The Active Life

A new regular column by chartered physiotherapist Nicola Bolger

Dealing with growing pains

My name is Nicola Bolger and I am a chartered physiotherapist. I recently established Active Life Physiotherapy in Carlow town to provide high-quality assessment, treatment and management of musculoskeletal and sports injuries for all ages. I qualified from Robert Gordon University, Scotland in 2009 with a degree in physiotherapy before working with the National Health Service in England for two years. In 2011, I worked in a physiotherapy practice in New Zealand, where I looked after a semi-professional rugby team. While there, I completed a postgraduate certificate in acupuncture and a master's in musculoskeletal physiotherapy.

Over the coming weeks I will be writing about common injuries and tips on how best to manage these. Hopefully you will find it informative and helpful. If there is any particular topic that concerns you, please get in contact.

CHILDREN and adolescents participating in sport is becoming increasingly popular and many are training all year round. Although this is great to see and has many benefits, it does involve its own risk of injury.

We often hear children/teenagers complaining of heel and knee pain when they are growing and it is something that I regularly see in the clinic. The two most common conditions are Sever's disease (heel pain) and Osgood Sclatter's disease (knee pain).

Sever's disease or calcaneal apophysitis is a common complaint in teenage athletes. Basically, it's where the Achilles tendon, which connects with the heel bone (calcaneus), becomes sore and inflamed causing heel pain. The athlete may complain of tenderness and swelling around the heel region. The pain usually settles within six to 12 months if the tips below are applied.

Osgood Sclatter's disease is really common at the time of a growth spurt and is usually associated with sports that involve running and jumping. It is a condition where the patellar tendon, which inserts onto the tibia just below the knee joint, becomes inflamed. This can cause pain and sometimes a bony prominence on the tibia tuberosity. The pain can last for up to two years if not managed appropriately. It is most common in boys aged between 13 and 15 years but can present in girls from ten to 12 years.

Management tips

- Both conditions are self-limiting, which means that they will most likely resolve by themselves and pain should be the main guide to activity levels
- Activity modification is a major part of managing both conditions. As they are usually seen in children/teenagers involved in a high level of physical activity, it may be worthwhile reducing a few training sessions or limiting weekly training hours. If symptoms are not settling with activity modification or rest, a review with a healthcare professional is appropriate to rule out any other causes of pain
- Ice can be applied to the region to relieve symptoms for 15 minutes, with a barrier between the ice and skin to prevent any skin irritation
- Heel raises can be inserted into shoes for comfort and in some cases orthotics may be required
- A stretching and strengthening regime of the appropriate muscles should be undertaken to minimise symptoms.
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■ ANOTHER common problem that's experienced by seasoned runners are shin splints, aka medial tibial stress syndrome (MTSS), at some stage. The condition is characterised by pain or discomfort in the lower leg due to repetitive stresses on the connective tissue by running on hard surfaces. It can occur in both legs simultaneously. Statistics suggest it will affect approximately 35% of athletes and is one of the most common overuse-induced pains among runners. Even though MTSS is a relatively common overuse injury, its exact cause is still unclear.

Signs and symptoms of MTSS include pain and tenderness along the inner leg bone (tibia), just a few inches above the ankle bone. The pain tends to occur early on in the run, eases as the muscles warm up and then returns with increased mileage. The pain can be worse when running on hard surfaces or downhill. In severe cases, pain is present in the mornings but may ease with time and if symptoms are prolonged, the pain can be felt at rest. These cases need to be seen immediately by a healthcare professional, as a stress fracture may have developed.

Multiple risk factors have been suggested in the research, which include a sudden increase in training volume or if you are new to running, poor footwear, poor foot biomechanics – over-pronation (flat footed), poor running technique and being female.

The following tips can reduce the risk or prevent MTSS:

- A training programme that gradually increases the running time, therefore avoiding a sudden increase in mileage
- Wear appropriate footwear for your foot type
- Try to utilise a variety of running surfaces instead of roads/footpaths until you become accustomed to the running volume – for example: trails, tracks or treadmills
- Combine your running programme with a stretching and strengthening exercises.

If you are already experiencing shin pain, seek medical advice to ensure that the condition does not deteriorate.