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Staying in the Game

Sports injuries to watch out for—and when you should do more than pop an aspirin.

by Shari Held

AS THE WEATHER TURNS balmy, sunshine-filled days may inspire you to get outside and get moving. But if you aren't careful, a post-workout ache could signify something that will keep you on the sidelines. "Springtime is maybe the biggest spike we see for injuries," says Craig Nadelson, DO, a primary care sports medicine physician with Riverview Orthopedics and Sports Medicine. The question he hears most from athletes in



pain: Is ice better than heat? "You can never harm anything with ice, but there are situations where heat can do harm," says Dr. Nadelson. "I tell people, 'Do ice until you have the advice.'"

The best possible treatment, of course, depends on where you're hurting. Here's a quick guide to some of the most common sports-related injuries.

■ Back pain

Many golfers wake up sore the morn-

ing after a day on the links. "That swing puts a lot of torque on the back," says Jiff Sraders, MD, a board-certified orthopedic surgeon with Orthopedic Surgeons of Central Indiana, part of the Community Health Network.

How to avoid it: Before you tee off, stretch by holding the golf club behind your back and twisting to the left, then to the right. Easing into the game also helps ease the pain. "Don't try to hit the ball as far or as hard as you can at the start," says Dr. Sraders. "Take gentle swings with a nine-iron, an eight-iron, or a pitching wedge so you don't have to hit the ball so hard. Then, as your back loosens up and you feel better, move up to the driver and the three-iron."

What to do about it: Rest the back, take an anti-inflammatory (such as Aleve or Advil), and apply ice packs during the first 24 to 48 hours of a flare-up. After 48 hours, apply hot packs to relax the muscles, followed by stretching. Still in pain? See your doctor—you might need physical therapy or cortisone injections.

■ Concussion

"Concussion is by far the biggest buzzword right now in sports medicine," says Dan Kraft, MD, a pediatric sports medicine physician affiliated with Methodist Sports Medicine/The Orthopedic Specialists. Trauma to the head is a sports hazard that can be caused by a collision, fall, or other combination of head-meets-unyielding-object.

Symptoms: People often don't seek treatment for a concussion because they don't think they have one. But if you have trauma to the head followed by headache; and intolerance to loud noises and bright lights, you may have a concussion.

How to avoid it: Helmets. Unfortunately, they may decrease the number of concussions at the cost of increasing other injuries. "When hockey began requiring helmets, the injury pattern changed, and there were more catastrophic injuries such as spinal cord injuries because play was more aggressive and physical," says Dr. Kraft. "Soccer is dealing with this issue now—how to decrease the number of concussions without making the sport more physical."

What to do about it: Five years ago, a patient with a major concussion was told

to rest for three weeks. Today, athletes often must pass three progressive steps to get back into the game. Depending on the severity of the concussion, they may need to remain symptom-free during everyday activities; symptom-free for two days after performing monitored physical activity; and, finally, pass a brain-function test.

"Research has shown that the younger you are, the longer it takes to recover from a concussion," says Dr. Kraft. "And you are more at risk of developing long-term problems if you have another concussion before your first concussion is healed completely. Second Impact Syndrome has some very significant risks involved."

■ Hamstring sprain

Muscles and tendons tend to become more inflexible and brittle when they haven't been exercised routinely and as people age. Sudden, forceful stretches, such as those in strenuous exercise, can cause a pulled or sprained hamstring.

Symptoms: Immediate, sharp pain at the point where you tore the hamstring; a popping or snapping noise; or aching, throbbing pain or muscle spasm hours later.

How to avoid it: Stretch your hamstrings throughout the day—not just when you work out—to prevent injury, says Gregory Howard, MD, director of Major Sports Medicine in Shelbyville. "The hamstrings tend to take a lot of stress during exercise," he says. "Because they attach at the pelvis, they can even lead to back strain if not properly stretched and prepared for exercise."

What to do about it: Ice a sprained hamstring immediately, then alternate gentle stretches with trying to walk without limping. "If weight-bearing is not possible, see a physician and begin a physical therapy program to speed the recovery process," says Dr. Howard.

■ Patellofemoral Syndrome (PFS)

Sports involving running and jumping can lead to the kneecap not sliding properly over the knee joint. Alignment problems such as knock knees or flat feet can also increase pressure throughout the knee joint.

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Symptoms: Pain and, sometimes, swelling around the knee.

How to avoid it: Strengthen your hip and core leg muscles, such as the calf and quadriceps (front thigh muscle), and make sure you're in proper shape before you increase your exercise level.

