RUNNER'S WORLD

Top 7 Running Injuries

How to Recover Right and Bounce Back Fast

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STAY IN THE ZONE

In an ideal runner's world, every step of every mile would be 100 percent pain-free. No aches, no twinges, no lingering soreness from yesterday's workout. The reality is that many runners constantly deal with a slight (or not so slight) disturbance—a tender foot, a tight hamstring, a whiny knee. While these nagging issues often aren't serious enough to require a time-out, they are annoying, especially when they don't let you fully enjoy your time on the roads.

Think of running pains in terms of a spectrum. At one end you have severe, full-blown injuries—call it the red zone, which includes stress fractures that require time off. The other end, where you're in top form, is the green zone. Mild, transient aches that bug you one day and disappear the next sit closer to the green end. Unfortunately, many runners get stuck in the middle—the not-quite-injured but not-quite-healthy yellow zone.

Whether you land in the red, linger in the yellow, or return to the green end of the spectrum depends largely on how you react when that first stab of pain hits, says Richard J. Price, M.D., a sports physician at Rocky Mountain Orthopedic Associates in Grand Junction, Colorado. "Often it comes down to whether you take a little time off now or a lot of time off later," he says. You can reduce your risk of ending up in the red zone if at the first sign of an issue, you back off your mileage, reduce the intensity of your runs, start a treatment program, and develop a proactive long-term injury-prevention strategy, such as strength training, stretching, and regular foam-rolling.

We'll tell you how to keep annoying pains in check so you can move into—and, with hope, stay in—the green zone.

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The Big 7

1. Runner's Knee

Patellofemoral pain syndrome (PFPS), or "runner's knee," is the irritation of the cartilage on the underside of the patella (kneecap). About 40 percent of running injuries are knee injuries. And 13 percent of runners suffered knee pain in the past year, according to 4,500 respondents to a RunnersWorld.com poll. PFPS typically flares up during or after long runs, after extended periods of sitting, or while descending hills and stairs.

Who's at Risk?

Anyone with biomechanical factors that put extra load on the knee is vulnerable to PFPS, says Bryan Heiderscheit, Ph.D., P.T., director of the University of Wisconsin Runners' Clinic. Risk factors include overpronation (excessive inward foot rolling) and weak quads, hips, or glutes.

Can You Run through It?

Yes, but taking extra rest days and reducing your mileage is necessary. Run every other day and only as far as you can go without pain. Some runners find that uphill running is less painful, so Heiderscheit recommends simulating hills on a treadmill. Uphill running has the added value of working your glutes. Strong gluteal muscles help control hip and thigh movement, preventing the knees from turning inward. Whenever possible, avoid running downhill, which can exacerbate pain. Bicycling may speed your recovery by strengthening the quads. Elliptical training and swimming are other knee-friendly activities.

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Rehab It

Strengthen weak hip and glute muscles with lateral side steps, says Charlie Merrill, M.S.P.T., a physical therapist at ALTA Physical Therapy in Boulder, Colorado. Place a loop of resistance band just above your ankles or your knees. Separate your feet and bend your knees, lowering down into a slightly crouched position. While staying in this position, walk sideways 10 to 15 steps, keeping your feet straight and your upper body still. Then reverse directions. Keep your feet separated to maintain band tension. When this becomes easy, try doing it on your toes with your heels off the ground. If there's a problem in the way your kneecap tracks, athletic tape may reduce pain. Postrun icing also provides relief in the early stages of this injury. Heat works best once the injury is healing and is no longer in an acute stage.

Prevent a Relapse

Heiderscheit recommends shortening the length of your stride and landing with the knee slightly bent; this can take up to 30 percent load off the joint. Count the number of steps you take per minute and increase by 5 to 10 percent per minute. Keep your knee tracking correctly by strengthening your knee's support muscles, such as your quads and glutes, with exercises like lateral side steps and squats. It's also important to stretch your hip flexors.

Knee Check: How to Proceed

Stop!

Pain on the inside or outside of the knee immediately upon waking, which doesn't go away as the day progresses.

Proceed with Caution

Twinges early in run that dissipate and come back after the run. Bothersome after prolonged sitting.

Go Run!

Completely pain-free even after sitting through a two-hour movie or after going on a long, hilly run.

