months later I see him going to therapy on crutches and in a walking boot. I asked him what happened, and he told me, once he got better he went back to playing basketball 5days/ wk (not the gradual increase we had discussed). He said after about 2 months the pain started coming back and got gradually worse, until he ruptured his Achilles. Not to scare you, but these do happen. When you move your foot up and down and you put your hand on your Achilles, is there any crunching, crackling sensations? This is called crepitus and is bad to the Achilles. It just means yours is very flared up. Any nodules to the Achilles? This happens often as well. Ice, stretch, modify activity and see what happens. Short of that helping, see a sports med doc. Achilles ruptures can be prevented. Again, depending on your age, hold the basketball for sure. I think the most common activity that I see Achilles ruptures in is basketball.

**POSSIBLE STRESS FRACTURE**

**Question:**

Darn, I didn't want to come here, but thank you for helping out.

I came out of the Flying Pig Sunday with a pain on the top of my foot. Feels like a bruise. From reading some of the online sources, the closest description I identify with is a stress fracture of the foot. And I'm not encouraged about the suggested lengthy treatments should I fully injure it.

No runs since (only been 2 days,) but I can tell its not 100%. Its not entirely bad either.

Background: Consistent 50-60 mpw for quite some time now. Ran 3 road marathons this spring (1 somewhat hard, and 2 as training runs). My goal is the Laurel Ultra in 4.5 weeks.

Treatment so far: Typical R.I.C.E. 20 minute ice baths, 3 times so far in last 1.5 days since race. 2x 200mg motrin (1 per day.) There was only minimal swelling and it has subsided already.

In my opinion, the injury is not full blown. I have full range of motion of the foot and can fully stretch it like in a toe-off and ankle rotation. When wiggling all the toes (that is awkward to do) I can feel I slight bruise on top of the foot. I did not feel foot pain during short cycling this morning. But something is there. When I hop up and down on one foot, its a bruise-like feeling on the top of the foot.

I feel like its possible to go for a run, but holding off. I've also planned on running mostly all trails and have no more road races planned.

My question: How long can something like this take to heal? I understand that I could make it worse by running. I'm sure I will know more when I go for a run, but is there a self-test to better diagnose?

**Answer:**

Could be a stress fracture. The single leg hop that you did (that I have mentioned in earlier posts) is considered the "poor man's bone scan," or in other words a "down and dirty" to diagnose a stress

fracture of a weight bearing area. Usually, though it would be more painful than a "bruise" like feeling. It would also typically localize. Where in your foot do you get the pain? You say the top of your foot? Do you think it is in the metatarsal region (area before your toes but beyond the mid foot)? In terms of returning to activity - especially running - it used to be athletes were told no running for 4-6 weeks. Things have changed a great deal - though people are using this method a lot. The key is you pain level. If it is painful, then it is too much, too fast. Soreness is OK. We can sometimes get athletes back to running in 2-4 weeks, being very cautious, though. This is something I would only have you do under a care of a physician. The other essential issue is an accurate diagnosis. Without an accurate diagnosis, treatment can't be tailored.

## **GIVING BLOOD**

### **Question:**

I know its detrimental to running or really any kinda of Cardio exercise but is there any way to speed up the get-back-to-normal?...I've been taking iron supplements (the recommended amount) as I'm not a red meat eater....

### **Answer:**

Taking iron supplements is helpful, but I am always careful with people taking iron supplements because too much iron can build up in your system and be harmful. The best source of iron are organ meats (liver) and red meat, but try to evaluate if you really need iron supplementation, because too much iron can be dangerous.

Nothing really can boost your red blood cell production after giving blood (the iron helps because is it a part of the "building block") short of taking medications like EPO (banned substance which is used to boost red blood cells in cancer and renal patients). Making sure you are getting a balanced diet, good fluid intake, and rest can help you recover and still exercise while you are rebuilding your blood pool.

