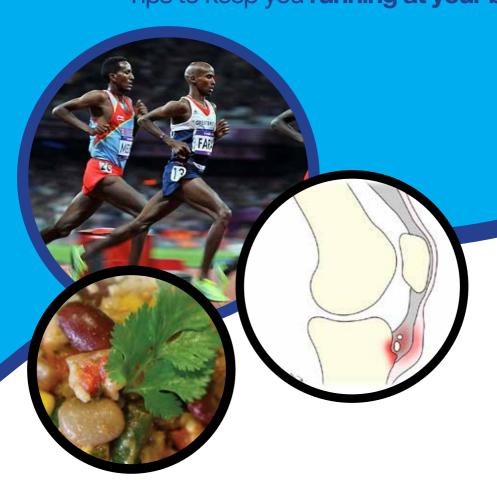
FROM THE SOLE Tips to keep you running at your best



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Podiatry

Physiotherapy

Dietitian

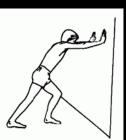
Massage

Pilates

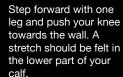
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FOOT FACT

Following a tough training session you might find your muscles and tendons feel tight and sore, but trying to stretch when you are sore may be pointless! As the old saying goes - prevention is better than the cure. Stretching after you exercise (while your body is still warm) may help to reduce some of the discomfort afterwards. The Achilles tendon is a prone to getting stiff and sore – particularly the next morning after exercise and can lead to more serious injury if not cared for correctly. In order to properly stretch the Achilles – you will need to stretch the muscles in your calf - both of them! Not everyone knows this, but the calf muscle is actually made up of two separate muscles, and so you need two different ways to stretch them. Stretching should only be done once you've warmed up. Hold the stretches for 30 seconds and repeat on each side, but cease if stretching causing sharp pain or a lot of discomfort.



Step back with one leg while keeping your heel on the ground. A stretch should be felt in the upper part of the calf.





By Doug James (Podiatrist and Physiotherapist)

KIDS

Podiatry

OS GOOD SCHLATTER: AN ADOLESCENT KNEE INJURY

Osgood Schlatter syndrome is one of the most common causes of knee pain amongst adolescents. It is differentiated from other knee pain conditions by the locality of pain at the tibial tuberosity (insertion of the patellar

ligament). This is the boney bump at the top of the shin bone. The injury usually presents itself amongst more active individuals. and is most prevalent during the early teenage years (boys 11-15yrs and girls 9 - 13yrs), during which time the tibial tuberosity is progressing through various stages of bony development. The growth plate (apophysis) is at high risk of injury. Osgood

Schlatter can usually be diagnosed clinically without additional investigations or imaging.

Osgood Schlatter is a growth-related injury and as such, treatment is predominantly focused

Physiotherapy

Dietitian

towards pain management. Icing is usually very effective in reducing pain and inflammation. Activity modification and/or reduction is often required to assist in offloading the knee and managing pain levels, particularly in the initial phases of treatment.

> Addressing contributing factors such as muscle strength and activation imbalances (quadriceps), abnormal gait patterns, limb length differences and biomechanical issues, can be very beneficial to promoting better knee positioning and movement, and thus reducing pain. Ongoing physiotherapy and

podiatry treatment, and massage to address these issues is important not only for pain management but improved knee function and future injury prevention.

Massage

By By Emily Donker (Podiatrist & Coach)

Pilates

DIETITIAN Mexican **Style**RICE WITH BEANS

INGREDIENTS

Serves 4

34 cup uncooked brown rice

2 tablespoons extra virgin olive oil (EVOO)

1 clove garlic, crushed

1 medium brown onion (150g), chopped

½ -1 fresh red chilli, chopped (optional)

½ large green capsicum, chopped

1 x 410g can chopped tomatoes

½ cup water or vegetable stock

1 x 420g can four or five bean mix,

rinsed and drained

½ cup sweetcorn

200g green beans, chopped into

bite sized pieces

½ teaspoon dried oregano

1 teaspoon paprika

1 teaspoon ground cumin

1 medium zucchini, sliced

Handful fresh coriander, chopped

Cracked black pepper to taste

By Liz Lovering (Dietitian & Coach)