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Elite Treatment

Marathon silver medalist Meb Keflezighi was building up for the 2010 Boston Marathon when he slipped on ice and tweaked his knee. He took two weeks off, ran only every other day for the next two weeks, and then decided not to run a half-marathon that March. The strategy worked: He was the second American at the 2010 Boston Marathon, running a 2:09.

2. Achilles Tendinitis

The Achilles tendon connects the two major calf muscles to the back of the heel. Under too much stress, the tendon tightens and becomes irritated (tendinitis). This condition makes up 11 percent of all running injuries; 8 percent of RunnersWorld.com poll respondents dealt with it this past year.

Who's at Risk?

Runners who dramatically increase training (especially hills and speedwork) and who have tight, weak calves.

Can You Run through It?

"If you have any pain during or after running, stop," says Amol Saxena, D.P.M., a sports podiatrist in Palo Alto, California. "This is not an injury to run through." If you catch a minor strain early, a few days off might be sufficient healing time. If you keep running as usual, you could develop a serious case that may take six months to go away.

Rehab It

Apply ice five times a day. Strengthen the calves with eccentric heel drops: Stand with the balls of your feet on a step. Rise up on both feet. Once up, take your stronger foot off the step. Lower down on your injured foot, dropping your heel below the step. Rise back up. Return your other foot to the step. Do 20 reps. You could also pool-run, use an elliptical machine, and swim, but avoid cycling unless it's not painful.

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Prevent a Relapse

Strong calves protect your Achilles from flare-ups, says Richard Price, M.D., a sports physician at Rocky Mountain Orthopedic Associates in Grand Junction, Colorado, so do heel drops daily. Avoid aggressive calf stretching and wearing flip-flops or high heels, which can irritate the Achilles.

Elite Treatment

Shannon Rowbury, 1500 meters bronze medalist at the 2009 World Championships, wears compression socks for hard workouts to relieve Achilles tightness. "It's made a huge difference," she says.

Achilles Alert: How to Proceed

Stop!

Severe pain and swelling above your heel, even when not running. Standing up on your toes causes pain.

Proceed with Caution

Dull pain around your heel at the end of your run that lingers afterward but goes away when iced.

Go Run!

No pain when you pinch the tendon, starting at the heel and working your way up toward your calf.

3. Hamstring Issues

The muscles that run down the back of our thighs bend our knees, extend our legs, drive us up hills, and power finish-line kicks. So when our hamstrings are too tight or weak to perform well, we notice it. Seven percent of poll respondents say their hamstrings have bugged them this past year.

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Who's at Risk?

Hamstring issues usually arise because these muscles are weak—often from being too long or too short. Counterintuitive as it might seem, very flexible people are prone to hamstring problems because their overly stretched-out muscles are more vulnerable to damage. On the flip side, people who can barely touch their toes or who sit for long periods of time are also at risk. Tight, short muscles are under greater tension. Another factor is muscle imbalance: Many runners' quadriceps overpower their hamstrings, which sets them up for injury.

Can You Run through It?

If the pain comes on suddenly and strong and the area bruises, you may have a true pull and you'll need extended rest—months—before you can run again. If it's a less severe, chronic overuse injury, you can usually run, but it'll take some time before you're back in the green zone. "Hamstring issues stink," says Price. "It takes a long time to heal them." Running a slow, easy pace is usually less bothersome than attempting intervals or hill repeats. Bicycling, pool running, and swimming are good alternative activities.

Rehab It

Strengthen your hamstrings with one-legged hamstring curls (raise the bar with both legs, then slowly lower it one leg at a time) and one-legged deadlifts. Use a foam roller to alleviate tightness before and after a run, Merrill says. In chronic cases, deep-tissue massage may be necessary.

Prevent a Relapse

Stay strong with bridges: Lie on your back with your feet on a chair or exercise ball. Raise your hips, then lift one leg into the air. Slowly lower your hips back down to the floor, using the supporting leg. Return that leg to the chair or ball. Repeat with the other leg. Also, compression tights during or after running can aid blood flow.

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Elite Treatment

When U.S. champion miler David Torrence felt his hamstring tighten up, he took the next day off and went to his chiropractor. "My pelvis was misaligned, causing my hamstring to do extra work," he says. "I took it easy for a few days, iced the hamstring four times throughout the day, and was improved within a week."