This is a dilemma for many athletes. Much of the time we are the perfect population to donate (healthy and fit) but it doesn't always seem to "fit" into our training schedules. Not to get on a soap box, but the blood banks are always in need of blood. Consider becoming a blood donor, and while I am at it I would encourage also becoming an organ donor. You really can help so many people.

## **SHIN SPLINTS**

### **Question #1:**

I have been plagued with shin splints for the last two years. I originally started training for the Akron Marathon two years ago and quit after making it to 18mi because it got to be too painful. I have started training again and the shin splints are just as severe. I am at a loss as to what to do for them. I have tried doing all of the stretches, icing, etc. I have also talked to several people about how to manage them, but nothing has helped thus far. I know that I am suffering from chronic inflammation problems as a result of hypothyroid issues, which I was recently told is known to be associated with shin splints. What suggestions can you give me to help alleviate chronic shin splints and managing to continue training?

### **Question #2:**

I would like to chime in because I am also experiencing some shin/calf pain and am doing a marathon on Saturday. To help minimize the pain, I have been taking Aleve. My additional question is what is your opinion on taking Aleve before the marathon? Is it safe to take 2 or 3 before the race with food? I haven't done a long run after taking Aleve so I am not sure how it might affect me. But I do know that I would like to take some of the pain away during the race while I am pounding on my injury.

### **Answer:**

Shin splints are sometimes a very stubborn problem. I do not know of a link between hypothyroidism and shin splints - I would be interested in knowing where this information came from. Shin splint type problems are similar to many of the overuse problems I have talked about on many other posts. There is a concept of "too much, too hard, too soon." Ramping up mileage too quickly (this is different for different runners). These are considered "training errors." Most problems fall in this category. Then there are the biomechanical issues - flat feet, overpronators, muscle imbalances, poor pelvic/ core control. These are difficult for you to assess on your own.

Shoes are another category - not just how old they are or how many miles they have on them, but are they the right ones for your feet.

In terms of muscle imbalances the two areas I think we can improve on: the small muscle in the front of the shin and the small muscles of the feet. Nothing we do really train these muscles. We all have highly developed calves, but the front of the shin muscle does not get trained. Walking on your heels can help train this or using resistance bands and pulling your foot toward your head with the knee straight (if you are sitting and the band is looped around your foot and attached in front of you). To train the small muscles of the feet, I have people do towel curls with their toes. Place a towel on the ground and curl/ grab the towel with your toes and repeat. You can add weight to the towel by placing a can of soup or very light dumbbell on it. I hope these help.

In terms of using anti-inflammatory medications for a marathon - I use caution on these. There is a reason why we do not supply NSAIDs during a marathon (and only supply acetaminophen - Tylenol). The problem has to do with possible injury to the kidneys. When we exercise (especially for the marathon) we breakdown muscle and those enzymes have to be filtered by the kidneys. Add in dehydration and the kidneys work pretty hard. The use of an NSAID makes this job exponentially difficult. People can damage their kidneys with using NSAIDs in a marathon. I would recommend against it, but I know full well plenty of people do it without a problem and one dose before the run is probably OK - definitely stay hydrated.

### **PAIN IN THE BALL OF MY FOOT**

#### **Question:**

I have feet with high arches and developed pain in the inside ball of my left foot about two and a half years ago. I was diagnosed with sesamoiditis, and was prescribed custom orthotics to better support my foot and redistribute my weight to reduce pressure on the sesamoids. This helped for a while. I was able to run moderately two to three times per week for 30 to 40 minutes at a time on a treadmill or soft surface. When the pain would return, I would get my orthotic adjusted, as it tends to compress with use. After the adjustment, I could continue with my moderate running regimen. Lately, however, the frequency of my adjustments has increased, and after the last adjustment, I still experienced pain from running. I have switched from running to walking for the last few weeks. The pain has lessened, but is still present.

