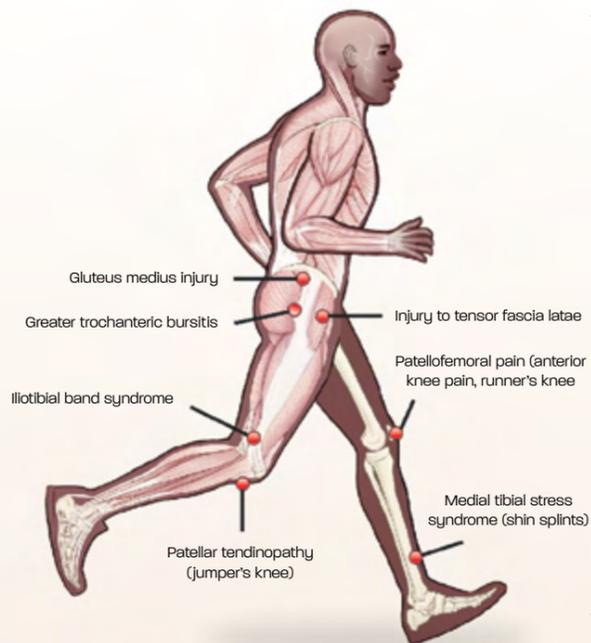


RUNNING

HOW TO SAFELY INCREASE YOUR MILEAGE

Do you want to start a running program? Are you already a runner and want to increase your miles? Are you recovering from an injury and trying to return to running? If you are working to accomplish any of these goals, you have probably wondered how to increase your running miles safely so that you are not hurt. Running-related injuries are very common, and training errors are the leading cause of preventable

injuries. Most training injuries are the result of “too much, too soon, too fast, too quick.” Although preventing running injuries is complicated and scientists still have a lot to discover, one rule familiar to many runners is the 10% rule, which states that you should not increase running mileage more than 10% each week. A study published in the October 2014 issue of *JOSPT* puts the 10% rule to the test.



RUNNING-RELATED INJURIES. A sudden increase in weekly running distance by more than 30% over a 2-week period may put runners at increased risk for developing patellofemoral pain (runner's knee), iliotibial band syndrome, medial tibial stress syndrome (shin splints), patellar tendinopathy (jumper's knee), greater trochanteric bursitis, and injury to the gluteus medius or tensor fascia latae. For this and more topics, visit *JOSPT Perspectives for Patients* online at www.jospt.org.

This *Perspectives* article was written by a team of *JOSPT's* editorial board and staff, with Deydre S. Teyhen, PT, PhD, Editor, and Jeanne Robertson, Illustrator.

This *JOSPT Perspectives for Patients* is based on an article by Nielsen et al, titled “Excessive Progression in Weekly Running Distance and Risk of Running-Related Injuries: An Association Which Varies According to Type of Injury,” *J Orthop Sports Phys Ther* 2014;44(10):739-747. Epub 25 August 2014. doi:10.2519/jospt.2014.5164

NEW INSIGHTS

Although runners, coaches, and health care providers commonly use the 10% rule, more science is needed to understand its role in injury prevention. Researchers followed 873 new runners for 1 year; during this period, 202 runners had a running-related injury. The researchers compared runner injuries based on each participant's weekly increase in running distance: less than 10%, 10% to 30%, and more than 30% in the 2 weeks prior to injury. Runners who increased their mileage by more than 30% had a higher injury rate than those who increased their mileage by less than 10%. Runners who ran farther faster were at higher risk for patellofemoral pain (runner's knee), iliotibial band syndrome, medial tibial stress syndrome (shin splints), patellar tendinopathy (jumper's knee), greater trochanteric bursitis, and injury to the gluteus medius or tensor fascia latae (see illustration). However, other types of injuries were not linked to the 10% rule, such as

plantar fasciitis, Achilles tendinopathy, calf injuries, hamstring injuries, tibial stress fractures, and hip flexor strains. The authors suggest that these injuries may be related to other training errors.

PRACTICAL ADVICE

A sudden increase in weekly running distance by more than 30% over a 2-week period may put runners at increased risk for developing running-related injuries. The lowest injury rates were found in new runners who increased their weekly mileage by less than 10% over 2 weeks. However, other running injuries may be linked to running pace, increasing running speed, sprint training, or other training errors. If you are starting a running program, your physical therapist can help customize a safe running progression to meet your needs. For more information on a personalized running program, contact your physical therapist specializing in musculoskeletal disorders and running-related injuries.