Hamstring Signs: How to Proceed

Stop!

Sharp, sudden, strong pain and possibly even a snap or pop sound while running. The area is bruised.

Proceed with Caution

Chronic achiness and tightness that forces you to slow your pace and shorten your stride.

Go Run!

Pain-free while climbing hills and doing speedwork, even after long periods of sitting.

4. Plantar Fasciitis

It's not shocking that about 15 percent of all running injuries strike the foot—with each step, our feet absorb a force several times our body weight. Plantar fasciitis, small tears or inflammation of the tendons and ligaments that run from your heel to your toes, is usually the top foot complaint among runners—10 percent of RunnersWorld.com poll respondents struggled with it this past year. The pain, which typically feels like a dull ache or bruise along your arch or on the bottom of your heel, is usually worst first thing in the morning.

Who's at Risk?

Runners with very high or very low arches are vulnerable, Saxena says, because both foot types cause the plantar fascia to be stretched away from the heel bone.

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Other causes are extreme pronation (foot rolls inward excessively) or supination (foot rolls outward excessively) and increasing your mileage too quickly. Long periods of standing, especially on hard floors without supportive footwear, may exacerbate the problem. Tight hip flexors, weak core muscles, and a history of lower back pain can also contribute. "Back issues and core weakness can lead to subtle changes in your stride that you'll feel in the feet," Merrill says.

Can You Run through It?

Plantar fasciitis is one of the most notoriously nagging injuries, and running through it, while possible, can delay healing. Recovery time can range from three months to a year, but six months is fairly typical, Saxena says. In chronic cases, a complete break from running is usually best. Pool running and swimming keep pressure off your feet. Cycling or using an elliptical can help you maintain fitness, but only if you can do those activities without pain. Wearing a Strassburg Sock while you relax keeps your arch from tightening up.

Rehab It

Roll your foot over a frozen water bottle for five minutes at a time, five times a day, Saxena says. To stretch your plantar fascia, sit with one leg crossed over the other so that your right ankle rests on your left knee. Grab the end of your right foot at the toes and gently pull back. Because calf tightness can be a factor, Merrill also recommends using a foam roller to loosen them up. He also stresses the importance of doing core work (planks, back extensions). "When I see someone who has had plantar pain for years, they're almost always missing core strength," Merrill says. "Sometimes all they need is some core work and their heel gets better. A stable core reduces stress on the spine and stops pain transference to the foot."

Prevent a Relapse

Make sure your shoes fit your foot type by getting an analysis at a running shoe store or from a podiatrist or physical therapist, says Saxena. A custom orthotic may even help. Stretch and massage the plantar fascia several times a day. In the

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morning, hang your feet over the edge of the bed and roll your ankles. Do core work at least twice a week.

Elite Treatment

In 2007, Magdalena Lewy Boulet, a 2:26 marathoner, struggled with plantar fasciitis that became so severe that she contemplated ending her career. "I got on a rehab routine that included active-isolated stretching, and it cured me," she says. "Now it's part of my maintenance routine. I do it for about 15 minutes twice a day."

Foot Wary: How to Proceed

Stop!

Ongoing, ever-present arch pain and tenderness that doesn't seem to fade even once you've warmed up on a run.

Proceed with Caution

Pain when you step out of bed, get up after sitting for a long time, or during the first few minutes of a run.

Go Run!

Pain-free all day, including your first steps in the morning. Walking barefoot on hard surfaces isn't an issue.

5. Shinsplints

Shinsplints refers to medial tibial stress syndrome, an achy pain that results when small tears occur in the muscles around your tibia (shin bone). Shinsplints make up about 15 percent of running injuries; 10 percent of RunnersWorld.com poll respondents had shinsplints in the past year.

Who's at Risk?

Shinsplints are common among new runners and those returning after an extended layoff. They're a sign that you've done too much, too quickly, says

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Price. Shinsplints strike runners wearing the wrong shoe or a pair with too many miles on them, and runners with high arches or flat feet.

Can You Run through It?

