

Uphill Struggle

From a flying start to the 2010 season and selection for the World Long Distance Mountain Running Championships in Colorado here is the story behind how Morgan managed to recover from injury in time to race up Pikes Peak (+14,000 feet)



Karen and Morgan

The Runners Story:

I raced for England at the World Long Distance Mountain Running (WLDMR) Champs in Austria in 2009, (placing 11th) and really enjoyed the atmosphere of the event and the standard of competition. In essence, I had caught the bug for competing at events like this and was keen to have a crack at gaining selection in 2010.

So, when I discovered that this years WLDMR Champs would be in Colorado and up hill only, I got really excited – I could not imagine running up hill for 13 miles. The selectors had chosen the Yorkshire 3 Peaks (Y3P) to be the selection race for the WLDMR Champs, so I had my work cut out in terms of trying to get fit for a three hour race relatively early in the season. The cold winter and large amounts of snow put paid to any ideas I had for long training runs, as I found wading through knee/thigh high snow soul destroying, and to make things worse the roads were often to icy to cycle on. Before I knew it we were into April and the Y3P was just around the corner. I managed to get a long run in ten days before it, and this was about as far as I got in

terms of long race preparation.

Having said all this, I was having the best start to a running season ever, with new course records at Llangynhafal Loop, Askam and Sedbergh 3 Peaks (S3P), plus a great run in Ireland (British Champs Race where I finished second). However in the background (with hindsight) I did have injury problems brewing away, for instance on the morning of S3P, I could hardly get out of bed due to a strange chest pain – a pain sensation emanating from my back and wrapping around the sides to my chest. In addition on the morning of Y3P I had pain sensations in my lower leg around the calf. It would only be later on that I would discover these two separate events were connected.

The last hour of the Y3P was very tough, and I was so tired that I fell badly on the summit of Ingleborough (this turned out to be a significant event as this fall bruised my calf muscles).

Despite the limitations of my preparation (not to mention problems during the race with my support crew, AKA Lucy & the Kids!) and lower leg pain sensations, I had a good run at Y3P and



was delighted and amazed to win.

Despite my fall and various pains, my good form continued for another week allowing me a surprisingly lively run at Coniston (English Champs Race where I finished third).

Alas that's where my season came to an abrupt halt, after an easy week trying to recover, with some gentle runs, each of which was more painful, I finally came to the conclusion (is it just me, or does it take several painful runs before we runners will accept there is something wrong?!) that I was injured and that I better get myself sorted out.

Our move across to Cumbria five years ago had resulted in significant improvements in my running, when injury strikes I still mostly return to Newcastle to see our friend & Physio, Karen Dearden at Newcastle Sports Injury Clinic, whom Lucy and I had seen for treatment many times over the last 10 years and who knew me well.

It was slowly becoming clear I needed some intense and regular treatment if I was to get running again in time. However, fitting a six hour round trip in whilst also juggling a job, three young children, one family car and living in a village (limited public transport) was a logistical head ache. Bizarrely the best fix turned out to be a combination of cycling and train (45 miles each way to Hexham via Hartside to a friend's house (thanks Jane) where I could leave my bike and then jump on a quick train into the Toon). Early on I managed just a few treatment sessions with Karen, thinking it would get better soon.

Most of us get frustrated about how slow progress can sometimes be and when the end of May arrived and I was no better – all relative – what I really mean is, that I was unable to run. I found it initially difficult to head up to Jura knowing that I would not be racing. As it

transpired I probably would have missed the start as cycling from the ferry to Craighouse with the whole family, dog and camping equipment took longer than we had allowed for!

There were quite a few lows as I was struggling to get running again and sometimes I felt that I wouldn't be able to run in Colorado. I was keen for my family to join me in the US and once we had paid for our trip on credit I went all out to see Karen in Newcastle for treatment as often as possible. I was also dedicated at doing all of the various exercises Karen had told me to do, including trying not to sit for too long in one spell at the computer and breaking long drives every 45 minutes to do leg swinging and back twists – I am now well used to the strange looks that I get when doing these in public places!

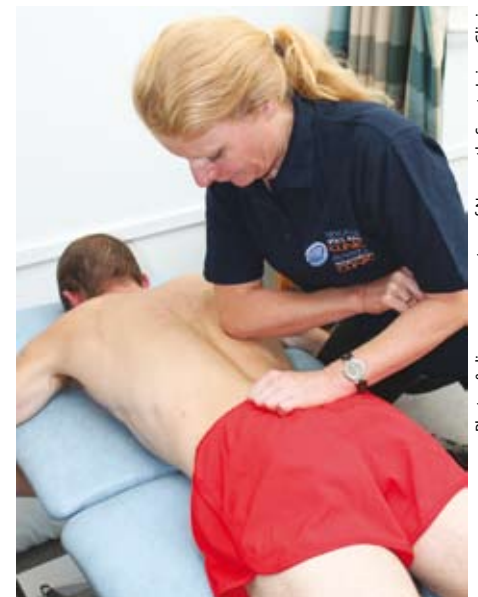
During the first half of July, Karen finally allowed me to run, with a test run straight from her clinic – hurray, but hang on, initial runs were limited to five minutes, and these were still not pain free. This injury has caused me to redefine the meaning of the word pain! I now refer to strength of a sensation, pain per se is just a signal, and the signals I was receiving during these initial runs were associated with my body saying 'we are not sure about this!' The good news for me, on my road to recovery, was that the pain quickly switched off at the end of the miniscule run.

