

course of treatment that should decrease the pain and swelling with rest, ice, and possibly anti-inflammatory medication. Your physician may also order physical therapy where modalities such as ultrasound and electric stimulation may be used. You should also be started on a stretching and strengthening program to help correct imbalances in flexibility and strength. You may also need to modify your activity level, shoe type, and work-out routine to allow the tissue to heal. Occasionally, night splints, heel cushions, or orthotics are also ordered.

Progress may be slow, but with strict adherence to the prescribed course of treatment, plantar fasciitis can be relieved and a return to previous



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CRYSTAL CLINIC

Sports Injuries

SportsHealth & REHAB CENTER

On The Canal

November, 2003

WHAT IS SPORTS MEDICINE?

By: Joseph Congeni, M.D., F.A.A.P.

Medical Director
Akron Children's Hospital



Some-where between the thrill of victory and the agony of defeat, athletes develop conditions like runner's knee, stress fractures, athlete's anemia, exercise-induced asthma, tennis elbow, Little League elbow, shin splints, and concussions—to name a few. **This is what sports medicine is about—it's our specialty.** It involves the care and treatment of active kids of all ages... the young athlete, the weekend warrior, and the elite athlete. Sports medicine physicians assess injuries and medical problems that affect all of these active people. At the Sports Medicine Center in Akron, we have been assessing thousands of sports injuries for almost 20 years.

In sports medicine, we strive to achieve four goals:

1. Provide a swift, timely, and accurate diagnosis for active athletes and kids of all ages. This can be done by clinical exam or by x-rays, bone scans, MRI's or other diagnostic studies.
2. Develop an appropriate treatment "game plan" for active people as soon as possible. This may include rest, physical therapy, medicine, bracing, or manual therapy, which might include manipulation or soft-tissue massage. In certain cases, surgery is necessary to return the athlete to full activity. Sports medicine strives to find the surgeon, physical therapist, chiropractor, sports nutritionist, or sports psychologist to deliver the highest quality of treatment in the region, when needed.
3. Prevention is essential to sports medicine. An athlete's "game plan" includes preventing the athlete from developing progressive arthritis, recurrent injuries, or deformities that can limit the active person now or later in life.
4. Ultimately in sports medicine, we strive to deliver all of this care swiftly and, if possible, in one location for ease of access for the athlete.

That is our goal and mission at the SportsHealth & Rehab Center on the Canal. Come visit us to see if this mission meets your needs the next time you have any sports or activity-related injury or medical problem.

SPORTS MEDICINE = PREVENTION = HEALTHY LIFESTYLE



CRYSTAL CLINIC

MARTIAL ARTS INJURIES AND PREVENTION

By: Brian T. Horak MPT, CSCS
Allied Health Rehab Centers Akron



Martial arts are fast growing sports in the US, with well over 1.5 million participants in the last year. As the number of athletes grow concerns about prevention of injuries grows. Make no mistake; participation carries a possibility of injury just like any other high contact sport like football or rugby. In a recent study at George Washington University, 144 male and 30 female martial artists from four different styles were studied to calculate the number and type of injuries sustained in one year. The average number of injuries for males was a little over four per year, which was the equivalent of one injury per 48 hours of in-class participation. The number for females was quite a bit higher at seven injuries per year, or the equivalent of one injury per 27.5 hours of training. Although this seems alarming for women this could also be because of a smaller population of women in the experiment. The injuries primarily consisted of bruises, sprains/strains, and lacerations.

Considering the injury rate of the kicking sports, prevention is very important and cannot be overlooked. Primary prevention of injury in any sport is a good warm up of at least five minutes of cardiovascular activity (jumping rope, light jogging, jumping jacks, etc), whatever it takes to get your blood flowing. After your warm up, you should start to sweat. Now that you're warmed up, stretching is next. Every major muscle that you plan on working should be stretched lightly. Take your stretch until you feel tension on the muscle, hold for 20 seconds and relax. **NO BOUNCING!** Repeat 2-3 times. Stretch muscles specifically. If you will be doing a lot of kicking, make sure to stretch hamstrings as well as quads and hip flexors. After stretching, start lightly into the work out-low intensity and lower targets. The worst thing you can do is start off throwing a hard head-height kick right out of the gate, start with a couple of controlled hip or torso height kicks in order to let your body get the motion down before you go for the head shot. This will help technique as well as decrease injury.

