

FROM THE SOLE

Tips to keep you running at your best

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intraining

running injury clinic

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Podiatry

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CLINIC: DIAGNOSTIC IMAGING

by Steve Manning - Podiatrist, Coach & Runner

There are times when it is difficult to make an accurate diagnosis from clinical findings alone. That might be when it is difficult to reproduce the pain or the area of pain is more generalised then localised to a specific area or tissue. When this happens we need to use diagnostic imaging to identify the actual structure which is affected.

The first decision is to decide which type of imaging is best to use to differentiate the possible diagnoses. There are many excellent types of scans with positive and negatives of their use. The suspected injury and type of tissue involved determines the best type of imaging to use.

RADIOGRAPHS: X-rays are the most common type of imaging used. They are generally bulk billed so are the cheapest form of imaging for the patient.

CT SCANS: CT scans are like x-rays but they can take a picture of a slice of the bone. That means less overlapping tissue that would mask the area of interest.

ULTRASOUND: Ultrasounds send a wave into the body and read the reflection. They can be tuned to "hear" the reflection of different structures due

to the change in the speed of sound in different densities of each tissue.

BONE SCANS: Bone scans were used in the past to identify stress fractures. It involves injecting radioactive dye and then taking a picture of where the dye goes over time.

MRI: Magnetic Resonance Imaging is the best type of scan for most musculoskeletal problems. It involves putting the affected area inside a large electro magnet that is turned on an off. Modern imaging techniques assist in a more accurate diagnosis of injury. The addition of imaging techniques will assist in your health professional providing advice on the right treatment plan to recover quicker from your running injury.

For the full article on diagnostic imaging techniques, including their benefits, uses and when is best to use which modality, make sure you read the full article in the Love2Run printed Magazine publication available FREE at intraining Running Centre late June 2017.



COACHING: SPECIFIC TRAINING PHASE

by Steve Manning - Podiatrist, Coach & Runner

With a periodised training plan you should be doing different things at different times of the year to achieve your best possible performance in your major goal race. That means doing easier training in the off season; hills for strength and a buildup in mileage over the base season; and then race pace simulation training in the specific training phase followed by less training with more intensity in the competitive phase.

One way to look at this periodisation training is that the specific phase is the most important and that the base phase is what makes you fit enough to do the hard training when you need to. The closer to your major goal race the more important the training you do is to a peak performance.

If you are racing a half marathon or marathon then you need a 3 week taper to freshen up for the race. The most critical few weeks of training are the five weeks before your taper. This is where you will be your fittest to do your best training. You should be doing the greatest total kilometres per week and the longest long runs. Your speed sessions and threshold sessions should be helping you nail down your race pace. This may include a lead up race to use as a predictor for your goal race.

By following a periodised approach and doing specific training phase at the right time you increase your chance of running to your potential when you most want it in your major goal race.

STRENGTH AND CONDITIONING – MID SEASON MAINTENANCE

by Doug James – intraining physiotherapist and podiatrist

With running season well and truly underway, you might notice some aches and pains starting to emerge. As your long runs become longer you will likely feel that it is taking longer to recover. Taking caring of your body now, gives you your best chance of lining up to start your upcoming goal race.

Step 1: Roll, stretch, massage. Do all the things you know you should now, before minor issues become major problems. It's a useful strategy to foam roll muscles immediately after a run, then

follow up with a few minutes of stretching. This has been shown to improve recovery time, and may help reduce injury. Regular sports massage can help identify possible injury risks before they materialise. If injuries do start to rear their heads, see step 2.

Step 2: Ice. Minor niggles can sometimes be settled down using ice packs after the run. Try to ice as soon after a run as possible, and additional times throughout the day if able. Be sure to wrap the ice pack in a towel to avoid ice burns.

Step 3: Take it easy. Make sure you factor in easy runs (and even an easy week) to maximise your recovery. Improvement from training comes through proper recovery, not the actual running.

Step 4: Stop. If running gives you sharp pains and/or makes the pain worse you should stop running and have the injury assessed. Early intervention usually leads to faster recovery.