The five minute runs gradually grew over a three week period to a 65 minute run the day before we flew out to Colorado. And then that was it, we were off to the States. The last 10 days before the race zoomed by, but being able to go for a training run to the half way point of our race with fellow team mates boosted my confidence.

The weather on the day of our race was

perfect and it was lovely to be waiting for the start in the warmth (even though it was not yet 7am) with fellow English & Scottish Runners. As usual (and I still find this a surprise) the race started at a terrific pace – I guess it's the excitement of running through Manitou Springs in front of the crowds and camera's. Fortunately things calmed down when we hit the trail and I got into my rhythm. During the next two hours I never noticed any significant lower leg pain and got on with the job in hand.

Reaching the summit after so much time away from racing in a respectable position and being greeted from my ever supportive family and the fantastic views across Colorado felt fantastic.



Above: Karen working on Morgan's para spinal muscles and quadratus lumborum. Below: Karen working on buttock



Photos & diagrams courtesy of Newcastle Sports Injury Clinic

'Lucy's Story

On the way to the race Morgan stopped the car to show me the two places he would like me and the kids to meet him with food and drink, however in the rush he never managed to explain what sort of food and drink he was expecting me and the kids to deliver. Given his morning aches and pains and my lack of sympathy, I didn't have high expectations of Morgan being on top form, but we are always keen supporters.

We got to the Viaduct just in time and to a good spot by the steps, shocked and thrilled to see Morgan in the lead. The kids excitedly handed Morgan a few jelly babies and a bottle of water. Support job well done we thought!

However, by the time I'd got ice creams, packed the kids, bikes and dog into the car, and read the race schedule, I realised we were not going to make it to the Hill Inn, in time...! Undeterred we soldiered on and also tried to call, our friend (no mobile signal) and race marshal Jane Saul who I knew was on the Hill Inn checkpoint.

When we finally got into position at the Hill Inn, the 1st runner we saw was in 10th place and we realised that Morgan was long gone. We found Jane and she commented upon how, when holding out some Jelly Babies for Morgan, and expecting him to take a couple, he actually took the whole lot! Realising that we were now at risk of missing Morgan finish (quite a regular event!) we dashed off straight away. What a relief to see Morg going down the finishing straight having held onto his lead despite our haphazard support.

The Physio's Story:

Morgan came to see me 12 weeks before the WLDMR championships. He was complaining of pain on the outside of his calf and around the ankle bone which occurred after running only a few metres. Morgan had been massaging the peroneii tendons on the outside of his calf which had become tender and swollen. To Morgan it felt like he had some sort of tendinopathy.

On assessing the injury there was inflammation and some tenderness in the lower calf area and the Gastrocnemius (calf) muscle was tight, and one could easily think that Morgan had an overuse tendonopathy, but this was secondary to a very different and underlying injury.

Morgan's underlying injury was originating from his back although he had no symptoms there.

The problem was that Morgan's thoracic spine was not functioning and moving as it should.

The thoracic spine is the part of your back between the shoulder blades (running from the base of the neck to the lower back) and is where the ribs attach.

Modern lifestyles, which involve a lot more sitting than in the past, together with slumped postures, cause stiffness and tension in the mid-thoracic spine.

In Morgan's case, this dysfunction in the thoracic spine was causing tension on the nerves that run along the spine and into the legs. Morgan had lost some of the mobility in these nerves due to the nature of his work (poor posture at computers and lots of travelling). Consequently he no longer had enough range of movement in this neural pathway for the stride length required to run.

Nerves, unlike muscles, have minimal elasticity, so when a nerve with reduced mobility is put on 'a stretch' (e.g. a stride out) that nerve comes under traction, and its blood supply is reduced. Therefore whenever Morgan ran (or tried to run) he was overstretching the neural tissues, which affected both the quality and quantity of the messages down the nerve and also affecting the blood and nutrient supply to the leg, leading to fatigue and inflammation in the lower leg. This in Morgan's case, gave the impression of a tendinopathy in the peroneii tendons. Although there was inflammation in the peroneii area, this was a secondary injury to the above dysfunction and neural mobility problem and in these situations, only treating the locally inflamed area will have limited long term results and could possibly slow down healing time by adding to the inflammatory process that is going on. (e.g. the self massage that Morgan did before he came to see me was irritating the injury, a bit like poking a fire!).

Morgan's stiffness in his upper spine was putting stress on other parts of his body when he tried to be active. His body had started using his back muscles and hamstrings rather than his buttock muscles when walking, running and cycling which was causing muscles to become overworked and tight, leading to further restriction of nerve mobility, thereby making the problem even worse.

