The five common running injuries that can turn your comrades into hell

When a runner gets hurt, iliotibial band syndrome, shin splints, runner’s knee, Achilles tendinitis or plantar fasciitis are these the common injuries. Before we continue one also needs to look at triad of events: training, equipment and biomechanical effects.

1. I.T. Band Syndrome

Ever feel like somebody is stabbing you in the side of the knee when you run, especially when going downhill? This is one of the classic symptoms of IT Band Syndrome, an annoying injury that can often become crippling if not addressed and corrected.

What causes IT Band Syndrome? The short answer is: lots of things. One of the reasons I’ve noticed is downhill running or always running on the same side of the road. This combined with biomechanical malfunction causes friction between the IT band and the femur. Over time, the IT band tightens and may swell. This causes pain in the side of the knee with increases with intensity with running to the point that the runner cannot continue to run I have also noticed weakness in the hip stabilizers of the involved leg with altered movement patterns..

The fix:

- Stretching the IT Band
- Self myofascial release (massaging the muscles around the area) and foam rolling will help loosen things up
- Icing directly after running and taking anti inflamitory medications will assist in reducing inflammation
- Avoid downhill running, and if you always run on the same side of the road, switch directions evry so often. According to Ross Tucker and Jonathan Dugas’ book, The Runner’s Body, “overcoming this issue is simply a matter of providing variety, which balances out the impact stresses and minimizes injury risk
- Strengthening of the hip stabilizers with hip abduction exercises

Iliotibial band syndrome in runners: a systematic review.

van der Worp MP, van der Horst N, de Wijer A, Backx FJ, Nijhuis-van der Sanden MW.

Source

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Abstract
BACKGROUND:

The popularity of running is still growing and, as participation increases, the incidence of running-related injuries will also rise. Iliotibial band syndrome (ITBS) is the most common injury of the lateral side of the knee in runners, with an incidence estimated to be between 5% and 14%. In order to facilitate the evidence-based management of ITBS in runners, more needs to be learned about the aetiology, diagnosis and treatment of this injury.

SIDE-LEG RAISERS

Prevent ITBS by strengthening the gluteus medius muscle near the hip. When it's weak, another upper-leg muscle overcompensates and pulls on the ITB, causing pain along the outside of the leg, down to the knee.

Lie on your side with your hips and legs stacked. Lift your top leg up, keeping it straight, but point your toes inward and toward the ground to isolate the gluteus medius. Hold for 30 seconds, then release. Roll over so your opposite leg is on top, and repeat. Do three sets on each leg, working up to one minute per set.

2. Shin Splints or periostitis

Shin pain can often be traced back to the sudden spike in training volume and intensity. This condition is usually described as having pain on the front of the shins. The pain usually starts at the beginning of run and then goes away during the run only to return once you have stopped. Failure to ignore this pain can lead to stress fractures of the lower leg.

What causes shin splints?

Sudden increase in volume and intensity of training and running uphill. Combine this with running on hard surfaces and worn out or improper footwear and you have a sure way to cause a big disaster. This condition had also been linked with deconditioned muscles of the lower leg and over pronation (biomechanical causes)

The fix:

- Rest, ice and anti inflammatory as soon as possible
- Check the condition of your shoes as well if it is the right sure for your foot type
• Increasing volume and intensity too quickly will almost always lead to trouble
• Corrective taping can help but this again is only a band aid
• Exercises to improve the condition of the lower legs

HEEL WALKING AND BIG-TOE RAISERS

Walk in place barefoot for one minute with your forefeet off the ground. Do three sets.

B. Lift the big toe of one foot as high as you can, lower, repeat 10 times. Switch feet. Do three sets.

3. Runner’s Knee

Do Feel a constant ache underneath your kneecap when you run especially down hill? You likely are experiencing runner’s knee, or patellofemoral knee syndrome. The main symptom is pain just below the kneecap that usually gets worse as the intensity of exercise increases

What causes runner’s knee? As with the other common running injuries listed here, the answer varies depending on the runner. Poor biomechanics with weakened hip stabilizers can contribute to this common injury. In most cases, runner’s knee can be traced to the inability of the tissues surrounding the knee to recover in between runs.

The fix:

• If it hurts don’t run, remember the rest ice regime
• Check your foot wear especially those who over pronate can cause a inward rotation of the thigh bone and lower leg. Together with overdeveloped outer thighs causing you patella to rotate and jam up against prominence of the femur just next to the itb.
• Under developed vastus medialis and decreased hip stability.
• Corrective taping of the patella with assisted glute facilitation
• Exercises half

4. Achilles Tendinitis

With so little blood flow to the achilles tendon, the healing process is often slow. This condition is well related to plantar fasciitis where the pain appears at the back of lower leg just the above the heel. Runners who suffer from Achilles tendinitis will often complain of pain and swelling close to the heel, which is oftentimes sharp and can be incapacitating. This type of pain has a
indicative inflammatory response ie stiff and painful upon waking and eases with couple of steps.

**What causes Achilles tendinitis?** In my case, the injury could be traced to tight calves. This can be due to may factors such as generating power from the calves and not the glutes. Commonly found in atheletes who have weak or inhibited glutes??

Then there is the slow healing process due to the decreased bold flow.

**The fix:**

- RICE
- Orthotics such as heel inserts.
- Long term, however, it’s worth your while to pay close attention to stretching and strengthening the lower legs, as well as what’s on your feet.
- Training volume and intensity
- Exercise to do calve drops

5. **Plantar Fasciitis**

Sharp pain at the base of the heel is a common characteristic of plantar fasciitis. With or without heel spurs on Xrays. Again the give away is the early morning pain upon rising and eases after a few steps.

**What causes plantar fasciitis?** Volume of training combined with worn-out footwear. As we said earlier this also corresponds with tight calve muscles.

Incidence is 10% in the general population in there life time

**The fix:**

- Orthotics and high stability shoes oftentimes serve as effective bandaids and can help
- Corrective taping
- Self myofascial release the calves, rolling your feet around on a golf ball and icing the affected area
- Strengthening the muscles in and around the feet will address the root of the problem and help offset a reoccurrence of this awful injury.
- **ARCH RAISERS** Prevent plantar fasciitis by strengthening foot muscles. Stand barefoot on one leg. Imagine your foot is a tripod and place even pressure on your
big toe, pinkie toe, and heel. Ground these three points as you "scrunch up" your arch. Hold for 30 seconds; repeat three times

References

2.

Incidence

The incidence of lower extremity running injuries ranged from 19.4% to 79.3%

Br J Sports Med 2007;41:469-480 doi:10.1136/bjsm.2006.033548 review Incidence and determinants of lower extremity running injuries in long distance runners: a systematic review R N van Gent1, D Siem1, M van Middelkoop1, A G van Os1, S M A Bierma-Zeinstra1, B W Koes1