Is there anything else I can try so that I can resume running? If I can't run, I'd settle for becoming a walker, but I fear that I will soon be unable to do that, as well.

A couple of additional pieces of information: I replace my running shoes about every 8 months. I've also tried icing and ibuprofen when I have pain, but I'm not very consistent about that. I don't notice much improvement from the ibuprofen, but the icing offers some relief.

#### **Answer:**

This is really tough to give advice on without seeing. You could be having just more sesamoiditis, or it could be a few other things I think about. Could be a sesamoid stress fracture. You could be having problems with your joint at that location - the first MTP joint - (there may be arthritis there). It sounds like you have been treated pretty well so far and the orthotics have been helping. Obviously the right shoes go a long way in someone with high (therefore rigid) arches. you need a highly cushioned shoe. Any numbness. tingling? I'm sorry I do not think I have much more to add to this post.

### **REAR LOWER LEG STIFFNESS**

#### **Question:**

Last Monday, while running I experienced a couple of isolated points of pain in my lower leg in the rear. For the rest of the day my leg was sore and stiff. I iced it and took Ibuprofen. When I woke the next morning it was much looser and not at all painful. I waited until Friday to attempt running again. When I did I was able to run about 2 miles before my leg started to stiffen. I stopped and rode a stationary bike instead. I took the weekend off and ran again today. I ran 3.5 miles today on an indoor track and felt a bit stiff. I decided to try running on a treadmill to eliminate the turns, but this seemed to aggravate the situation. I then returned to the track to see if running on the flat surface felt any better. It did relieve some of the stiffness, back to about the level I had before I ran on the treadmill. The stiffness is in the area just below my calf and maybe 3 inches down my leg. I notice it more when doing anything that involves raising myself up on my toes. Downward motions or stretches have no impact on it.

What I am wondering is should I be concerned about an Achilles problem?

**Answer:**

This could be an Achilles problem. Is it in the middle of the back part of your lower leg? This is in an area of where Achilles tendonitis is. If it is on one side or the other it can be tendonitis of some of the other areas in the lower leg (peroneal or posterior tibialis). Any numbness or tingling (like when you hit your funny bone in your arm)? One of the other things I think about with "tightness" sensation to the lower leg is something more rare (and probably not your issue) called compartment syndrome. I won't go into much detail on this issue, but just say it may be causing your problem. Also, a little more common is a simple calf/ soleus strain. The really hard part about this message board doctoring is coming up with what you think the diagnosis is without seeing/ touching/ testing the area. I hope this helps. If not, or if you are more concerned, as always I would recommend a professional medical opinion.

**PATELLAR PAIN**

**Question #1:**

I've been training for my marathon since December, and the race is now less than 3 weeks away. After my long run this weekend, I started to feel a little stiffness/pain in my right knee. The pain is basically on the inside portion of my knee cap. While I'm running it is more of a stiffness than a pain, but I fear it might become something worse this close to the race. It is slightly sensitive to the touch, but otherwise doesn't bother me until I'm about 2 miles into a run. Someone told me that it sounds like the symptoms for patellar tendonitis. Is that what this sounds like? If not, do you have any idea what it might be and what I can do to prevent/eliminate it?

**Answer #1:**

This pain could be anything from patellar tendonitis, to capsular strain, inflammation/ irritation to the lining of the joint, or cartilage irritation/ damage. Treatment would be ice, anti-inflammatories with a full meal, relative rest and even getting in with a physical therapist for some treatments. The sooner a therapist can get started on treatment the sooner they may be able to get you pain free (especially since you have only 3 weeks until your race). You can back off a little on your training. Not much more is going to be gained in these last 3 weeks.

**Question #2:**

Briefly, I've been experiencing some knee pain. While running down a large hill on Thursday, my right knee seemed to feel weak and unsupportive. I took the next 3 days off (icing on and off as I could), since it was stiff all around the kneecap, mainly right above the kneecap. Went for a short run yesterday and the stiffness flared up again at the end of the run, again when running downhill. I had ITBS on this leg last winter, but this pain is not as high up or strictly on the side (rather than all around the knee) as it was then. My right leg tends to pronate more than my left, and most of my biomechanical issues present themselves on that side of the body. Any advice/quick and dirty diagnosis?