When the first twinges of pain strike, back off your running to a comfortable level for a few days to a week, then slowly up your mileage using the 10 percent rule (no more than 10 percent increase per week). Bike, pool-run, and swim.

Rehab It

Rest, ice, and ibuprofen can ease the pain. Though conventional wisdom has preached calf stretching as a way to rehabilitate shinsplints, there's little evidence that this helps, says Price. Taping the shin with Kinesio Tex tape can relieve pain and speed healing. Wearing an air cast ankle brace throughout the day—even while running—can speed recovery. These braces stabilize the ankle so the shin muscles don't have to work so hard to support your leg, Saxena says.

Shin Signs: How to Proceed

Stop!

Tenderness down the leg, especially if you hop on it. If walking (not just running) hurts, it could be a fracture.

Proceed with Caution

Tight, aching pain when running, but the pain goes away when you stop. Hopping isn't painful.

Go Run!

Completely pain-free while running—even long after you stop applying ice and taping your shins.

Prevent a Relapse

The easiest and best way to avoid shinsplints is to increase mileage gradually. Saxena also says to make sure you are in an appropriate shoe. Beginners, espe-

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cially, can benefit from the professional help at a specialty running shop. If you have high arches, you may need a cushioned shoe. Or if you have flat feet, a rigid shoe might be the solution.

Elite Treatment

Once or twice a month, miler David Torrence jumps into a game of pickup basketball or soccer. "The lateral movement uses your muscles differently than running in one direction," he says. "It's helped me manage my shinsplints."

6. Iliotibial Band Syndrome (ITBS)

The iliotibial (IT) band lies along the outside of the thigh from the hip to the knee. When you run, your knee flexes and extends, which causes the IT band to rub on the side of the femur. This can cause irritation if you take up your mileage too quickly, especially if you're doing a lot of track work or downhill running. ITBS makes up 12 percent of all running injuries; 14 percent of poll respondents experienced this in the past year.

Who's at Risk?

Runners who develop ITBS may overpronate, have a leg-length discrepancy, or suffer from weak hip abductor and gluteal muscles. "If your hip motion is not well controlled, then your IT band gets stretched with your running stride, and that can irritate it," says Heiderscheit.

Can You Run through It?

ITBS is known as a stubborn, nagging injury. Take a rest day or two and back off your mileage for a week, and you could avoid a full-blown flare-up, says Price. If you ignore the first symptoms and continue training at your usual mileage and intensity, you can exacerbate it.

Rehab It

Strengthen the hip abductors with lateral side steps, side leg lifts, and one-legged squats. Use a foam roller before and after you run: Rest the outside of

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your thigh on top of the roller, and roll your IT band from your knee to your hip. Hiking and bicycling can aggravate ITBS. Instead, swim, pool-run, and use an elliptical trainer.

Prevent a Relapse

Continue exercises and foam-rolling. Change directions every few laps while on a track, and limit how often you do hilly routes, says Heiderscheit. IT band issues often get better if you can learn to shorten your stride so that your weight centers on the front of the heel or the midfoot as you land. "A 5 to 10 percent difference in your stride length can make a huge difference," Heiderscheit says.

Elite Treatment

Two-time 5,000-meter Olympian Bolota Asmerom, of Oakland, California, dealt with ITBS when he took up his training to 70 miles a week in 1999. "I got relief through massage, strength, and flexibility work," he says. "I've stayed injury-free since then because I take care of every ache with massage and ice. I also try to avoid doing too much track running."

Thigh Anxiety: How to Proceed

Stop!

Pain on the outside of the knee that radiates up and down your leg when just walking down a hill or stairs.

Proceed with Caution

Twinges on the outside of the knee appear 10 minutes into a run, but disappear during a walk break.

Go Run!

Outer knee and thigh are completely pain-free even after running a hilly route or circling a track.

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7. Stress Fracture

Unlike an acute fracture that happens as the result of a slip or fall, stress fractures develop as a result of cumulative strain on the bone. Runners most often have stress fractures in their tibias (shin), metatarsals (feet), or calcaneus (heels). They are one of the most serious of all running injuries; almost 6 percent of poll respondents had one in the past year.

Who's at Risk?