METHOD

- Cook brown rice according to packet directions and set to one side
- Wash vegetables and coriander
- Heat EVOO in a large pan over a medium heat
- Add garlic, fry for a couple of minutes, add onion and chilli and cook until onion is soft, stirring occasionally
- Add capsicum, chopped tomatoes, water (or stock), bean mix, sweetcorn, green beans, oregano, paprika and cumin and simmer for a few minutes
- 6. Add zucchini and continue to cook
- Add rice and mix well (if using cold cooked rice, ensure it is heated through)
- 8. Stir in coriander, mix well and season to taste with black pepper

NUTRITION

This dish contains a mix of protein and carbohydrate to assist with recovery. To increase the protein content see serving suggestion. Each serve of rice contains about 15.5g protein, 12g fat, 67g carbohydrate, 7g fibre and 1,800kJ

RUN LIKE THE KENYAN'S

The Kenyan's make running look so easy. Even at proprioceptive activities. Luckily for them this the end of a marathon, their running form appears effortless and their feet seem to barely touch the ground. Aside from genetics, talent and an incredible amount of training, the reason for their 'running grace' is the effect of neuromuscular control. The neuromuscular component of movement is the interplay between muscle strength and power with the body's balance, coordination and rhythm. In short, this is what gives quality to movement. With improved quality, there should be improved performances and reduced injury risk.

Faster times is always an incentive. At some point, however, time improvements will decrease and even the ability to run easily becomes harder. Establishing a regular routine of specific exercises that focus on hip and core strength during the week and even before training can have a positive impact on maintaining strength and power. Pilates classes, home based exercises and running drills all provide avenues to improve neuromuscular control. Speedwork and off road running are incidental ways that runners improve co-ordination, power and strength simply due to the increased range of hip movement and varied use of the ankle and knee joints.

Novice runners and people with a lower baseline of training will reap even greater benefits of an exercise program involving neuromuscular and

can also be achieved in a relatively short period of time. A task as simple as standing on a single leg with eyes closed performed daily for 2 weeks, can contribute greatly to a person's sense of balance. Similarly, more specific running exercises will have an impact on stride length, power and ultimately speed.

Neuromuscular training can have a positive impact for all ages. During children's years of growth, it can help regain their co-ordination as they grow. For the aging population, it is important to stay mobile, reduce falls and maintain activity. For runners, neuromuscular training can be the catalyst for re-invigorating a flagging training regime, or to get out of an injury slump. No matter what the inspiration is, setting up a program is usually simple, easy to do and not hugely time consuming. The benefits of this can often be surprisingly greater than expected. These may not be to make you as fast as the Kenyans, but at least may help you feel like your running like a Kenyan.

The podiatry and physiotherapy team at intraining Running injury clinic are passionate about running and keeping you running. They understand the need to create diverse programs that encompass training and exercises that can reduce the risk of injury and to rehabilitate existing injures.

By Margot Manning (Podiatrist & Coach)



STRENGTH AND CONDITIONING





WOBBLE BOARD/DURA DISC

The Wobble board and Dura Disc are two excellent pieces of equipment to add to your arsenal of tools to help prevent or rehabilitate injuries. They are particularly useful for strengthening the muscles that help to stabilise your ankles, but additionally you can improve knee, hip and core strength as well. The Wobble board and Dura Disc are also great at improving balance which is useful for just about everyone, and especially kids, trail runners, people who've sprained their ankle, and those over the age of 60.

Being able to balance on the Wobble board or Dura Disc is a challenge in itself – and there are a range of more challenging exercises available. To purchase a Dura Disc, or see a physio or podiatrist about a more challenging exercise program, contact the intraining running injury clinic on 3367 3088.

By Doug James (Podiatrist and Physiotherapist)

FUN FACT

BIG TOE FACT

The big toe takes 40% of the foot's heavy lifting. Losing this toe does not prevent you

from walking or running. This was a myth that developed popularity during the Vietnam war when some desperate attempts to avoid being drafted were done by chopping off a toe or two.



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