



Coach-Athlete Q&A

A look at some coach-replies to common questions by topic.

Q: At this time I am most interested in doing a running workout with you to hopefully find some way of sustaining fewer injuries. However, my calf and other run-specific muscle problems are prohibiting even the shortest and slowest of run workouts. Therefore, I will not be driving out to Hickory until after the first of the year.

A: sure thing. just let me know when you plan to come this way. For me to analyze your stride mechanics.....I really need to look @ you run on a treadmill to look @ things like foot-strike, knee-lift, un-weighted recovery, arm-carriage, and pelvic tilt.

I think that this process is more complex than you realize right now. I can't simply look @ you run and advise to do this or that. There are several **REactions** for every **action** we initiate.....that's simply the nature of biomechanics. It's about going through specific **SEQUENCES**.....trail-&-error.

But the light will come on in the 1-on-1. This is not something that can be done in a 'workout'.....because 'workouts' are altered by a number of conditions (pace, temp, grade, intensity, etc...).

Just let me know when you'd like to schedule a time for this in Jan or Feb.

I do have a few questions:

I've heard that runners, in general, are always injured in some way. I also described to you a "perfect" workout several weeks ago. If you recal, a "perfect workout" would NOT include injury. With that in mind, are people ALWAYS hurt and to what extent? **not at all**.....people are **NOT** always injured.

Injury comes as a result of imbalances.....these imbalances can be muscular, flexibility-related, structural, or even biomechanical (or even a combination of these).

When someone goes to the doctor for an injury (say a right 'IT Band' injury).....the doctor tells them: "Overuse".....Know **this** from here on: the word 'overuse' is a doctors way of telling you, "I really don't know (so let's blame it on the fact that you run alot)".

If 'overuse' was really the culprit.....then why did only the **RIGHT** IT-Band get injured.....why not the left? It was used **JUST** as much. Right?

SO.....if you have a nagging injury that is "assymetric" (one-sided), then there is no question that the **SOURCE** of that injury is an imbalance of some sort.

Now.....how do we address that? Well, it doesn't hurt because you were **WALKING** on your feet. It hurts because you were **RUNNING** on them.....so we've got to assess what's going on when you **RUN**.....**biomechanics**. Only then can we identify the **SOURCE** of pain.

Doctors treat pain (via a prescription, rest, ice, etc...). Pain is a symptom of a trauma (like a twisted ankle). But biomechanics addresses the **SOURCE** (reason) that there was pain in the 1st place. Until you look @ your mechnics.....the imbalances will continue to act as though your injury is chronic, because you've actually changed nothing.

At the moment I am dealing with (depending on the workout) toe cramps, arch pain, pulled tendons on the top of my feet, calf tears, shin splints, bursitis in my knees, IT band "pops", pulled hamstring, hip pain, and most recently severe lactic acid build-up in my quads. Somehow I don't think it's the shoes. I agree. Shoes do their job almost **TOO** well.....In fact, shoes, (very good ones), can fool us into being lazy in paying attention to our stride mechanics. Go run barefooted on the grass sometime and tell me that your stride-mechnics are the same. This is a whole other topic though and something I'd have to demonstrate for you.

STUDIO



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Perhaps one way to get around or over the above situations is to slow down. I am staying within the designated HR zone for my workouts, but usually at the high end of that zone. Should I slow down and run/bike at the lower end of those zones? **not** really.....It's **not** that your run intensity needs to be **LESS**. It that your run probably need to be **different** altogether. Running @ lower hr's doesn't change the way you contact the ground.
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