

A photograph of a man sitting on a light-colored wooden floor in a bedroom. He is seen from the back, with his hands resting on his head. He is wearing light-colored shorts with dark stripes on the side. In the background, there is a bed with white linens and a wooden headboard. A lamp is visible on a nightstand next to the bed.

# PREVENTATIVE MEDICINE

UNDERSTANDING YOUR BODY AND THE EXERCISES NECESSARY TO KEEP CERTAIN PARTS IN SHAPE IS THE KEY TO AVOIDING SUDDEN INJURY OR CHRONIC PAIN.

*By Eric Buttermann*

**E**very day you take to the field, rink or court, there's a chance you may limp back off — not to mention exit on a stretcher. Health is not a guarantee to anyone, but as a professional athlete, you need to know what injuries to look out for and ways to prevent those injuries from occurring in the first place. Heed the advice of our expert doctors, and you could save yourself a lot of pain — and a lot of time on the bench.

Dr. Kevin Stone, sports doctor and director of the Stone Clinic in San Francisco, says the first mistake athletes make is that they're only worried about their knees and shoulders when their biggest problem could be behind them. "The athlete's back is incredibly fragile because they don't develop core strength like they should," he says. "You have to train your abdominal muscles, and many more athletes than you'd think are weak in this area. When we test rowers, you'd imagine they would have a strong core, but they spend time in back flexion so ab muscles are not extended as needed."

Top core exercises include crunches (both normal and diagonal), alternate leg touch-downs and prone hyperextensions. They may not give you those impressive chests and biceps — but you can't lie back on the bench press if you're lying on your back injured.

Dr. Stephen Pribut, a Washington, D.C.-based sports podiatrist, says you also need to be aware of asymmetries that can occur in the leg or feet, and how a shortened leg can impact the back with every step. In addition, straightening up when you walk is crucial; the poor posture of everyday activities can lead to a back injury.

You also may not want a leg up on the competition, but a knee up. "As we look across demographics," says Stone, "the most common injury around the knee is the torn meniscus cartilage. It can start with 'I heard a pop in my knee, Doc,' and from the pop comes swelling or an achy feeling on the knee joint line. If it doesn't go away with rest, it can thankfully be repaired with surgery."

Sometimes foot position during running can be critical in stopping injury for people who "overpronate" (or let the foot roll inward too much). This can result in internal rotation of the leg. Pribut recommends straight leg lifts for strengthening the knee. "It improves the inner part of the knee, and it also gets back the timing effect where muscles start to fire synergistically," he says.

If injury occurs, a combination of concentric and eccentric exercises can help, according to the website [www.stoneclinic.com](http://www.stoneclinic.com).

Examples include a daily five-minute single stand, one-third knee bend, a linebacker double stance and a five-minute side-to-side hop with emphasis on absorbing the force of the body weight as the knee bends. You can also increase the intensity by adding an elastic resistance cord.

The ankle injury is another common hazard. "Athletes think they have great lower extremity strength," Stone says, "but when you look at their balance, it's often not very good. When they land on a jump, athletes depend on the brain to stabilize the muscles around the joint, and if that feedback loop is not well trained, the result can be ankle injury."

Rehab is key after an ankle injury, according to Dr. Pribut. "When you've healed up to where your doctor approves," Pribut says, "you can start off with gentle motion exercises, moving the foot up and down and back and forth. You can also do Thera-Band exercises in different directions, wrapping one half of the band around a table leg and the other around your foot."

A wobble board also can improve balance; Pribut recommends the 20-inch model. "Go front and back for a minute, and then side to side the next session on the board," he says. For sprains, [stoneclinic.com](http://stoneclinic.com) recommends toe curls and toe spreads if you can handle full weight-bearing.

Finally, athletes should be on the watch for shoulder injuries, particularly in sports with throwing motions. A torn rotator cuff that once spelled the end of a pitching career can now be repaired with surgery. Still, that same pitcher would be better served by improving his pitching mechanics to avoid injury from the start. Chicago Cub Kerry Wood may have tied the game strikeout record in only his fifth start, but seven seasons into his career, he'd only managed to average 10 wins a season. This is because he spent a decent part of his career on the disabled list due to an injury-riddled pitching motion.

If a dislocation of the shoulder occurs early in a career, Stone urges athletes to consider surgery earlier rather than later, because the younger you are, the more likely you are to dislocate the deltoid again. For shoulder tendonitis, which often doesn't require surgery, rehabbing is a strong part of returning to full strength, so consult a physician for a program catered to your needs.

Regardless of the injury you have or are trying to prevent, the key is to always stay aware of your body. Proper stretching, regular doctor visits and rest are crucial to long-term athletic success.*OT*

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