## Intelligent rest should be a part of the equation

August 11, 2009 By DR. BOB WEIL The Sports Doctor

Hopefully, most of the athletes returning to school, either high school or college, trained hard this summer.

I'm also hoping they took a few weeks off for physical and mental recovery. This "intelligent rest" is often missing in the more-is-better atmosphere of high-pressure sports at all levels. So let's pay attention to some important points that school athletes, young and old, should be aware of.

Many athletes have followed offseason conditioning programs recommended by their coaches and trainers, and this is usually productive. Paying attention to proper nutrition and proper rest is always important and summer vacation should be no different.

If there has been any history of injury problems, these should be addressed aggressively. Often we'll see youngsters with various overuse lower-extremity problems -- like shin splints, knee tendonitis, or foot and ankle concerns -- try to run or train through these concerns and show up in fall sports with the same trouble.

I tell parents and coaches all the time that foot mechanics and foot imbalances are commonly the culprit when these overuse problems and injuries persist. Common examples could be the flat foot or overly pronated foot type contributing to on-and-off shin or knee discomfort in the cross country runner or football or tennis player.

Other examples are the running, jumping athlete with bowed legs or knock knees dealing with foot, knee or back problems. Excessively high arches or differences in leg length also can contribute to persistent and nagging overuse injuries. I strongly recommend to all parents and coaches that when lower extremity problems are in the youngster's history or when these problems reoccur and continue, screening and evaluating foot type and foot mechanics is very helpful.

Sometimes the trainer or physical therapist treating the athlete for problems above the feet and ankles can be fooled by the fact that the feet don't hurt. Just because the feet aren't hurting doesn't mean that their imbalance or structure isn't affecting the rest of the body. Again, a faulty or imbalanced foundation can definitely result in problems elsewhere -- this is not unusual, it's common.

By far the best remedy for the above examples is making sure the athlete gets a proper foot and lower-extremity screening so that the best shoe criteria can be followed and consideration can be given to prescription shoe orthotics. Giving the feet optimum support, alignment and balance, which orthotics provide, is always helpful.

When orthotics combine with proper shoes, foot and ankle strengthening, and balance exercises, you're well on your way to reducing these nagging overuse injuries as well as enhancing speed, agility and performance. After all, that's the two things everyone wants -- reduced injury problems and improved performance.

Good luck to all this upcoming school year. Now let's answer a few e-mails.

Ray, Naperville: I've heard you use the term stress reaction during one of your radio shows. What is the difference of stress reaction and stress fracture?

**Dr. Weil:** Stress reaction is a reaction of the bone with swelling and inflammation that does not include a break or crack in the bone, known as a stress fracture. An MRI can tell the difference in most instances. Stress reaction could lead to fracture if proper treatment and rest is done.

**Phil, Chicago:** You often mention foot screenings in your articles and radio show. My son plays serious tennis in high school and I'm wondering what you're looking for. He's had some great-toe problems on and off.

**Dr. Weil:** Foot screenings involve some history like your son's big-toe problems and any other lower-extremity problems. Watching him stand, walk, and run shows things like foot type, flat or pronated, high arches, leg shape, etc. Foot, ankle and lower-leg flexibility can be noted as well as leg length. Is he in the proper shoe for his feet, and what, if any, foot mechanics and foot type factors could be related to his big-toe problems? Recommendations for treatment, shoe changes or orthotics can then be made.

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