**Answer #2:**

If I understand where you say your pain is, it sounds like you are describing pain above (closer to your body - the part away from your foot) the patella (knee cap). This sounds like your quad tendon. Irritation here would be more problematic going down hill because of the "braking effect" of the quads (needed to keep control going down hill).

In terms of your bio-mechanical issues, with your overpronation and history of ITB, do you ever notice if your right knee "dips in" or goes toward the other knee/ side when you go from heel strike to stance phase in your stride. You can check this by just looking down when you run and see what happens to your knee. Does it dip in? Those who pronate (and even those who don't) sometimes have this problem. Usually causes shin or ITB probs. What it sounds like you have is quad tendonitis. Does it bother you walking down stairs or sitting in one position for a long period of time (long car rides etc.)?

Icing, NSAID's (short term), stretching of quad can help. Sometimes x-friction massage can help. Therapist may help this. Was any gluteus medius weakness found with your ITB problem? Was it corrected? Have you been doing a lot of hills/ hill repeats recently?

## **BONE SPURS / HEEL SPURS**

### **Question:**

This question concerns a friend of mine, not me (thankfully). She has a bone spur on her back heel, and it's now affecting her Achilles. Orthotics haven't done the trick. Any advice on treatment/maintenance? They (whoever "they" are) gave her an insert to wear, but that seemed to make the problem worse.

### **Answer:**

Bone spurs off the heel are a common issue. The common misconception (propagated by many physicians and podiatrists) is that the heel spur is causing the pain. Many times it is NOT causing the pain. However, much of the time, the spur is the result of some abnormal forces occurring. The question I have about your friend is was she given a diagnosis of "heel spur" or something more specific. Then there is the treatment issue, and what is being done from a treatment side. Also, making sure your friend was also looked at from a bio-mechanical perspective. Finally, looking back at the training log and making sure there wasn't a training error - "too much, too fast, too soon."

The heel lift is a good idea, mainly for the short term. The concept behind the heel lift (as long as you friend doesn't have a leg length difference) is to raise the heel, which in turn shortens the Achilles, therefore, putting less stress on it. This is not a great alternative by itself and for the long run, because Achilles tightness probably caused the problem in the first place. I use heel lifts in these situations as well, but not alone. There has to be other interventions/ treatments.

## **BIG TOE ISSUES**

### **Question:**

I have had Plantar Fasciitis since June now, and can run with little or no pain, but recently my big toe has been terribly tight. It hurts to flex it, more so up than down, and the pain stems from the joint. I have been using over-the-counter inserts in all of my shoes, and wearing Birkenstocks any other time that I am not using a shoe with my inserts. My realization here is that one must be healthy to accomplish their high level goals. What is the cause of the tightness in my big toe? I know that it has something to do with the PF, but I know all too well that not running is not an option. What I have been doing to this point in time is running 30-40 miles every 3 days and then taking a recovery day. The recovery day helps, and I hope to soon work in some cross training, but what cross training activities help strengthen the feet, Achilles tendon, and calves? Also, I have heard that IT Band Syndrome is somehow related to PF. Is there any truth to this?

### **Answer:**

Tough to say what your toe pain is from. It seems like where you are talking about is the first metatarsal-phalangeal joint. This could be related to your PF problem, but I am not sure. One of the things I think about is whether you have a bunion deformity or not. Gout is another thought, but less likely.

In terms of cross training that strengthens the calves/ Achilles/ feet? There is not one specific, though biking can help the calves/ Achilles. Strengthening the feet is simple with doing towel curls with your feet. Put a towel on the floor and use your toes to curl up the towel. You can add weight to this by placing a soup can on the towel.