Runners who overtrain. Bones need downtime to rebuild after a workout. If you increase the duration, intensity, or frequency of your running too soon, your bones can't repair themselves fast enough to keep up. Stress fractures are more common in women than in men, usually due to nutritional deficits, low estrogen levels, and inadequate calorie intake. Luckily, weight-bearing exercise like running is protective, which means experience is on your side. "The longer you've been running, the lower your risk is," Price says.

Can You Run through It?

In a word: No. Expect to take 8 to 16 weeks off from running. The amount of rest you'll need depends on the severity of the fracture and its location. Weight-bearing bones like those in the foot heal slower than those in the shin, for example. And if you ran through the pain for a while before you realized you had a fracture, your recovery could take longer, says Merrill. Avoid all impact exercise. Instead, pool-run and swim.

Rehab It

Listen—well—to your body. "Once you can walk without any pain, you can try a bit of jogging," says Price. "But you have to back off if there is lingering pain. It's crucial that you build your mileage slowly—start with just a few minutes."

Prevent a Relapse

Improve bone density with weight training, and make sure you're getting enough calories and nutrients. Contrary to popular belief, running surfaces don't seem to make a difference. "It makes sense that running on soft surfaces

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like grass would be better than roads, but studies have not borne that out," Price says.

Elite Treatment

"When Deena Kastor suffered a broken bone in her foot during the 2008 Olympic Marathon, she had to take six weeks off," Price says. "Daily pool running kept her strong." After making a recovery, she ran a 2:28 Chicago Marathon in 2009.

Bone Scan: How to Proceed

Stop!

Pain builds up as you run. But it doesn't just hurt when you run; just being on your feet is uncomfortable.

Proceed with Caution

Sorry, no middle ground here. With this injury, you are either in the red or in the green zone.

Go Run!

Pain-free throughout a run and no lingering pain afterward, even when you've been on your feet all day.

Other Complaints

Back Pain:

Back pain is common for the general public—about 70 percent of adults suffer moderate or severe back pain at some point (and often multiple points) in their lives. The pain can result from disc degeneration between the vertebrae in the lower back or from damage to back muscles, ligaments, or joints. Running stresses the lower back, and excessive pronation, imbalance between the abdominal and back muscles, and inflexible hamstrings increases the potential for back injury. Chronic muscle tears in the glutei or piriformis muscles can be felt in the

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lower back. Pain that begins in your lower back and shoots down one of your legs is sciatica, irritation caused by stress on that nerve, which runs from your lower back down your legs.

Recognizing

A single-incident injury is simple enough to recognize: Your back muscles cramp and you feel excruciating pain. In severe cases, you're unable to walk or straighten up. With back problems that are less severe and more chronic, you may feel a stiffness or mild soreness. But any discomfort in your back can be debilitating. With sciatica, you feel pain shooting down your leg, which may feel like burning or an electrical sensation.

Treating

How you treat your back pain depends on the nature of the injury.

If you can't move without severe pain or have chronic problems, see a doctor. For mild pain, ice 4–5 times a day, 20 minutes at a time. (Simply place the ice bag on your bed or the floor, and lie on it.) Some people find relief with a cold/hot regimen, alternating 20 minutes of cold with 20 minutes of heat. Try sleeping with a pillow between your legs when lying on your side, and two pillows under your legs when sleeping on your back.

Sciatica can run from your buttocks all the way down to your foot. For this type of pain don't ice; take an anti-inflammatory such as ibuprofen or aspirin and do some stretching. If the pain persists for more than 10 days, see a sports-oriented doctor (sciatica may be caused by a leg-length discrepancy that can sometimes be alleviated and corrected with physical therapy or orthotics).

Recovering

If running doesn't make your back pain worse, go ahead and run. Choose soft surfaces and avoid hills and irregular surfaces. If running does start to make the pain worse or is too painful, try swimming, cycling, walking, or running in a pool.

The recovery period depends on the cause. A degenerative disc can be seri-

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ous, and you will need to consult a doctor for this type of injury. Surgery is the last line of defense against this type of condition, and can usually be avoided. If your pain is from an acute injury, most often you can recover within two weeks or less. You can shorten the time by applying ice the first three days and taking an anti-inflammatory such as ibuprofen or aspirin.

