

Sports injuries: acute vs. chronic

Sports related injuries can be characterized into two specific areas. Acute injuries, which can be related to a particular event – you sprained your ankle, hurt your knee, twisted your back, etc. Or chronic injuries, which have no specific incident and are vague in their history – you can't relate a particular event or precise injury. "Gee Doc – I don't recall when these ankle problems or shin splints started, but they haven't gone away."

Although persistent chronic injuries can result from an acute episode, mostly both types of problems are treated differently. Acute injuries are treated initially with the RICE principles: rest, ice, compassion and elevation. I often add the prefix "intelligent rest," which is what it says – how much rest and to what extent is the question. Often the more pressure there is to get back in action, the less "intelligent" the amount of rest becomes. Ice and compression reduce swelling while elevation of the injured part above the heart also helps contain swelling.

Acute injuries, after the RICE principles are followed, can then be evaluated by proper expertise – that means a trainer, doctor or therapist. If there is a lot of pain, go to the emergency room. Using over the counter pain or anti-inflammatory medications like aspirin, ibuprofen or naproxen is OK. Following directions for the amount or frequency is of course important. Three

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to five days taking medication should help. If not, see a sports physician or therapist.

Ankle sprains are still the most common of acute sports injuries in all age groups. They vary from mild to very severe and all should be properly evaluated and rehabilitated. I can't over-emphasize how often ankle injuries are under-treated.

By far the most common injuries I see in sports podiatry are the chronic or persistent injuries. Often these are called over-use injuries. Those problems are commonly related to one of the following causes – training errors, trying to progress too fast or just overdoing it. Little league elbow is one of the most famous over-use injuries. This happens a lot in the young prodigy sports like ballet, figure skating, gymnastics and tennis. It can be intense.

In the lower extremities, plantar fasciitis, arch and heel inflammation, shin splints, runners or jumpers knee tendonitis and Achilles tendonitis are examples of chronic problems. Often, the wrong shoe for your foot type can lead to trouble. Especially with running shoes, which have models to enhance motion or increase shock absorption or stability.

Biomechanics and foot

mechanics are also common factors for lower extremity over-use injuries. Examples are flat, over-pronated feet, high arches, leg length differences, knock knees or bowed legs. Prescription in-shoe orthotics are very helpful to control and improve foot mechanics, enhancing alignment and improving support.

Some of the treatments of acute injuries – intelligent rest, ice and anti-inflammatory medication are the same, and some additions like heat and physical therapy might be added. Both heat and cold separately are used, and alternately contrast applications can help. Physical therapy helps almost all kinds of chronic problems and I recommend it always.

Let's face it – injuries happen no matter how conditioned or prepared an athlete is. It's part of the game. From pros to weekend or recreational athletes, it's possible for all to get injured. Mostly, it's the acute type that gets our attention. A good point to remember is if problems persist and become chronic, back off your intensity (or your kid's) and pay attention to your training habits, proper shoes and your feet and body mechanics. It will keep you in action.

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