Pictured on the cover and to the right are students from the Kindergarten Classes of Mrs. Jan Bixby.



FROM PRAGUE BACK TO KINDERGARTEN

by Jan Bixby

What started out to be a “bucket list” surprise trip to Prague, ended up being an unexpected year off from teaching Kindergarten. In the summer of 2013, my husband and I traveled to Prague. We delighted in the historical astronomical clock, the magnificent churches and castles, the well-known St. Charles Bridge, as well as numerous cafes and beautiful sights in the city.

The night before we were to see Bon Jovi in concert (the other surprise from my husband), I accidentally bumped into my husband while walking, as he stopped short to let someone pass. My right arm was rendered virtually motionless, but luckily, I had no pain. In spite of my loss of arm strength, there was no way I was going to miss the concert or shorten my stay, so we continued our trip and had a fabulous time!

Once home, an MRI determined that I had torn 3 rotator cuff tendons. Surgery was planned for the end of July, and consequently, I had to take leave from my teaching position at St. Leo the Great School.

Physical therapy was rigorous and sometimes uncomfortable, but Tim Drevna and his assistant, Amy, at Drevna Physical Therapy Associates, worked my shoulder back into shape. By December, although my shoulder rehabilitation was going well, the arthritis in my knee was worsening. With the

advice of Dr. Tymon, and insight from Tim Drevna on the length of the knee rehabilitation, I decided to have the total knee replacement I had been putting off. This meant additional physical therapy following back to back surgical procedures. I didn't want to miss school since I'd be off for the entire year! In the long run, this turned out to be a good decision.

My knee surgery was on January 28, 2014. The recovery and physical therapy was tough, but with the wonderful support of everyone at Drevna PT, I journeyed on through early spring. The staff at Drevna PT are not only therapists, they're also cheerleaders! With occasional “tune-ups” during the summer, I made a complete recovery!

In July, my husband and I decided to celebrate with a trip to Hawaii. Five months earlier, I would have never guessed I could comfortably and successfully venture on a river kayak trip, followed by a strenuous hike up embankments and through ankle deep mud (the prize being lunch and a beautiful waterfall).

This past year certainly wasn't easy, but was well worth all the sweat and tears to get back to the job I love and missed... teaching Kindergarten! I'm going back now as “Bionic Bixby,” thanks to my doctors and the Drevna Dream Team! I can't express the gratitude and respect I have for Tim, Amy and the entire staff.

JOSPT PERSPECTIVES FOR PATIENTS is a public service of the *Journal of Orthopaedic & Sports Physical Therapy*. The information and recommendations contained here are a summary of the referenced research article and are not a substitute for seeking proper health care to diagnose and treat this condition. For more information on the management of this condition, contact your physical therapist or health care provider specializing in musculoskeletal disorders. *JOSPT Perspectives for Patients* may be photocopied noncommercially by physical therapists and other health care providers to share with patients. The official journal of the Orthopaedic Section and the Sports Physical Therapy Section of the American Physical Therapy Association (APTA), *JOSPT* strives to offer high-quality research, immediately applicable clinical material, and useful supplemental information on musculoskeletal and sports-related health, injury, and rehabilitation. Copyright ©2014 *Journal of Orthopaedic & Sports Physical Therapy*®

DPTA WELCOMES JEN NEIHEISER



Jennifer L. “Jen” Neiheiser, OTR/L, CHT has joined the practice of Drevna Physical Therapy Associates.

Jennifer received her Bachelor of Science in Occupational Therapy from Elizabethtown College in 1990. She became a Certified Hand Therapist in 2004 and prior to this had been certified in Animal-Assisted Therapy from Bryn Mawr College and Devereaux Foundation in 1998.

Jen's clinical expertise and areas of interest include fracture care, splinting, and treatment of traumatic injuries of the hand and wrist.

She has been a member of the American Society of Hand Therapists, and has been developing her clinical expertise in hand and upper extremity rehabilitation since 1998.

