

# You Are So Busted

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Women's Health

## **Sprained ankle. Tennis elbow. Shin splints. Ugly injuries to be sure. But guess what?**

You'll probably get one of them sometime. Studies show that most women do. It doesn't matter whether you practically live at the gym or your idea of a workout is a daily run to the corner 7-Eleven for Red Bull and a pack of Bubble Yum—something nasty is waiting to knock you off your feet. And there you'll be: prying the childproof cap off that bottle of Aleve. Icing your swollen ankle with a bag of frozen peas. Lying motionless in bed at 11 in the morning, trying to make sense of the mind-numbing repartée on "The View."

But you know what? There are some simple (ridiculously simple) stretches and strengthening moves that can go a long way toward keeping you off the sidelines. "Taking the time to work weak areas pays off in the long run by minimizing stress on the joints and connective tissues," says Lisa Callahan, M.D., medical director of the Women's Sports Medicine Center at the Hospital for Special Surgery in New York City. We talked with trainers, doctors, and physical therapists to find out which eight aches and breaks you're most likely to face on the court or the track—or even stepping out your front door—and how to avoid them.

### **Anterior knee pain syndrome**

**Triggers:** Running, skiing, hitting the StairMaster every time you go to the gym.

Up to 25 percent of women will at some point suffer from anterior knee pain syndrome (sometimes called runner's knee). Factors such as loose knee ligaments, a wide pelvis, or weak quads can pull the kneecap out of alignment, inhibiting them from moving smoothly over the joints. This can lead to excessive wear of the cartilage, causing pain and irritation.

**Tip-off:** A dull, nagging ache that feels worse when you're walking down stairs (when your quads are doing most of the work) or sitting (when cartilage under the kneecap can become irritated).

**Comeback strategy:** Physical therapy to build strength and flexibility in the quads and hip abductors (the muscles that run up your outer thighs from your knees to your hips), which help keep the kneecaps in place. Think squats. Lots of squats.

**Time on the sidelines:** Four weeks to six months. The longer you've been hurting, the longer it takes to recover.

**Prevent it with:** The Total Hipster. Women tend to have weaker hip muscles than men (experts aren't sure why, but they speculate it's because of our wider pelvises, plus habits like sitting with our legs crossed). Sick of squats? Try this move: Lie on your side with your knees bent and your legs pulled in slightly toward your chest. Keeping your feet together, twist at the hip and raise your knees off the floor as far as you can without lifting your feet. Do 10 reps on each side two to three times a week.

### **ACL tear**

**Triggers:** Basketball, soccer, skiing, taking a header on a slick sidewalk.

The anterior cruciate ligament (ACL) is a tight band of tissue that binds together the bones in the knee to keep the joint stable. If a sharp turn or tumble forces the knee to overtwist or straighten beyond its natural range, the ACL can pull apart or snap. In sports that both men and women play, women are five times as likely as men to go weak in the knees. The exact reason isn't clear—some experts cite differences in hormones or muscle strength. Another theory is that our wider hips cause the thighbone to slant at an angle toward the knee, possibly rotating the joint inward. This would make it tougher for the nearby ligaments and tendons to hold the knee in place.

**Tip-off:** A "this cannot be good" pop, accompanied by sudden, searing pain. The intense ouch! may disappear

within a few minutes, but your knee may begin to look more and more like an overstuffed kielbasa.

**Comeback strategy:** Two out of three people need surgical reconstruction. The one-hour-plus outpatient procedure typically uses part of a tendon from the knee or tissue from a cadaver to replace the ACL. Then you face several months of PT to strengthen and improve the range of motion of the thighs, hamstrings, and hips. (More squats—yeah!)

**Time on the sidelines:** Three to six weeks before resuming everyday activity; up to six months before you're back on the court or the slopes.

**Prevent it with:** The Hamstring Hammer. Strong hamstrings will help keep your leg bones in place and take pressure off the ACL. Stand with your feet hip-width apart. Keeping your thighs parallel, bring your right heel up toward your butt. Hold for two seconds. Do 10 reps on each leg two to three times per week.

### **Ankle sprain**

**Triggers:** Trail running, tennis, soccer, falling off your stilettos while leading a wedding reception conga line. When you land on an uneven surface, your ankle can twist and roll underneath you, stretching or tearing the ligaments.