Preventing

- Strengthen your core muscles, which are your abdominals, trunk, and back muscles.
- Stretch your back muscles and hamstrings; many back injuries occur because the muscles are tight and inflexible.
- Strengthen your abdominal muscles; with weak abdominals, your back muscles have to carry more of the workload.
- Have a sports physical therapist or podiatrist check your biomechanics. Your running form might be putting undue stress on your back (you may run with a pronounced forward lean, for example).
- Schedule an evaluation by a podiatrist to see if you need orthotics.

Heel Pain/Spurs:

A heel bruise is one of many types of heel pain. A heel bruise can be caused by a single incident (for example, stepping barefoot on a rock, or awkwardly stepping on a sharp object while running), or it can be a chronic injury. Older runners may be more prone to heel bruises, because the thickness of the heel pad decreases with age.

Recognizing

The pain usually is in the middle of the heel, which becomes quite tender to the touch. The heel tends to be sorer upon waking or after sitting for a long time. But, unlike a low-level Achilles tendinitis injury, the pain doesn't wear off, partly because you put pressure on the bruise with each step taken.

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Treating

Insert a heel cushion in your shoe to provide cushioning and absorb shock. Cushions have a soft point in the middle (creating a doughnut effect) that protects the heel bruise. Control inflammation with ice and an anti-inflammatory such as ibuprofen or aspirin.

Recovering

Unless the bruise is too severe, you should be able to continue running with the heel cushion. Monitor the bruise, and if it gets worse during your runs, cut back on your running. Instead, cross train by doing something that isn't weight-bearing (for example, swimming, cycling, and so on).

Preventing

If you are predisposed to heel injuries, you can place extra cushioning in your shoe as a preventive measure rather that an after-the-fact treatment.

- In general, maintaining a healthy weight can certainly help cut down on the occurrence of heel bruising.
- Since most of these injuries are caused by landing on stray materials in your path, your best safeguard is to keep your eyes open and try to avoid rocky patches.
- Wearing thicker socks or an extra pair can absorb some additional shock. Other than that, there's not much you can do here except not run barefoot and steer clear of rough terrain.

Warts:

Plantar warts, small growths on the sole of your foot caused by a virus, are a nuisance. The skin in these areas receives more pressure and is more likely to have a small crack that can be infiltrated by a virus.

Recognizing

Unlike common warts, plantar warts don't rise above the surface of the skin. You'll likely feel an uncomfortable spot where the wart is—sometimes as if you

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have a small stone in your shoe. With your foot under a bright light, look for brownish-black specks. Sand the growth down with sandpaper or a pumice stone and reinspect it. If you see brown specks, it's probably a plantar wart.

Treating

To kill the wart, apply an over-the-counter salicylic acid preparation, available in liquid, gel, pad, or ointment. Periodically sand and re-treat the wart. It can take several months to get rid of a large one.

Warts can spread, so monitor your feet closely and treat warts early. Another option is to apply vitamin A once a day by breaking open a capsule and squeezing the liquid onto the wart. It can take anywhere from one to nine months for warts to disappear using this method.

Other methods used to get rid of warts include excision, freezing, burning, acids, and laser treatment. Consult your doctor.

Recovering

For temporary relief of pain, place a doughnut-shaped piece of molefoam around the wart. Continue to run if it's not too painful.

Preventing

- Keep your feet as dry as possible.
- Wear socks made of synthetic material. Change them regularly.
- Use medicated foot powder.
- Don't go barefoot in locker rooms or public showers. Invest in an inexpensive pair of flip-flops or shower shoes.

Ankle Sprains:

Ankle sprains are the most common ankle injury. They occur when your foot accidentally rolls to the outside, stretching or tearing the ankle ligaments and causing an inversion sprain or strain. If the ankle rolls to the inside, it's called an eversion sprain (this is much less common).

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Recognizing

If you have lingering pain or swelling above your anklebone after rolling your ankle while running or walking, it is most likely a sprain. The area may be tender to touch and may bruise slightly.

Treating

Ice and elevate your ankle as soon as possible, and the sooner you do this, the less pain and swelling you'll have. (A severe sprain requires a visit to the doctor.)

Rest: Put little or no weight on your ankle for at least the first 24 hours after the injury. Use crutches for a severe sprain.

