

FROM THE **SOLE**

Tips to keep you running at your best

OCTOBER 2017



intraining

running injury clinic

33 Park Road, Milton & Indooroopilly Shopping Centre
ph: 07 3367 3088 | clinic@intraining.com.au | Book Online

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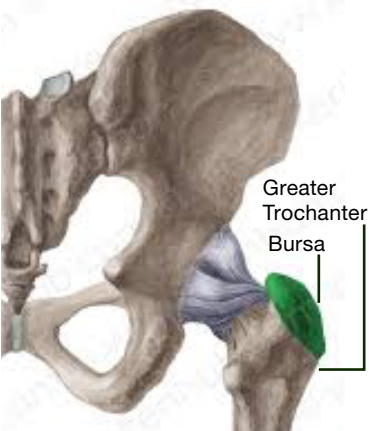
Dietitian

Massage

Pilates

TROCHANTERIC BURSITIS

by Steve Manning - intraining podiatrist, coach and runner



The symptoms of trochanteric bursitis is pain on the bone that is the most to the outside of the hip. It can be a sharp or an aching pain which hurts when you run and can be uncomfortable to lie on while sleeping.

Bursa's are lubricating sacks that that act like cushions to stop a tendon from rubbing against the bone. In the case of trochanteric bursitis it is the tendon of gluteus medius muscle as it inserts onto the greater trochanter of the thigh bone. This muscle helps to

stabilise the core and stop the hip from dropping when you are standing on one leg. The pain from trochanteric bursitis can be severe enough to cause limping when running and walking.

Treatment involves localised anti-inflammatory treatment as well as treatment to reduce the tension in the gluteus medius muscle. It will normally settle down over a week so that you can return to easy running and be resolved in 2 to 4 weeks. In stubborn cases a corticosteroid injection may be required.

FEET UP OR HIPS DOWN

by Emily Donker - intraining podiatrist, coach and runner

Injury management is all about perspective.

Whilst podiatrists are known for dealing with foot complaints, our scope of practice extends much further than many people realise. Yes – we address all sorts of foot issues, but we are also well versed in the anatomy, injuries and management of issues affecting the ankle, lower leg, knee, upper leg, hip and even the lower back. Seeing a podiatrist about your hip injury might just provide the answers you need by looking at things from a different angle.

Proper movement and function of the lower limbs requires a synergy between all the musculo-skeletal structures, so when movement is compromised or compensation occurs during gait or stance, which can be a tell-tale sign of injury. The structure and function of the feet and legs can contribute towards hip injury in many cases. The opposite can also be true, whereby hip injury leads to a secondary injury further down the chain. Both reasons necessitate a more comprehensive podiatric assessment of the entire lower limb structure and gait.

Podiatry treatment should always be much more than just orthotics. Particularly when addressing



hip injuries, a multi-faceted approach is necessary.

At intraining Running Injury Clinic, our goal in dealing with athletes, is to ensure long-term injury resolution. This requires a more holistic injury assessment and treatment plan, with aim to address the underlying cause of injury, in addition to the acute symptoms.

GROIN PAIN

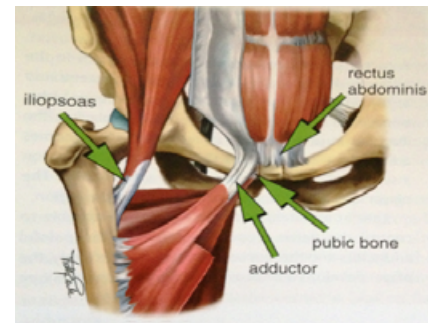
by Doug James - intraining physiotherapist and podiatrist

Groin injuries are an increasingly common injury in distance runners. Previously it was predominantly footballers that would develop these injuries due to the forceful nature of the kicking movement, however runners are now reporting more injuries in this region. Despite being a 'personal' area of the body, assessment and treatment of these injuries should occur promptly to reduce the likelihood of it developing into a more severe and chronic injury.

There are a large number of injuries that can cause groin pain. While the pain can be due to injuries to tendons, muscles or ligaments in the groin itself, groin pain may be in fact be referred from an injury elsewhere which makes diagnosis more difficult.

Acute groin injuries – those that start suddenly – are usually due to muscle strains in the adductor muscles on the inner thigh. Adductors attach to the central part of the pelvis and pain can be felt anywhere from the knee to the groin. These injuries often feel like a tightness, however attempts to stretch the injury can exacerbate a mild muscle tear into a more serious injury. Continued bouts of stretching an adductor tear may induce adductor tendinitis which can cause long term discomfort that is difficult to settle.