In terms of the link between ITB and PF - I am not sure of one, unless there is a biomechanical issue making you susceptible to both.

## **LEG LENGTH DISCREPANCY**

### **Question:**

What are some problems runners can encounter if there is (even) a slight leg length discrepancy where one leg is longer or shorter than the other? What are some of the pains felt with this during running? Are some leg length issues caused by an imbalance or weakness in the muscles of just one leg? In other words the bone is not shorter/longer, but it is a functional issue that causes the leg length discrepancy. Is there an easy way to check oneself to see if both legs are the same length? If you are fitted with say a heel lift in one of your running shoes to even the leg length, is it best to have this correction in all the shoes you wear - or is it OK to just wear it for the running to avoid any pains that come from this problem?

### **Answer:**



Leg length discrepancies (LLD) can be either anatomic or functional (and sometimes both). Usually a tight muscle group can create a functional LLD. Anatomic LLD are ones we are born with. At times I think this is over-diagnosed, but it is amazing to me how many people get better once this is corrected. Not all LLD's need to be corrected (debatable, but less than a few millimeters are usually not corrected). A LLD can cause anything from ankle pain to back pain and anything in between - knee/ hip etc. It is somewhat difficult to check yourself for a functional leg length difference on your own, but a simple way is by looking in a full length mirror and looking to see if your bony landmarks/ skin fold match up. Pretty difficult to do on your own. In terms of wearing a lift in all your shoes, if possible yes, but not essential depending on your activities. Someone who has a desk job all day probably doesn't have to put the lift in their work shoe, compared to someone who is on their feet all day long.

## **POST-RACE ICE BATHES**

### **Question:**

While marathons are fresh in the mind, what is the best method of post-race ice baths. I've heard they reduce swelling and speed recovery. How long, frequency, and how many days after a long run or marathon will they be effective.

### **Answer:**

Cryotherapy for muscle recovery (we are talking about after endurance work and not acute injury) has been advocated for some time now. The science behind it has still not been fettered out. The research behind this (much of which have been done in rats) is not conclusive. There is also no consistent recipe of icing regimen in these studies in the literature. Saying that, I would recommend that ice immersion for 5-10 min, at the most, shortly after the run (most advocate as soon as possible). This can be repeated every 12 hours for a total of 2-4 treatments. This is in no way scientific, but just one person's opinion.

Cautions with the use of ice/ cold water immersion: history of medical problems including cardiovascular disease, Raynaud's phenomenon, cold urticaria, vasculitis to name a few.

The literature usually talks about 4 deg Centigrade in a lot of the studies. That converts to 39.2 deg F (remember the scary formula from school ( $1.8 \times C + 32$ )). A human study looking at this (in bicep muscle) did their cold water immersion at 19 deg C = 59 deg F. It seems silly to me to get out a thermometer (even if you have one that can go this low) though. Water and then add ice - that would be the formula that I would use. It really just has to be "cold." I know we runners always are looking for the "exact recipe" for a lot of these issues, but the literature to supports specifics is just not out there yet.

## **CALF STRETCHES**

### **Question:**

I have a problem with stretching my calves out before and after the run. Especially on shorter runs, my calves seem to always feel tight. Usually on longer runs they eventually feel better, but then they are tight again shortly after running. Are there any calf stretches that do a better job of stretching them out that you can recommend? Also, the tightness in my calves leads to tightness on the front and sides of my legs (close to the shin). Are there any stretches that can focus on those muscles?

### **Answer:**

When stretching the calves, one of the most important things to remember is to have support under the heel. I know in a lot of the magazines they show a person hanging their heels off of a step. I am not a big fan of this stretch because it is easy to overstretch the muscle, and a lot of the time you have to mildly contract the calf muscles to control the stretch. This is somewhat counterproductive. You end up contracting while you are stretching at the same time. I like the use of either a slant board or something like the Pro-stretch (a semicircular looking contraption with a place for your foot that you can rock back on to stretch). Then there is the trusty old wall stretch (pushing into the wall with one leg behind the other - the one behind being the one that is stretched). You do all of these stretches with both the knee bent and then straight.