Another consideration for injury prevention is weight training to augment specific martial arts training. The body can develop many muscle imbalances with different disciplines. For instance, in tae kwon do the emphasis on kicking can lead to tight quads which can lead to hamstring strains, knee and/or back pain. To minimize this effect you can build better muscle balance by working on the strength of the hamstrings to balance out the quads. The same is true throughout the body in the shoulders, elbows, and even the lower back. Proper training and conditioning techniques, are beyond the scope of this article but the key to injury prevention is proper warm-up and stretching.

BACK PACK TIPS

By: Dana Ritchey, P.T.A.



Does your child look like a student heading off to school, or a pack mule carrying a heavy load? Doctors and Physical Therapists have noticed an increased number of middle and high schoolers with back and shoulder pain. Heavy back packs are often the culprit. Any time you see your children altering their posture to carry a weight, it's a problem.

Adolescence is when we begin to form posture habits; it's also when backpacks begin to get heavier. Children who carry an overstuffed backpack, or a pack that is not adjusted properly, can end up with neck and back pain. After time, your body begins to break down and you can't function the way you want.

Here's some tips to minimize back and shoulder pain from heavy backpacks:

- When you load your body, you want to be as close to a straight-up-and-down, military-like posture as possible; your butt out, your shoulder blades back and together, your chest out and chin in.

- Don't slouch and don't lean forward or backward. When you lean forward to counterbalance a weight on your back, you put more pressure on your spine, strain your back muscles and increase the load on your lumbar discs (fluid filled sack between vertebrae).
- Check the weight—a loaded backpack should weigh no more than 5% to 10% of what the person carrying it weighs.
- Wear both shoulder straps, one over each shoulder. If the backpack regularly weighs 20 pounds or so, consider a backpack with a waist strap to reduce the stress on the lumbar spine.
- Cut the slack in the straps. Adjust the shoulder straps so the pack does not dangle. The backpack should sit just above the belt line and no higher than the upper portion of the shoulder blades. Choose a bag with padded shoulder straps.
- Pack heavy books and other heavy objects so that they're closest to your back. If the weight is on your shoulders and not on your back, you will lean too far forward.
- Get a backpack with enough padding on the back and shoulders so that your back doesn't hurt.
- Counter a heavier load by carrying something in front too.
- When you bend down to lift anything, bend at the knees and lift with your legs; don't bend forward at the waist and lift with your back.
- Find a way to lighten the load. (You could try asking your teachers for less homework, but it probably won't work.) Otherwise the burden you bear today, could become too much to bear later in life.



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HEEL PAIN

Heel pain is a common condition seen in both athletes and non-athletes. One common cause of heel pain is a condition referred to as plantar fasciitis. People who have excessively flat feet, high arches, or rigid feet—as well as those whose occupations require them to stand all day are especially prone to plantar fasciitis. Runners are particularly susceptible to this condition due to the overuse nature of the sport. Plantar fasciitis can be brought on by a sudden increase in weight, changes in activity level, or a quick return to sports after a long period of rest. Poor shoe support and increasing age can also be contributing factors.

The plantar fascia is a dense fibrous tissue that runs along the bottom of the foot. The fascia is usually irritated by overuse. Typically, plantar fascia pain is most severe at the heel, but may spread along the length of the foot. In chronic cases there may be an increase in bone formation at the insertion of the plantar fascia which is known as a heel spur.

The first symptom of plantar fasciitis is usually heel pain with standing, walking, or running. It usually starts as a dull, intermittent pain in the heel and progresses to a sharp, persistent pain. It can be especially painful during the first step out of bed in the morning or after a long period of sitting. Since it is difficult to rest the foot, the pain gradually becomes worse because the condition is aggravated with every step.

If you have these symptoms, you should see your physician who can initiate a



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