**Tip-off:** Pain, swelling, and bruising, usually on the outside of your ankle.

**Comeback strategy:** RICE, then an ankle splint and crutches for two to three weeks to help speed healing.

**Time on the sidelines:** One to six weeks, depending on the severity of the sprain.

**Prevent it with:** The Pedal Pusher. Sit with both legs in front of you and a resistance band wrapped around the ball of one foot. Holding the ends of the band taut, push your foot away from your body as if you're stepping on a gas pedal. Hold for two to three seconds. Do three sets of 10 reps on each foot twice a day.

### **Stress fracture**

**Triggers:** Basketball, soccer, overtraining for the next corporate-challenge 10-K.

If the muscles around your bones aren't strong enough to absorb the shock of repetitive pounding, your frame becomes more susceptible to snaps. Fractures typically occur in the feet or the lower legs, which bear the brunt of your weight during exercise.

**Tip-off:** Pain, swelling, or tenderness that worsens over several weeks or months.

**Comeback strategy:** You probably won't need a regular cast, but your doc might recommend using a walking cast or crutches for about a month or so to ease pressure on the bone.

**Time on the sidelines:** Six to twelve weeks.

**Prevent it with:** The Calf Killer Strong, sturdy calves act as shock absorbers. To tough-en them, perch on the edge of a step. Slowly rise up onto your toes, then lower your heels till they dip below the top of the step. Do 10 reps three times per week.

### **Shoulder impingement**

**Triggers:** Swimming, tennis, yoga, painting the ceiling.

Because women have looser connective tissue than men, our rotator cuff (the tendons and muscles that give the shoulder a wide range of motion) has to work harder to keep the joint stable. If too many overhead movements inflame the cuff, it can get pinched, or impinged, under the shoulder blade.

**Tip-off:** A dull pain that grows sharper when you reach overhead or put weight on your shoulder.

**Comeback strategy:** Physical therapy to tone the surrounding shoulder muscles, which will relieve stress on the rotator cuff.

**Time on the sidelines:** Two weeks to a couple of months.

**Prevent it with:** The Shoulder Shaker-Upper. To help build a stronger cuff: Lie on your left side with your knees slightly bent. Holding a 3-pound barbell in your right hand, rest your upper right arm against your side

with your elbow bent 90 degrees and the weight resting on the floor. Slowly rotate your shoulder and lift your forearm until it's perpendicular to the floor. Do 10 reps on each side two to three times a week.

### **Low back sprain/strain**

**Triggers:** Golf, tennis, Pilates, lifting a case of bottled water at Costco, pretzel positions between the sheets. Baby got backache? When the muscles become overworked or overstretched in any direction, your back can feel as if it's been put through a shredder. One wrong twist and you're spending Sunday horizontal (and not in the fun way).

**Tip-off:** Pain that worsens over 24 hours and is sometimes accompanied by stiffness and muscle spasms.

**Comeback strategy:** RICE, plus an OTC painkiller. If you're still bed-bound after 48 hours, or if your butt or legs feel weak or numb, see your doctor. He may order X-rays to rule out a disc injury.

**Time on the sidelines:** You'll be up and around within a couple of days, but it could take up to six weeks before you can head back to the gym.

**Prevent it with:** The Groin Grinder. Your abs and lower back are like flip sides of the same coin. Strengthen one side and the other will benefit. Read *Gold Medal Abs* for some serious ab-chiselers, or (if the Twisting Windmill sounds a little intimidating) try this: Lie on your back with your knees bent and your feet flat on the floor and your arms by your sides, palms down. Slowly raise your butt and your lower back off the floor so that you could draw a straight diagonal line from your shoulders to your knees. Hold for five seconds. Do five reps two to three times a week.

### **Tennis elbow**

**Triggers:** Tennis, raking leaves, screwing together Ikea furniture.

This one happens when the tendons that run up your forearm develop tiny tears where they attach to the elbow. It can be triggered by any repetitive activity in which you twist or rotate your forearm—not just by backhands.

**Tip-off:** Burning pain on the outside of your elbow (near your funny bone) that intensifies over weeks or months.

**Comeback strategy:** A wrist splint and rest, then physical therapy to help strengthen the forearm muscles. In rare situations, you may need surgery to remove a portion of the damaged tendon.

**Time on the sidelines:** Four to six weeks for the initial inflammation to ease up.

**Prevent it with:** The Forearm Crush. The most effective way to make your forearms Popeye-strong is also the easiest: squeezing a tennis ball. Crush for three seconds, then release. Work up to five sets of 20 reps on each hand once a day.