There are two muscle groups to the calf: the gastrocnemius (what most of us consider the calf) and the soleus. You end up stretching the gastroc with the knee straight and the soleus with the knee bent. You can also wrap tape around an old phone book (the tape keeps the phone book from shifting/ sliding on the side opposite the binding) and place the balls of your feet on it (many of the

newer smaller phone books are too thick for this) and hang your heels off of it onto the ground. Now you can lean into a wall to get the stretch (again knee straight and bent).

Typically hold the stretches for about 30 seconds - this is called a static stretch. I don't recommend ballistic stretching (bouncing on the muscle). Another style of stretch that can be done instead of the static stretch is a muscle energy or contract-relax stretch. What you do is a static stretch for about 10 seconds and then contract the muscle you are stretching with a mild-moderate contraction for about 3-5 seconds and then relax the muscle. Once you relax it continue the static stretch and gently push the stretch a little further - you will notice it is relatively easier to push the range of motion after a short contraction - and hold again for about 10 seconds and repeat the contraction (3-5 sec) and the static hold (10 sec).

Multiple bouts of stretching is better than one long hold.

The pain/ tightness around the front may be weakness to the front muscles of your shin. Practice walking on your heels to strengthen these muscles or if you have stretch/ therabands you can anchor it to something heavy and loop the other end around your foot. You should be facing the heavy object. Now pull your foot toward you by just moving your ankle (no motion at the knee) this will also train the front muscle.

One of the other things I think about with your problem, though from what you describe, your symptoms are not classic for it, is something called exertional compartment syndrome. Usually this is tightness in the lower leg that is worse with running that goes away once the runner stops, however (this is where your symptoms differ) if the runner starts back up again the symptoms come back at about the same time/ distance interval and does not go away the longer the runner keeps running. Still a thought to tuck away in the back of our minds if this does not continue to improve. This is a little out of the realm of the initial question though.

## **HAMSTRINGS**

### **Question:**

My problem is this: I can't run on slippery, gravelly surfaces (like the Towpath) without getting a sensation of severe tightness in my hamstrings. I'm fine on just about any other surface-- concrete, asphalt, grass, dirt-- but after 3-5 minutes on crushed gravel, my hamstrings get so bad that it makes my stride really stiff and awkward. If I stop and stretch, I feel better for about a minute and then it just gets even worse.

When I run by myself, it's not an issue because I just stay on concrete or asphalt. But since most runners have fewer problems on crushed gravel, and since so many running paths are covered with it, it would be nice to fix this somehow.

I know that my lower back stays in varying degrees of extension when I run (never straight or flexed), and I know this could place extra stress on my hamstrings. I've been working on stretching my hip flexors and strengthening my abs and glutes, but it doesn't seem to have had a huge impact on my biomechanics.

Anyway, I guess my questions are (1) Is this a common problem among runners? and (2) How fixable is it?

### **Answer:**

This is puzzling, and that is what makes medicine fun. This is not one you can go look up in a book. I am not so sure how common it is in runners, though I can say that I have not seen it before, for whatever that is worth.

I would probably look at a few issues first: bio-mechanics, leg length, flexibility (hams, quads, hip flexors), strength of the hams, and core strength. Pretty much all things you have mentioned. Where in the hams do you feel it? Is it at the origin of the hamstrings (at your "sit bones"), mid muscle belly, or further down from there. When it comes to core strength, I do not look at it as "abdominal work" in the conventional sense. I feel the core needs to be both abdominal and low back work in concert with each other to be functional and effective.



This is one that is difficult to assess on this message board. I would have you consider seeing a medical professional to be evaluated. The fix may be simple, but having a few different eyes and ears to your problem may be beneficial.