Ice: Ice the ankle every two or three hours for 20 minutes at a time for the first 72 hours. Use ice packs, ice slush baths, or ice massages (using a cup with frozen water; rub the ice over the sprained portion, continue to move it around).

Compression: Wrap your ankle with an elastic wrap to help keep the swelling down. Wrap it tightly but not so much that it cuts off your circulation.

Elevation: Keep your ankle raised above heart level to reduce the swelling. Avoid aspirin, which can cause more bleeding into the ankle; use ibuprofen or acetaminophen instead.

Recovering

As your ankle mends, you can gradually progress to more and more weight bearing. You may support your ankle with a brace or tape it with wide, nonelastic adhesive tape until it regains strength. As soon as you have enough strength, do stretching (not weight-bearing stretching) and strengthening exercises, such as drawing the letters of the alphabet with your toes.

Note: Most ankle sprains heal within a few weeks. The more severe the injury, the longer the recovery.

Preventing

- Do towel exercises.
- Do band exercises.

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- Do the alphabet exercise: Use your big toe to "write" the alphabet in the air, moving your ankle to form the letter, and repeat three times.

Athlete's Foot:

Athlete's foot is a fungal infection of the foot. Your body (whether you knew it or not) is home to many microorganisms, including fungi. When a particular type of fungus grows and spreads on your feet you get *tinea pedis*, which is commonly known as athlete's foot.

Recognizing

Athlete's foot results in itchy, red, flaking, and sometimes cracked skin, often between the toes. More severe cases might cause blisters or oozing of fluids.

Treating

Many over-the-counter treatments can be effective in fighting athlete's foot. These creams or powders contain clotrimazole, tolnaflate, or miconazole. You usually have to use these medicines for one to two weeks before the fungus is cleared.

If your athlete's foot doesn't respond to such treatment within two to four weeks, or if it continually reoccurs, see your doctor for a stronger antifungal medication.

A prescription may be a better bet. Athlete's foot is generally harmless and easy to take care of, but you should call your doctor right away if your foot is swollen, warm, and has red streaks, or if you have diabetes.

Recovering

While recovering from athlete's foot, consistently apply the medication you are using, and keep your feet clean and dry, especially between the toes. When you wash your feet, wash them thoroughly between the toes. Change your socks often to keep your feet as dry as possible. To relieve the itching, soak your feet in baking soda mixed with water.

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Blisters:

Compared to more serious injuries, blisters can seem frivolous. But they can be painful. Blisters are caused by friction, usually your shoes or socks rubbing against your skin. In response to the friction, the body produces fluid, which builds up under the skin being rubbed. A blood blister occurs when the friction ruptures tiny blood vessels. Blisters are more likely to happen in hot or wet weather, which makes your feet swell and intensifies friction.

Recognizing

Blisters are puffed-up sacs of skin, bulging with the liquid that developed when the friction began. A blood blister is just that: a blister filled with blood, rather than clear fluid.

Treating

The majority of blisters will simply recede on their own, the fluid will be reabsorbed, and your skin will easily heal. For the most part, if you remain patient with this injury, you'll be just fine.

If a larger blister hasn't subsided in 24 hours and is troublesome, you may want to drain it. (Do not, however, drain a blood blister.) Here's how:

1. Wash your hands.
2. Sterilize a needle in a flame, in boiling water, or by soaking it in rubbing alcohol.
3. Swab the blister with alcohol or disinfectant.
4. Carefully prick two small holes in the blister, on opposite sides, just deeply enough to open the dead skin.
5. Gently push on the outer edges of the blister with sterile gauze.
6. Take care not to push on the part that you punctured.
7. Cover the blister with a sterile bandage. Keep wearing a bandage until the skin toughens up.

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Recovering

Blisters are one of the most common and nonthreatening injuries a runner can incur, but that doesn't mean you should laugh them off completely. As with just about any other skin wound, blisters should improve with each passing day so long as you're not irritating them further. But if pain, redness, and swelling persist, you may be dealing with an infection. See your physician for further treatment.

If, however, your blister is cleaned, treated, and healing normally, you may feel free to restart your running routine. Before you lace up your shoes and get back out there, try the following tip.

Before running, cut a doughnut shape out of molefoam and place around the blister, then place another layer of molefoam on top of the entire area.

