



CAPE COD SPORTS MEDICINE INC.

ORTHOPEDIC SURGEON

Donald E. O'Malley, M.D.
Karen A. Trait, PA-C

PO BOX 765
FALMOUTH, MA 02541
OFFICE: (508) 540-0200
FAX: (508) 540-0201

GUIDELINES FOR MANAGING RUNNING INJURIES

General guidelines

A basic approach to running injuries involves RICE treatment. Rest, Ice, Compression and Elevation. Modification of activity is necessary to reduce the ongoing inflammation and allow healing to occur. Generally an over-the-counter anti-inflammatory such as Aleve, Advil, or aspirin can be taken. Ice is usually used for the first 72 hours to reduce the inflammatory response. Thereafter heat is used to increase vascular flow to the area, bringing the reparative proteins to allow further healing to occur. A gradual return to running can be undertaken after range of motion, flexibility, strength, balance and endurance has returned.

Mild Injuries

These are characterized by low-grade pain, which occurs at the beginning or during a run and decreases as running progresses. There is no loss in range of motion or strength. Generally a good pre-exercise stretching program, post-run icing for 30 minutes and reducing the distance run can manage these injuries.

Moderate Injuries

Moderate pain is present all during the run and persists afterwards. This generally characterizes an overuse syndrome. Activity modification, non-steroidal anti-inflammatory, ice massage, and the use of orthotics may be necessary.

Severe Injuries

Symptoms of severe pain, swelling, decreased range of motion, redness, warmth and an alteration in running form are representative of more significant underlying processes which may involve chronic injury. These should be evaluated by a physician or sports therapist.

Rehabilitation

Each injury has its own specific rehab plan and return to sport goals. The physician and rehab therapist work closely with the runner to return you safely to the desired level of running as early as possible without risk of re-injury. Usually therapy will progress through a reduction of inflammation & healing phase, a restoration of mobility phase and a strengthening phase prior to return to sport. Risks of re-injury are highest during the early return phase to running and when distance is increased after an injury. Your therapist will develop a well-planned program to assist you in returning to you sport and to avoid training errors once returned.

These guidelines are to aid in the initial management of most running injuries. It is not meant as a substitute for medical or paraprofessional evaluation when an injury warrants it. The Emergency Room or your Primary Care Physician will usually institute medical treatment. Specialist referral to an Orthopedic Surgeon should be sought for serious injuries, or injuries failing to improve with conservative management.