Adjacent to the adductor tendon insertions is the pubic symphysis which is where the two halves of the pelvic girdle are joined together with cartilage. This cartilage can become irritated from adductor tendinitis – an injury known as Pubic Symphsitis – and can also be triggered from running on hard surfaces with poor shock absorption. If poorly treated, a more severe version of this injury, Osteitis Pubis, may emerge where part of the pubic bone is eroded, and a much longer recovery time is needed (including up to a year off running).



Osteitis Pubis is not the only groin injury that involves damage to the pelvic bone. Pelvic stress fractures are a dangerous injury, and shouldn't be ignored. These often start as a dull, non-specific groin pain that will become sharper with running and exercise. A stress fracture can develop and requires a substantial amount of time to settle.

Imaging can be useful to help accurately diagnose the injury. Ultrasound can identify soft tissue injuries such as adductor strains and tendinitis, however an MRI is often more effective to detect any damage to the bone. When imaging fails to detect a problem in the area where the pain is reported, suspicion of referred pain arises.

Referred pain that is felt in the groin can originate from many sources including the hip joint (in the form of cartilage tears or joint inflammation), abdomen (abdominal muscle strain), and lower back (tightness and/or disc injuries). Due to this a thorough examination is necessary.

Most groin injuries respond well to resting from activities that cause pain. Care needs to be taken with cross training as even non-weight bearing exercise such as swimming can exacerbate the injury. There is often a link between weak core and glute muscles and groin injuries. Improving core and lateral glute strength is useful as both a prevention and (at the suitable time) rehabilitation of the injury.

Be proactive in seeking help. Early diagnosis and management may avoid prolonged time out of training.

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THE RIGHT WAY TO FUEL YOUR BODY IN YOUR NEXT EVENT

by Liz Lovering - intraining sports dietitian, runner, chef and coach

I recently took part in an adventure race (run, bike, kayak) which although different from a road marathon, is still an endurance event which requires on course fuel. For a road marathon most runners want to travel light, so carbohydrate gels are compact and easily portable sources of fuel that can fit into pockets or belts, plus there are aid stations along a marked course where water and sports drinks are available.

For endurance events where you are carrying a back pack such as adventure racing or trekking, you need to carry your own fluids and fuel, and this allows you to carry bigger items. For lower intensity sections you should be able to eat solid food as there is less chance of gut upset. However, when running it is often best to stick to easily digestible forms of fuel such as carbohydrate gels, sports confectionary, snakes and sports drinks. Unless the event allows support crews, or there are aid stations, you may need to carry all your own nutrition, so opt for things that are easy to carry, don't need to be kept cool, are easy to eat and are carbohydrate rich to provide your body with energy (fuel). To reduce flavour fatigue, include some savoury foods. If it is a very long event, then you will need to carry more substantial foods, (unless you have a support crew), but for shorter events some well-planned snacks will see you through.

SIMPLE SNACK IDEAS:

- Energy or muesli bars – either homemade or commercial
- Sports confectionary, carbohydrate gels and drinks
- Fruit, fresh or dried
- Fruit buns, pikelets
- Trail mix
- Sandwich/roll with vegemite, peanut butter
- Salted crackers or pretzels



TOP FUELLING TIPS:

1. Put foods into zip lock bags to keep them dry
2. Set a timer to remind you when to eat
3. Don't try anything new on race day
4. Don't forget to eat!
5. Hydrate as frequently as possible



KIDS SPORT

by Margot Manning intraining podiatrist and running coach (children & adults)

THE INJURY NOT TO MISS – PERTHES DISEASE

Our kids are involved in so many different sports these days. Some are more competitive than others with several sports like soccer, netball and cricket requiring grading at quite an early age. The pivoting and constant start/ stopping in these team sports creates high forces at the knee, and hip and can cause groin pain.

Child complaining of pain or limping, not sure what to do?

While most of these are tendon strains, groin pain can be a symptom of a growth related hip injury in children from the age of 3 to 11 years. When the growth plate at the very top of the thigh bone (in the ball/head of the hip joint) becomes disrupted, it can reduce the blood flow to this area. This is significant as it can cause deterioration of the head of bone which takes so much force and loading from sport. This growth related injury is called Perthes Disease.

Whilst Perthes Disease is rare, if your child has persistent groin pain or hip pain, is limping and finds it difficult to flex their hip, it may be worth having an assessment. When you first notice ongoing symptoms, speak to the intraining physiotherapist to review the injury. If these symptoms are not relieved, then further investigation with an MRI will be needed to rule out Perthes Disease.



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