

MARATHON

NEWSLETTER

ISSUE ONE

For those of you running the London Marathon this year, congratulations!

This is your fortnightly newsletter providing you with essential tips on avoiding injury and, in the unfortunate event you get one, outlining the best approach to getting you back on the road as soon as possible. We're here to complement any running coaching you may be getting, and to help keep you fit and healthy throughout your preparation and, of course, for the Big Day itself.

For the novice runner, the easy mistake to make is to focus solely on the number of miles you run before now and the end of April. But to get the best out of these last weeks leading up to the big day there are many other considerations that you should factor into your training.

Over the coming weeks, we'll be giving detailed advice on a number of general topics, such as **clothing, equipment, injury prevention, nutrition, hydration, tapering and mental preparation**.

And, each fortnight, we'll also concentrate on a specific **Focus Area of your body**, setting out the common injuries faced by those training for a marathon, how best to avoid them, and what to do if you are unlucky enough to get an injury. We'll start in today's issue with **feet** (see below), and work our way up the body each fortnight, through **ankles, lower leg, knee, upper leg, bum, hips and lower back**. Of course, if you injure yourself before we cover that part of the body, get in touch with us, your doctor or other medical professional straight away.



Common Injuries

Whereas our (and your!) main goal is to avoid injuries, sometimes they just can't be prevented. A marathon is not only a feat of physical and mental endurance, but also a serious challenge to your body's robustness. Sadly, [more than half](#) of runners injure themselves during their marathon training. And many have to pull out before the big day.

The table below sets out the most common injuries incurred during training, how to recognize them, and who you need to see to fix them. We will go into a lot more detail, including prevention strategies, in the fortnightly **Focus Areas**, but in the meantime, you may wish to print this off and keep it as a handy guide. Of course, if in doubt at any time, you should seek proper professional advice from your doctor or specialist myoskeletal practitioner.

So, provided that you are injury free on 28th April, you will almost certainly complete the 26.2 miles. But first of all, you need to respect your body. The key to avoiding injury is to listen to what it's telling you. Here are the key symptoms that might arise:

Pain

The most obvious symptom to look out for. If you feel pain, get it checked out. **Don't push through**, as pain is an important warning signal that something is wrong.

Swelling

Usually in or around joints, swelling often indicates an inflammation or build-up of fluid in a particular area. If left untreated, or if aggravated by further running without a period of rest, the problem will invariably get worse.

Stiffness, tightness and restricted movement

This is a common symptom within muscles or joints. But it doesn't necessarily indicate an underlying injury. However, if after appropriate stretching and adequate rest, the sensation doesn't go away, it may be an early sign of a developing injury. You'll then likely need professional sports massage.

Bruising and discolouration

Usually a result of an underlying impact or trauma injury. If symptoms are worrying or particularly painful, or do not disappear within a couple of days, you should see a doctor.

Unusual tingling sensations or prolonged muscle spasms

If you develop any of these symptoms, especially if radiating down a limb, you should immediately see a physio or doctor.

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Symptoms	Likely Underlying Problem	Who to see	Newsletter Coverage
Pain close to the heel bone	Plantar fasciitis	Physio, osteopath or sports masseuse	Issue 1
Pain and swelling on top of the foot	Stress fracture	Doctor or A&E	Issue 1
Painful sacks of fluid on the foot	Blisters	Self-treatment and remedial action	Issue 1
Pain, swelling or stiffness in ankle	Ankle sprain	Physio or doctor	Issue 2
Pain, tenderness or swelling on the inside of shin	Shin splints	Sport masseuse or physio	Issue 3
Pain or tenderness in calf	Calf Sprain	Sport masseuse or physio	Issue 3
Pain and swelling Achilles tendon	Tendonitis	Physio	Issue 3
Pain at back of kneecap, especially when running uphill or going upstairs	"Runner's knee" (Patellofemoral pain syndrome)	Sport masseuse, osteopath or physio	Issue 4
Pain and inflammation at front of knee, inability to straighten leg	Patella tendinopathy	Sport masseuse, osteopath or physio	Issue 4
Pain and/or tenderness down the back of thigh	Hamstring Strain	Sport masseuse, or physio	Issue 5
Pain and swelling in inner thigh	Groin Strain	Sport masseuse, osteopath or physio	Issue 5
Pain and/or inflammation on the outside of knee	IT Band Syndrome	Osteopath or physio	Issue 5
Aching hamstring and restricted movement	Tightness and spasms	Sports masseuse	Issue 5
Pain, aching or tingling down the leg	Piriformis Syndrome	Sport masseuse, osteopath or physio	Issue 6
Pain/swelling outside of hip when bending/straightening leg	Trochanteric bursitis	Physio or osteopath	Issue 7
Pain around the coccyx (sitting bone)	Sacroiliac joint irritation	Osteopath	Issue 8

This table is intended as a quick, very generalised guide to potential problems and includes some of the most common conditions that runners face. Over the next few months we will take a more detailed look at each of these conditions, and many more. In each case, we will provide you with advice on causes, prevention and recommended treatment.