What to do about it: Apply ice to the area, take an anti-inflammatory, and find an alternative exercise while you're healing, such as swimming or bicycling. "The single best treatment is backing off the exercise that caused it," says Dr. Howard of Major Sports Medicine.

■ Rotator cuff sprain

What do a weekend warrior, a workout enthusiast, and a couch potato have in common? They're all candidates for rotator cuff sprains, which can be caused by something as simple as retrieving the TV remote from under the couch.

Symptoms: Shoulder pain when you lie on the injured side; perform overhead arm motions, such as putting items on high shelves; or rotate the shoulders, as when opening doors.

How to avoid it: "Try not to throw the football or baseball too hard or too many times, and in the gym focus more on light weights and high repetitions rather than heavy weights and low repetitions," says John Baldea, MD, CAQSM, a specialist in primary care sports medicine for St. Francis Sports Medicine Center. "And try not to do any heavy military presses or other weightlifting where your arm is behind your head."

What to do about it: Try ice, rest, and Tylenol or ibuprofen, says Dr. Baldea. Formal physical therapy to strengthen the rotator cuff, ensuring proper posture, and scapular stabilizing exercises can also help. "Occasionally, people have so much inflammation due to the strain that they get bursitis in the shoulder," says Dr. Baldea. "That may require a steroid injection to calm down the inflammation so they can make better progress in their physical therapy."

■ Shin splints

Runners may experience shin splints when they run too fast, too far, or both.

Symptoms: Pain down the front or sides of your shins, either during or after exercise.

What to do about it: Rub a block of ice up and down the side of the shinbone, where it probably hurts the most. If it still hurts after you've rested for a while, call your doctor. "Sometimes pain in the lower leg can also be a stress fracture of the tibia," says Dr. Sraders. "That can progress to a true fracture, which can lead to a break and potential surgery."

To prevent shin splints from happening in the first place, do calf stretches—placing the ball of your foot on the edge of a curb or step and dropping your heel—before and after you run. "Don't increase your pace and your mileage at the same time, because it makes you more prone to injury," says Dr. Sraders. "Increase the mileage and then, after a couple weeks, try to increase the pace—or vice versa."

"I'm no longer seeing sports injuries just in athletes in their teens and 20s," says Dr. Jonathan Shook, an orthopedic surgeon at OrthoIndy. "I'm seeing kids as young as nine or 10 years old."

■ Shoulder dislocation

This common football and basketball injury often occurs when the arm remains stationary while the rest of the body moves forward, causing the upper arm bone portion of the shoulder to dislocate from the shoulder.

Symptoms: A completely dislocated shoulder will usually look off-kilter and be really painful; you may not be able to move your arm.

What to do about it: "Physical therapy is probably still the treatment of choice for an athlete that has dislocated a shoulder for the first time," says Jonathan Shook, MD, an orthopedic surgeon at OrthoIndy and the Indiana Orthopaedic Hospital. "If surgery is required, it can usually be accomplished through

an arthroscopic, minimally invasive technique. If the athlete continues to dislocate the shoulder, a second surgery with traditional open incision may be required."

■ Stress fractures

Stress fractures, tiny cracks in the bone, often occur in runners' lower extremities—the metatarsals of the foot, the tibia or lower leg, and occasionally the hip. They're caused by repetitive stress, such as constant pounding on pavement.

Symptoms: Gradual pain that keeps getting worse every time you exercise. "Eventually you get to the point where it's causing you to limp and you won't be able to walk up and down the stairs normally," says Joel Kary, MD, St. Vincent Sports Performance, who serves as team physician for Butler University. "It will also usually hurt significantly when you press on that area."

What to do about it: Minor stress fractures often heal with rest, and you may still be able to perform low- or no-impact cross training. Sometimes the injured area has to be immobilized so it can heal.

Top causes of stress fractures include over-training and doing too much too soon. Being overweight or underweight can contribute, as can inadequate calcium or Vitamin D intake. Taking a gradual approach to sports, having proper shoes, and running on soft surfaces help prevent fractures.

■ Tendonitis of the elbow

It's often referred to as "tennis elbow," but it's actually related to repetitive wrist movements, so people who keyboard, scoop ice cream, or perform other repetitive manual labor all day are most at risk. Performing pull-ups, push-ups, or arm curls improperly can also lead to a case of tennis elbow.

Symptoms: Pain on the lateral or outside portion of the elbow, especially when lifting a heavy object,

What to do about it: "Physical therapy and home exercises can help," says Dr. Baldea. "Other things to try are wearing a forearm strap that takes tension off the area and wearing wrist splints at night while you are sleeping. Sometimes the pain is so severe, steroid injections are required." ●