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KIDS VS ADULT INJURIES

by Emily Donker - intraining podiatrist, coach and runner

Not a promising statistic – according to Sports Medicine Australia, up to 70% of runners suffer an injury each year. Age is a known contributor to injury risk, and significantly influences the types of injuries that runners are likely to suffer. Whilst children often seem like invincible energiser bunnies, they too can be sidelined due to injury, particularly if they're doing high volumes of training.

In general, children will recover more quickly from injuries, and the prolonged recovery time is a common frustration for older runners. However, this does not mean that the injuries children suffer are any less damaging. In fact, if poorly treated, serious childhood injuries can significantly impact their growth and development, and taint their passion for running for months or even years to come.

Efficient and injury-free running relies on a synergy between the muscles, ligaments, tendons and ligaments. Injury commonly targets the weakest link in this chain, which differs for adults compared to children, and is influenced by other factors including running history, body composition, biomechanics and running gait.

Bone growth occurs throughout childhood and adolescence. During development the growth plate is weakened, and thus prone to injury. Children are at higher risk of such injuries for approximately 6-12 months within a 3-4 year window, with susceptibility varying depending on the bone/region in question.

Growth plate injuries (Apophysitis) are more common in active children. These growth-related injuries resolve with time, but treatment should be undertaken to reduce pain and manage the injury to ensure it doesn't cause permanent damage. Common examples of Apophysitis injuries include:

- Sever's Disease (Posterior Calcaneus – Achilles Tendon)
- Osgood-Schlatter Disease (Tibial Tuberosity – Patella Tendon)
- Sinding-Larsen-Johansson Syndrome (Patella – Patella Tendon)

Activity modification and load management are important when treating Apophysitis injuries. Treatment should also address contributing factors and biomechanical issues to assist in pain and symptom relief.



LEMON YOGHURT CAKE

By Liz Lovering - intraining dietitian, nutritionist and runner

INGREDIENTS:

Makes 12 serves

CAKE

- 2 extra large eggs
- 1/2 cup raw sugar
- zest and juice of 1 lemon
- 1/3 cup extra virgin olive oil (delicate flavour)
- 1 cup low fat plain yoghurt
- 1 cup white self raising flour
- 1/2 cup wholemeal self raising flour

SYRUP

- Juice of 1/2 lemon
- 1/3 cup raw sugar
- 2 tablespoons water



METHOD:

1. Pre-heat oven to 180°C
2. Line a 4cm deep, 16 x 26cm (base) baking tray with baking paper
3. In a large bowl lightly beat eggs with sugar, lemon zest and juice and olive oil
4. Stir in yoghurt
5. Sift in flour and gently mix until incorporated (make sure you add back in the bran from sifting the wholemeal flour)
6. Place mix into lined tray and bake for approximately 30 minutes or until firm to the touch and an inserted skewer comes out clean
7. Whilst cake is baking place syrup ingredients into a small pan and simmer for a few minutes, then remove from the heat

8. When the cake is cooked, remove from the oven and pour over syrup

9. Allow to cool and cut into 12 pieces

SERVING SUGGESTIONS AND TIPS

This cake becomes better after a couple of days. It is delicious eaten on its own or you could serve with some plain yoghurt as a dessert. I also like to cut it into smaller squares as a little sweet treat to have with a cup of tea or coffee.

NUTRITION

Each slice contains approximately 25g carbohydrate, 5g protein, 7g fat, 1.4g fibre and 790kJ (190 Calories).



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FOOTWEAR FOR HEEL PAIN: THE OOFOS THONG

by Margot Manning Podiatrist, Runner, Coach

Heel pain can be quite difficult to manage and can take months to heal. Footwear is a major factor in the management of this pain, and often requires more than one shoe to be worn at different times to cope with the different levels of pain on any given day. The most effective shoes for pain relief are cushioned shoes such as running shoes. However, there sometimes is the need to wear something simple and easy to slip on and off. NEW to intraining are the OOFOS flip flops. These are a very cushioned and contoured thong. As a podiatrist, I have always avoided thongs. However, after introducing OOFOS into my shoe collection over the last 18 months, I can confidently feel 'safe' as a runner to wear something other than runners when my own heels become sore.