However, if you happen to incur an injury before we cover it in our newsletter, please either contact us for advice on what to do, or speak to your own doctor, physiotherapist, osteopath or sports masseuse, as indicated above.



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Issue 1: Focus Area – Foot Injuries

The feet are subjected to enormous cumulative forces during the training and running of a marathon. Depending on how fast you run, you will take anywhere between [1,000 and 2,300 steps per mile](#). On the marathon day alone, that means you may make up to 60,000 steps. And whilst running, with every step you take, **three times your body weight** can be exerted on the human foot. This can add up to hundreds or even thousands of tons of force acting on the foot on longer runs.



So, first things first, if you haven't yet invested in a high-quality pair of running shoes, it is time to do so. We'll discuss this more in our next Newsletter.

Anatomy of the Foot

Your feet play a pivotal role in your running action. As well as helping to propel you forward, they have to offer you support, balance and mobility. Each foot is made up of 28 bones, 30 joints and more than 100 muscles, tendons and ligaments. The band of tissues (ligaments) supporting the arch of your foot, connecting your heel bone to your toes, is known as the plantar fascia.

The muscles, tendons, bones and ligaments of the feet will all strengthen as you run. But this adaptation process takes time. It is therefore crucial that any increase in the number of miles you run is incremental. The usual recommendation is to **increase your training load by no more than 10% in any one week**.

To help avoid wear and tear on the feet, vary the type of surface you run on. If you run exclusively on pavement and tarmac, you are asking for trouble. Experiment with park running, track running, treadmills and even aqua-jogging as possible alternatives.

Blisters

Symptoms: Sack of fluid in the foot. May be red/black (if blood blister) or clear liquid.

Cause: Repetitive friction between skin and socks due to poor fitting shoes, sock fabric, or bunions, heel spurs, hammer-toe, etc

Prevention: You should wear proper running socks, and avoid cotton. The best running socks are made from synthetic materials such as polyester and/or acrylic because these fibres take moisture away from the surface of your skin. 'Twin-skin' socks help absorb friction and reduce blistering. Check your shoe size, and get advice from a professional sports shoe retailer.

Treatment: Cover the blisters with a plaster. You are advised not to pierce a blister, so as to avoid infection. You should not run if they start to bleed, or if running aggravates the blister. They may take a few days to settle.

Plantar fasciitis

Symptoms: Pain under the heel bone, sometimes travelling along the underside of the foot. Occurs especially in the morning (your first step when you get up!) or when resting. Can be deceptive because it often gets better after movement such as walking, or at the beginning of your run.

Cause: Usually tight calf muscles. Also may result from high or low foot arch, spending too much time running on hard surfaces, muscle compensation due to misalignment or wrong body mechanics, and being overweight.

Prevention: Stretch regularly, and use a foam roller on calf muscles. Regular sports massage will loosen the tight calves and surrounding fascia.

Treatment: First of all, stop running! Your sports therapist (physio, osteo or masseuse) can show you appropriate remedial calf stretches. If it is slow to respond to stretching, you may be advised or wish to wear a night splint, heel pads or insoles in your shoes. You should apply ice in the morning if it is painful, to reduce the inflammation. Use a foam roller daily. You may need to take a sports massage to release muscles tension or fascia, and to break down any scar tissue that might be exacerbating the problem. If symptoms persist, you may need to see a consultant surgeon.

Stress fractures

Symptoms: Pain and swelling on the top of the foot. Localised burning or aching sensation somewhere along a foot bone. Particular sensitivity to pressure, especially walking, or tight shoe laces. Pain will increase if you try to run.

Causes: A small crack in the weight-bearing bones of the feet, typically the metatarsals of the mid-section of the foot. This can result from impact, but can also come from repetitive movements, especially running and jumping on hard surfaces. Risk is greater where you do not take adequate rest between training sessions, or suddenly increase running intensity or distance.

Prevention: Rest regularly. Increase distance gradually. Create a proper training plan with your Coach.

Treatment: Stop running! Possibly for several weeks. See a doctor asap to immobilise the foot and arrange an X-ray or MRI scan.

Finally, make sure your toenails are cut regularly to avoid ingrowing toenails!

Next Issue

In our next newsletter, we will take a look at the **equipment and clothing** you'll need as you start to increase your mileage. In our Focus Area, we will highlight potential issues and injuries relating to the **ankles**.