Professional Staff:

Timothy Drevna,
DPT, OCS, ATC, CSCS

Michael Beiler,
MPT, DPT, CSCS

Christopher Hudson,
MSPT, DPT, CSCS

Anita Alonte Roma,
PT, DPT, NCS

Amy Humphrey,
DPT, OCS, MTC

Lisa Goussetis, PT

Amy Finnegan, PTA

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Christy Knox, OTR/L, CHT

Jennifer Neiheiser, OTR/L CHT

PT INSIGHT

A Publication of Drevna Physical Therapy Associates

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EVERYONE DESERVES A TUNE-UP

Imagine you have finished with a physical therapy program for improving strength, range of motion, balance, walking or preventing falls, in hopes of returning to a sport or recreational activity. Goals have been met, exercises have been outlined and reviewed. Physical therapy is all done, right?

Maybe not... Several months go by and weather, sickness, busy schedules, and family responsibilities prevent us from continuing with our previously prescribed exercises. Muscles and joints are sore and stiff, we're not walking as well, endurance is diminished, maybe our balance is declining or new injuries have occurred.

It might be time for a "Tune-Up!" Checking in periodically with your therapist is a great way to stay in shape and prevent loss of all that you have gained from your rehab program! Drevna Physical Therapy Associates has several options for maintaining or improving your level of function and fitness.

Our program opportunities for your consideration:

- **The Bridge Program** - an exercise and fitness program designed specifically for return to recreational or competitive sports, as well as your normal daily exercise
- **Pilates classes:** Intro, Progressive, Early Bird, Upright Pilates
- **T'ai Chi Balance Group:** Exercise to improve your agility, coordination and balance
- **Fitness Testing:** A comprehensive screening evaluation to measure your strength, balance, flexibility and endurance

Just like following up with your family physician every 3-6 months, it may be appropriate to follow-up with your therapist for an evaluation to improve your function and movement.

Questions? Call us today at 717.569.4184 for further guidance regarding which "Tune-Up" is right for you.

DREVNA
PHYSICAL THERAPY ASSOCIATES
160 North Pointe Blvd, Suite 113
Lancaster, PA 17601

Dance image of Madeleine Pautler by Rachel Neville Photography



INJURY PREVENTION FOR DANCERS

Dancing is one of the most strenuous activities in which teens and adolescents can become involved. Dance requires flexibility, balance, strength and endurance which can place stress on the body's musculoskeletal system.

Several elements of dance place the dancer at risk for injury. Given the numerous repetitive movements in dance, there is a higher incidence of overuse injuries, which usually occur during a class or rehearsals as opposed to happening during performance. They may spend 2 to 3 hours a day in class or rehearsal 5 to 6 days a week.

Dancers use very flimsy shoes that provide very little support to the foot or ankle; the force of landing from a jump is equal to about 12 times a dancer's body weight. Along with proper use of the turnout, having a powerful core, balanced and flexible muscles, and strong feet and ankles is key to preventing injuries.

The "turnout" maneuver is especially crucial among dancers. It must come from the hip and not from the foot or knee. When bad turnout habits occur over a period of time, the dancers will often

be dealing with a hip, knee, ankle or foot injury. Furthermore, dancers, like athletes, operate in a very competitive, physically demanding environment. This can take a toll on the dancer's body. Fatigue, weakness and muscle imbalance play a huge role in injury. Approximately 50 percent of overuse dance injuries are foot and ankle injuries.

Amy Humphrey, who is a Doctor of Physical Therapy at Drevna Physical Therapy Associates, is passionate about treating young, aspiring dancers and teaching them how to decrease their risk for injury. She spent many years as the lead physical therapist at the Washington Ballet in Washington, D.C. and has lots to offer to local dancers. Amy provides all types of services to dancers including a dance screening to assess muscle imbalances, cross conditioning and dance performance enhancement sessions, Pilates for core control, and physical therapy evaluation and treatment of dance injuries. Amy urges dancers to come for treatment at the first twinge or sign of muscle weakness to stave off more serious, lasting injuries. Prompt evaluation and treatment can facilitate long lasting benefits for dancers and intervening with young dancers can set a positive tone for future injury prevention and knowledge. If you are interested in setting up an appointment with Dr. Humphrey, please call our office at 717.569.4184.



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160 North Pointe Boulevard · Suite 113 · Lancaster, PA 17601
p 717.569.4184 f 717.569.4192 w www.drevnapt.com

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