

# There is an 'art' to sports medicine

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In dealing with sports-related injuries, whether it's with a world champion, a high school or college player, a young child athlete or a baby boomer, there is definitely an art to sports medicine. Dealing with never-ending decisions, outlooks and expectations is part of the art. How much time off? When can I return to play? How aggressive can I be?

Doctors, physical therapists, athletic trainers, coaches and parents are some of the group of people making these decisions and it's far from an exact science.

There is often plenty of pressure especially at the professional and highest levels of sports. We remember Tiger Woods making the decision against his doctor wishes to play the 2008 U.S. Open on his soon to be surgically reconstructed knee. He gutted it out and even won the tournament, but there were plenty of opinions that questioned the decision (check my Web site for 7/24/08 article).

Just this past Wimbledon championship, defending champion and top-ranked Rafael Nadal had to withdraw due to his troublesome knee tendonitis. He played two exhibition matches just days before the start of Wimbledon to "test his knees". This is certainly not what I would have recommended. I would have said "don't push the practice and pounding."

Of course, when there are millions of dollars at stake this puts tremendous pressure on the athletes and their doctors and trainers to push the envelope, sometimes right, sometimes wrong. The "art" is very much involved when we're dealing with youngsters who are serious with their sports.

Well-meaning parents and coaches too often try to rush injured kids back to their sports too soon. Particularly with overuse injuries, decisions about returning to action (They've got to play, so much as at stake.) are tricky. The situation involving recreational athletes and motivated baby boomers also has its pressures. Time off, recommendations for alternative exercises, therapy and treatments also create challenges for the art of sports medicine.

Being part sports psychologist is required because you're dealing with people whose sports, fitness participation is very important and just telling someone to stop running because of frequent running-related injuries will often result in that person changing doctors until they get the advice they're looking for. Too often, at all of the above levels, drugs enter the equation, trying to rush the healing or recovery process. We've seen where this can lead whether it's performance-enhancing or performance-surviving -- check last month's article on drugs and sports.

Let's get to some e-mails:

Chuck from Naperville: I've been a jogger for over 10 years with no real problems until last year. My Achilles tendon began hurting and I was diagnosed with tendonitis. Over the last year, I've been to physical therapy twice and rested, but returning to running has aggravated it again. I have high arches and was told orthotics are for flat feet. What next?

Dr. Weil: The advice you got about orthotics not being effective for high arches is not correct. It's common that high arches involve supinated feet, which very flexible orthotics can help. They can release the stress to the Achilles, and enhance the amount of needed pronation for shock absorption.

Mary from Aurora: My 15-year-old son runs cross country and track. His team runs daily over the summer. My concern is they run a lot on sidewalks and concrete. His shins have been hurting. Would softer surfaces make a difference? I've been told his feet have mild pronation by the shoe people and he wears motion control shoes. It's the third episode of shin problems this past year.

Dr. Weil: Great question! Concrete is the worst surface to run on. Asphalt is much softer for running -- of course prairie paths and grass could be best, but are not always available. Every day I see the kids' teams on the concrete sidewalks running and your question pops into my mind. I know that traffic and routes available are always a point, but concrete running is the most non-forgiving surface and should be the last choice. The fact your son has excessive pronation (rolling in) and he's had the same problem before sets off concern. Often orthotic control and strengthening is the best long-term answer to persistent "shin splint" problems. Check the 9/27/07 newspaper article on the Web site for more info.

See you next month.

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