My treatment of Morgan involved working on his back, hip, buttock, calf and knee. No treatment was actually done at the site of the pain which is something that can be very difficult for a patient to understand. As Morgan says, "especially for Morgan who is an Engineer!" Diagnosis and treatment require a lot of explanation so that the patient understands and is onboard with treatment and any recommendations made. Advice regarding training limits have to be adhered to, even though that can be very hard for an athlete training for something in particular, as just a few minutes too much training can put the injury back days and even weeks.

Re-education exercises, stretches and strengthening exercises were part of the home rehabilitation programme I gave to Morgan. I also advised on daily activities, posture and work station set, and was pleasantly surprised to hear

that Morgan altered his work station to produce a better computer set up. Training programmes within the limits of the injury were set and goals planned.

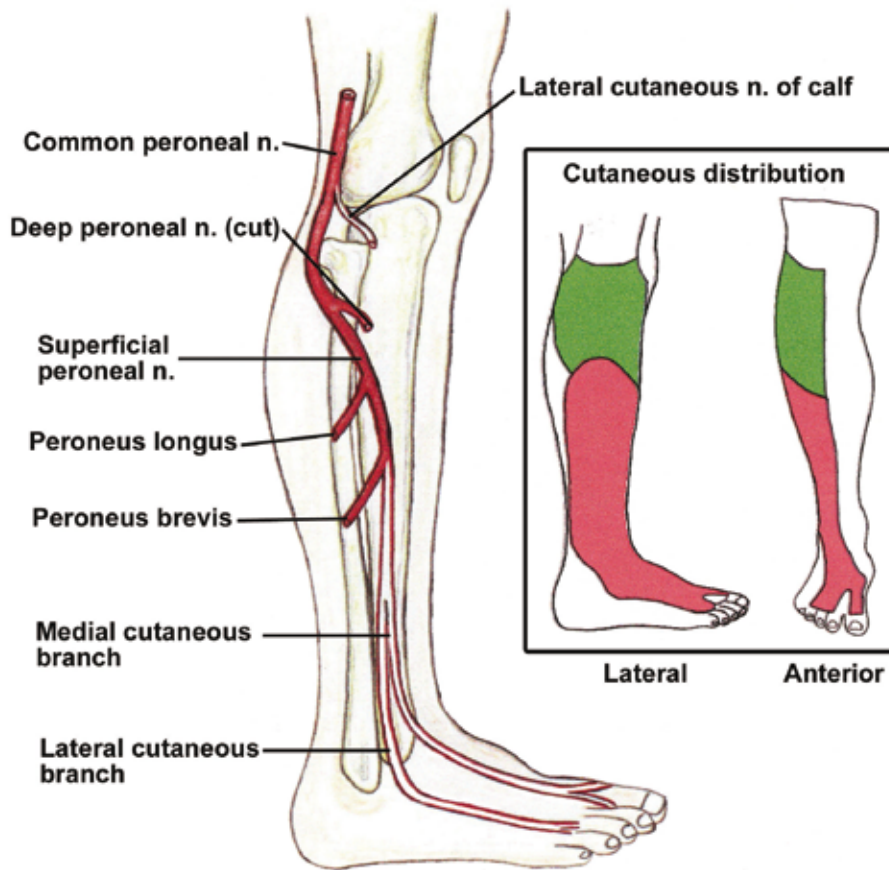
The advice and patient's activities between physiotherapy sessions are really important with this type of injury if progress is to be made and a lot of support is needed.

Within the first few weeks of seeing Morgan, I had treated him a couple of times and although I was noticing improvement Morgan was not seeing any net gains. Morgan could see that his leg had more mobility but he still had the pain when he tried to run. Morgan was getting frustrated that he was still not able to run. A lot of psychological support is required and constant reinforcement of what we are doing and why.

Due to both, Morgan and my heavy work commitments, holidays and life in general



Karen working on thoracic spine. Above: Straight leg raise to test nerve mobility.



How nerves supply the lower leg muscles.

there was a period of time where Morgan was not able to get regular treatment and it was not long before we only had a few weeks left before the race. Morgan and in particular Lucy were beginning to panic, flights had been booked and there was no going back!

Morgan contacted me for help. We both upped the anti and I fitted treatment in at every available opportunity. Which meant I would squeeze Morgan into my busy diary and around Morgan's work and family commitments to such an extent that I even treated him in a tent at the bottom of Hellvelyn, where I was camping for the weekend, days before he flew to Colorado!

Morgan was now onboard with the diagnosis and treatment plan and I was able to treat Morgan twice a week and he followed the rehab programme to a 'T'.

His range of movement improved and symptoms reduced, to such an extent that he was able to race and compete at Pikes Peak.

It has become more common for me to see runners who get recurrent injuries like Morgan's who work in sedentary jobs which involve sitting most of the time, whether at a computer, on the phone, in meetings or whilst travelling in the car or on the train.

Earlier this year I treated another fell runner who had struggled with 'achillies tendinopathy' for years prior to me treating his/her neural system and currently I am treating a marathon (road) runner with similar neural problems, whose injury presents itself as 'shin splints' (Tibialis posterior tendonopathy in this specific case).