### **Shin splints**

**Triggers:** Running, jumping rope, overdoing your Dancing with the Stars routine in ballroom class.

When you land on your feet, your shins absorb a force equal to six times your body weight. Too much bounding around, and the sleeve of connective tissue that surrounds the bone can become overworked and inflamed.

**Tip-off:** Burning pain, swelling, and tenderness along the front or side of your shin.

**Comeback strategy:** Slashing the frequency and intensity of your training, then building back up more slowly. As a rule, if you're a runner, you shouldn't increase your distance or pace by more than 10 to 15 percent per week.

**Time on the sidelines:** From a couple of days to two weeks.

**Prevent it with:** The Toe Tussle. For shins that can withstand more stress than an air-traffic controller, sit in a chair with your knees bent 90 degrees and slowly tap your toes on the ground. Work up to 100 taps at a time—it's harder than you think.

## **More Injuries That Tend to Strike Women**

### **Plantar Fasciitis**

**Triggers:** Running, basketball, standing in line at the DMV for hours on end The stress of pounding the pavement or staying on your feet for long periods of time can cause the plantar fascia—a band of tissue that connects your heel to the base of your toes, and acts as a shock absorber and arch support—to develop microtears. When that happens, it becomes inflamed, stiff and sore.

**Tipoff:** At first, your heel may feel tender, as if it's bruised. After a few weeks, that can escalate into stabbing pain that's worst when you first step out of bed, but usually disappears by the time you've made your coffee.

**Comeback strategy:** OTC cushions or custom insoles to relieve pressure on the heel. If you're still on tenderfeet after a few weeks, a podiatrist can prescribe night splints to stretch your plantar fascia while you sleep. If conservative treatments don't work, shockwave therapy can repair damaged tissue by sending an electrical current into your heel. In the most severe cases, a surgeon may snip the plantar fascia to release the tension.

**Time on the sidelines:** Up to a year

**Prevent it with:** Calf and Foot Stretch. Stand with hands resting on a table or chair back for support. Keeping your feet hip distance apart, plant your right foot about 12 inches behind the left foot. Bend both knees to about 45 degrees and squat into your hips, keeping your heels on the ground, until you feel a stretch in your calves and Achilles tendon. Hold for 10 seconds, relax and straighten up. Repeat 20 times on each side.

### **Achilles Tendonitis**

**Triggers:** Basketball, tennis, soccer, running, clomping around in four-inch heels The Achilles tendon at the back of your ankle is the largest tendon in the human body, and it's what gives you the power to push off when you walk or run. But if it—or your calves or hamstrings—are Timpani-tight, quick movements can cause it to become inflamed or, in rare cases, ruptured.

**Tipoff:** Stiffness or soreness either at the narrowest part of the back of your ankle or a little further down, where the tendon inserts into the heel bone. If it's ruptured, you'll feel a sharp, stabbing pain at the same site.

**Comeback strategy:** Prescription insoles or heel lifts to relieve stress on the Achilles. Deep tissue massage and ultrasound heat therapy can improve blood supply to the lower legs and may speed up the healing process.

**Time on the sidelines:** Up to six months

**Prevent it with:** Calf Stretch. Stand straight, feet hip-width apart, an arm's length away from the nearest wall. Place your hands against the wall at shoulder height. Plant your right foot 18 inches behind your left, and bend the left knee (keeping your right leg straight). Bend your elbows so that you're leaning into the wall. Hold for 20 seconds, then straighten. Repeat 10 times on each side.

### **The RICE Stuff**

This four-step formula works for all types of sprains and swelling:

#### **Rest**

Unless you have a Shaq-sized endorsement deal, don't play through the pain. Avoid doing anything that puts stress on the injury until the swelling and soreness recede--otherwise you could be looking at a nasty repeat.

#### **Ice**

Your freezer is a giant anti-inflammatory. Wrap ice cubes or a bag of frozen peas in a towel and apply for 10 to 20 minutes every two to four hours until the swelling goes down.

#### **Compression**

Wrap the injured area with a bandage. This limits bleeding and prevents fluid from collecting around the injury, which can cause swelling and even more pain. The bandage should be as snug as you can get it without cutting off your circulation. (The skin surrounding the bandage should be warm and pink; if it's cold, pale, or numb, loosen it.)

**Elevation**

TiVo time! Prop up the injured limb so it's above your heart (we prefer the tower of pillows method) to drain excess fluid and reduce swelling.

*Provided by Women's Health*

URL: <http://health.msn.com/health-topics/pain-management/articlepage.aspx?cp-documentid=100211576&page=5>