

PREVENTIVE STEPS

AVOIDING COMMON RUNNING INJURIES

THE PROBLEM **Plantar Fasciitis**

A RUNNER'S FOOT hits the ground about 1,500 times per mile, and the heel and its attaching tissues bear the brunt of that force, says Rick Braver, a sports podiatrist in Englewood, New Jersey, and member of the RUNNER'S WORLD Science Advisory Board. Drastic or sudden increases in mileage, poor foot structure, and inappropriate running shoes can overload the plantar fascia, the connective tissue that runs from the heel to the base of the toes. It may look like a series of fat rubber bands, but the plantar fascia is made of collagen, a rigid protein that's not very stretchy. The stress of overuse, overpronation, or overused shoes can rip tiny tears in it, causing pain and inflammation, a.k.a. plantar fasciitis.

Sufferers feel a sharp stab or deep ache in the middle of the heel or along the arch. Another sign is the morning hobble. "The foot tries to heal itself in a contracted position overnight," explains Benedict DiGiovanni, M.D., assistant professor of orthopedics at the University of Rochester Medical Center in New York. "Taking that first step causes sudden strain on the bottom of the foot." The pain can recur after long spells of sitting. But it tends to fade during a run, once the area is warmed up.

To prevent plantar fasciitis, run on soft surfaces, keep mileage increases to less than 10 percent per week, and visit a specialty running shop to make sure you're wearing the proper shoes for your foot type and gait. It's also important to stretch the plantar fascia and Achilles tendon (try the two stretches below from Dr. DiGiovanni).

Plantar fasciitis can be a nagging problem, which gets worse and more difficult to treat the longer it's present. At the first sign of soreness, massage (roll a golf ball under your foot) and apply ice (roll a frozen bottle of water under your foot). What you wear on your feet when you're *not* running makes a difference. Arch support is key, and walking around barefoot or in flimsy shoes can delay recovery.

If pain is present for more than three weeks, see a sports podiatrist.



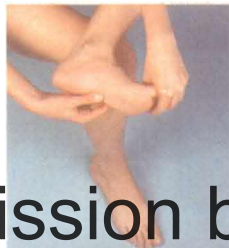
Treatments such as orthotics, foot taping, cortisone injections, night splints, and anti-inflammatories decrease symptoms significantly in about 95 percent of sufferers within six weeks. For more stubborn cases, physical therapy may be prescribed; six months of chronic pain may benefit from shock-wave therapy, a recently FDA-approved plantar-fasciitis treatment.

While it's typical to experience pain in just one foot, massage and stretch both feet. Do it first thing in the morning, and three times during the day. Your feet will thank you. —Shelley Drozd

DOCTOR'S ORDERS



[1] ACHILLES TENDON STRETCH: Stand with your affected foot behind your healthy one. Point the toes of the back foot toward the heel of the front foot, and lean into a wall. Bend the front knee and keep the back knee straight, heel firmly planted on the floor. Hold for a count of 10.



[2] PLANTAR FASCIA STRETCH: Sit down, and place the affected foot across your knee. Using the hand on your affected side, pull your toes back toward your shin until you feel a stretch in your arch. Run your thumb along your foot—you should feel tension. Hold for a count of 10.

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