

# RUNNER'S WORLD

Your  
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## You Can Manage

Sometimes it's okay to run with pain. We'll tell you when

Dick Vile, 58, a software developer from Dexter, Mich., has felt pain in his right knee for more than a year. But he's kept on running—with his doctor's blessing.

An MRI of Vile's knee showed nothing obvious, and his doctor thinks that whatever is causing the pain (it might be a tiny tear in the connective tissue of a tendon) won't get worse if Vile continues to run. "My doctor told me to ice it like crazy, but to keep running as I have been," Vile says.

This is the kind of advice most of us would love to hear when we're hurting. But doctors usually choose to err on the side of caution. "It goes against traditional teaching to tell patients they can run through pain," says Cherise Dyal, M.D., an orthopedic surgeon in Wayne, N.J. "Pain is a signal that should not be ignored, and runners should seek medical attention for any persistent pain."

That said, there are some—emphasis on the word *some*—conditions that are okay to run through. In these instances, running may not be comfortable, but it probably won't make things worse either. "As long as running doesn't increase the pain, then it's usually okay to continue," says Carol Frey, M.D., assistant professor of orthopedic surgery at UCLA.

### Rules to Run By

When you have pain, ask yourself these three questions before you try to run through it:

**1. Do you see anything abnormal at the site of the pain?** There should be no obvious lumps or bumps in the painful region, says Robert Anderson, M.D., an orthopedic surgeon with the Miller Orthopedic Clinic in Charlotte, N.C. And after a run, there should be no visible swelling, redness, or warmth in the area. If you see any of these abnormalities,

**2. Does the pain disappear once you warm up?** "As a general rule, if you

can warm up the sore or painful area, such as a muscle or tendon, it's probably okay to proceed," says Richard T. Braver, D.P.M., who runs a sports podiatry practice in Englewood, N.J. Try warming up the area with a slow jog, heating pad, massage, or flexibility exercises specific to the painful spot.

**3. Is the pain relatively minor?** To help you answer this question, try to rate your pain on a 1-to-10 scale, with 1 to 4 being mild pain. You'll feel this kind of pain when you are warming up, but it goes away after you start running. It's usually fine to run through this level of pain.

Moderate pain—5 to 7 on the scale—continues as you run, but isn't debilitating and doesn't cause you to change your running form. Moderate pain also disappears after you run. "You can keep running with moderate pain, but it needs medical attention because it will not get better by itself," says Janet Sobel, a physical therapist in Chevy Chase, Md.

With moderate pain, you need to be certain that it is not causing you to change your running form or you may risk injury elsewhere. This is because the body is a "linkage" system, and if one part hurts or isn't working correctly, the body may avoid putting pressure on the painful area by transferring weight to another area, which can aggravate this new spot.

Pain in the 8 to 10 range is often present at rest, usually gets worse as you run, and does not go away after you stop. This kind of pain is serious, so don't run. You need medical attention.

### Guide to Pain

Here are several typical running ailments, with advice on running through them (or not):

**Achilles tendinitis:** If the tendon is swollen, you shouldn't run on it. You risk doing more damage or even rupturing the tendon. But if the pain is mild and you can



BY MARLENE CIMONS

# BODY SHOP

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warm up the area so that the pain goes away after 5 minutes of running, it's unlikely you'll do further damage.

**Ankle sprains:** This is a tough one. During those first few days after the sprain, if your ankle is painfully swollen to the point where you can't easily bear weight or walk on it comfortably—then don't run. Instead, ice and elevate it. The trick is knowing when you can resume running. Dr. Braver suggests no running until you can balance on your injured foot for 30 seconds with your eyes closed. "Also, you must be able to do a toe rise with the injured foot without pain," he adds.

**Black toenails:** No problem running with these, but cut your nails short, grease up the toes with skin lube or petroleum jelly, and buy running shoes that are a half-size bigger. Watch out for painful blisters under the nails, and have them drained by a doctor if necessary.

**Heel spurs:** It's fine to run with a heel spur as long as the pain is tolerable and the area is properly protected with a heel cup or cushion. "I am often asked about running with heel pain," says Dr. Dyal. Heel pain is usually an overuse phenomenon. "Patients will probably not feel better if they continue to run, but they can do so if they're willing to run with the pain."

**Iliotibial band syndrome:** If you can warm up the area to the point where there is no pain along your outer thigh, then it's fine to run. It's important to keep your mileage down, however.

**Knee pain:** This is usually a sign that the back of the kneecap is rubbing on the femur, or thighbone. It's okay to run if there's no swelling and the pain disappears after 5 minutes of exercise. But don't run if the pain sticks around and causes you to hobble all day.

**Neuromas:** A neuroma is caused by pinching or irritation of one or more nerves in your forefoot. The pain is usually between your third and fourth toes, with numbness or tingling extending through those toes. As for running with a neuroma, let pain be your guide. If the pain is not forcing you to change your gait when running on a treadmill, probably won't make it worse. Wider shoes will often help.

**Plantar fasciitis:** As long as there is no acute swelling or intense pain in the bottom of the foot, it's probably okay to run a little, says Sheldon Laps, D.P.M., a Washington, D.C., sports podiatrist. "However, don't run on consecutive days. Instead, cross-train on alternate days." Dr. Braver also suggests wearing a good arch support or orthotic. You can also tape your foot for more support.

**Postsurgical pain:** The general rule is no running for 3 or 4 weeks after soft-tissue procedures, such as surgery on neuromas and tendons, and no running for 6 weeks to 3 months for bone procedures, such as on hammertoes or bunions, says John Pagliano, D.P.M., a sports medicine podiatrist who practices in Long Beach, Calif.

Dr. Braver recommends a longer layoff after soft-tissue surgery—sometimes as long as 3 months. "The majority of patients have little discomfort walking 3 weeks after surgery, but I like to see good muscle strength and function before they return to running," he says. After that, running is probably beneficial. It takes about a year for scar tissue to "remodel," and the excessive motions of running (compared with walking) may help to break up scar tissue and get the new, soft tissues to realign faster.

**Shinsplints:** "It's fine to run with shin pain if it's just uncomfortable, but not if it's painful," Dr. Braver says. One key test: If you feel shin pain just walking around, don't run. See a medical professional. You need to be checked for a possible stress fracture.

**Shoe-related ailments:** It's usually fine to run through the discomfort caused by corns, calluses, and blisters. The same goes for bunions and hammertoes since the pain is usually caused by the shoe simply

rubbing against the deformity.

**Stress fractures:** Everyone agrees on this one. Do not—repeat, do not—run if you have any kind of fracture or suspected fracture, including a stress fracture. Running on a stress fracture can lead to fracturing the bone all the way through. Then you'll be faced with a much longer recovery period and several months off from running. A bad fracture can also lead to other complications that may require surgery. It's just not worth the risk. See a doctor instead.



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