Preventing

- Wear synthetic socks, which wick moisture away from the skin. Socks with reinforced heels and toes also help reduce friction.
- Dry skin is also prone to friction, so use skin moisturizers.
- Coat your feet with Vaseline or another lubricant before you run. But don't get carried away—a little goes a long way.
- Wear shoes that fit. Too big and your feet will slosh around in them; too small and your toes will rub against the front of the shoes.
- Use padded tape, which stays put when your feet get wet and protects your feet against friction.
- Wear two pairs of socks, so the friction occurs between the socks and not the feet and socks. (You may need to switch to slightly larger shoes to accommodate the extra socks.)

Toenail issues (fungus, ingrown, splitting):

Toenails are something you seldom think about—unless one hurts. Then it grabs all your attention. Problems you might encounter include ingrown nails,

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black toenails, runner's nail, and fungal toenails. We'll focus on the first two. (Runner's nail refers to thickened nails that also can become discolored, which should cause you little discomfort unless they become infected. Fungal toenails are—you guessed it—toenails infected by fungus. If you suspect you have an infection, see your doctor or a podiatrist for treatment options.)

Recognizing

With ingrown nails, the nail curves and grows into the side of the toe. You will feel pain, and the affected area may be red and swollen. All nails curve down at the sides, but an ingrown nail curves more severely and puts excessive pressure against the skin. Ingrown nails may be caused by clipping the nail too short or excessive pressure from the forefront of the shoe. The constant pressure results in inflammation, and the nail can break the skin and cause infection.

Black toenails, a common ailment among runners, especially long-distance runners, are aptly named. Black toenails are caused by a pooling of blood under the nail. This can happen from a single, traumatic incident (such as dropping a weight on your toe), but is more likely to occur from repetitive motion of the toe rubbing against the shoe. The toe may throb from the pressure of the blood.

Treating

For ingrown nails, try soaking the affected foot in Epsom salts and use an antifungal cream on the ingrown nail. Some minor ingrown nails correct themselves. Most ingrown toenails, however, tend to be quite painful and should be treated by a podiatrist.

Don't try to relieve the pressure of an infected nail yourself by cutting or trimming or by any other method.

In most cases you don't need to treat a black toenail. Lubricate it with antifungal cream and cover it with a bandage. The nail will probably loosen and fall off over the next few months. When it gets loose, pull it off and continue to apply the antifungal cream. The toenail bed can be quite painful for several days. If the black toenail is painful and you need to relieve the pressure, see a sports-oriented physician.

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Recovering

For both ingrown nails and black toenails, recovery depends on your pain. If you've had a procedure to relieve the pressure or remove the nail, you should be able to resume running very quickly (but check with the person who performed the procedure). For most black toenail cases you experience pain for a few to several days and discomfort for a few more, and then your toe is not painful at all. (If this isn't the case with yours, or if you see redness mixed in with the black discoloration, see a doctor.)

Preventing

- To avoid ingrown nails, don't cut your nails too short or wear shoes that are too small.
- To avoid black toenails, wear well-fitting shoes. Buy shoes either after you've run, or in the late afternoon or evening when your feet will be more swollen so you'll get a truer fit.

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Mental Injuries

Seeking Perfection

If you aim to make every workout perfect, you end up spending valuable time and energy recovering from the inevitable disappointment. Learn to view a few off days as part of the training process, says Stan Beecham, Psy.D., a sports psychologist in Roswell, Georgia.

Caring Too Much

Some runners never feel good about themselves, no matter how well they run. "I remind athletes that running is something they do, not who they are," says Beecham. Once you untie yourself from your performance, you release mental energy that can be directed to running.

Poor Goal Setting

Performing at your highest level requires risk-taking and pushing yourself outside your comfort level. "A lot of runners underestimate themselves," Beecham says. "They say: 'I can cut five minutes from my time.' I say: 'How about 10 minutes?'" Don't go crazy, but push yourself.

Not Focusing

If you approach a race as a run or with a let's-see-what-happens attitude, you risk not meeting your goal. "You have to engage mentally," Beecham says. Set small goals, such as staying with the runner in front of you. Try it, he says, and you'll likely find the race goes by faster than expected. Your time just might be faster, too.

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