

MORE PAIN NO GAIN

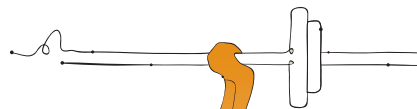
Sports related injuries usually fall into two broad categories: traumatic (acute) or overuse (chronic). **The most common type of injury, in a gym or fitness setting, is most likely due to overuse.** These injuries result from excessive forces which cause tissues (tendons or cartilage) to break down. If stress from exercise continues without allowing for adequate healing, the damage will progress leading to pain and activity limitation.

Overuse injuries develop insidiously. If the warning signs of pain are ignored, the injury can become difficult to treat. Although muscle soreness is probably the most common symptom from strenuous exercise, it resolves within a week and is not generally considered an injury.

Here are three of the most common injuries that plague regular gym-goers. Make sure you learn how to identify and treat them properly, always consulting with a qualified physician to determine proper attention and care.

Gym rats beware: 3 injuries that affect you the most

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ILLUSTRATED BY SARAH CAZEE



Rotator cuff Inflammation

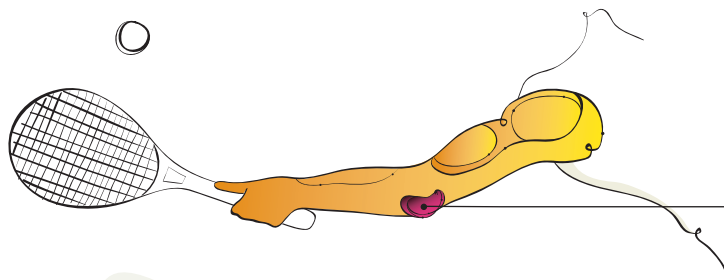
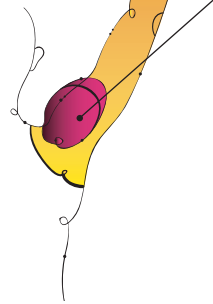
AKA shoulder bursitis, shoulder impingement, or rotator cuff tendinitis

CONSISTING OF: Inflammation of bursa (a small fluid-filled sac that provides cushioning around the joint) and underlying rotator cuff tendons, causing shoulder pain with overhead activity.

MOST COMMONLY CAUSED BY: Excessive overhead exercise, inappropriate training of shoulder muscles, lack of stretching leading to tightness in the back of the shoulder, and anatomic factors, such as bone spurs.

BEST COURSE OF TREATMENT: Rest from overhead activity, and stretching exercises. Once inflammation resolves, begin by strengthening your rotator cuff muscles. In addition, use anti-inflammatory medication and possibly cortisone injections if suffering from serious pain.

WORK AROUND IT: Continue lower extremity and core exercises during intense pain; they're not affected. **As inflammation resolves, begin exercising the arm, but keep below shoulder level.**



Elbow Epicondylitis

AKA lateral epicondylitis or tennis elbow if on the outside; medial epicondylitis or golfer's elbow if on the inside

CONSISTING OF: Pain and tenderness over either the outside of the elbow (for lateral epicondylitis) and associated pain with wrist extension, or the inside of the elbow (for medial epicondylitis) and associated pain with wrist flexion.

MOST COMMONLY CAUSED BY: Repetitive grasping or lifting. As you can guess by their most common names, tennis elbow occurs mainly in racquet sports, while golfer's elbow afflicts mostly golfers and athletes who perform reiterated throwing motions.

BEST COURSE OF TREATMENT: Rest, massage, stretching and ultrasound. **Once pain resolves, start strengthening.** Counterforce braces can be used if activities can't be modified. Non-steroidal medication, and even corticosteroids, can be used to help decrease pain. Persistent symptoms may require surgery, shockwave therapy, or growth factor injection obtained from patients' blood.

Anterior Knee Pain

AKA patellofemoral pain, chondromalacia patella

CONSISTING OF: Diffuse aching pain in the front of the knee. The pain worsens with prolonged sitting or stair climbing.

MOST COMMONLY CAUSED BY: Relative quadriceps (thigh) musculature weakness, poor flexibility of quadriceps, leg malalignment, and hypermobile patella.

BEST COURSE OF TREATMENT: Strengthening quadriceps musculature, working out to improve

the flexibility in quadriceps and hamstrings, patella bracing or taping, and possibly foot orthotics. Non-steroidal drugs may also be prescribed.

WORK AROUND IT: **Avoid high-impact activities and kneeling.** Modify any lower extremity exercise to prevent painful arc. Continue to work on core strength and upper extremity exercises.

