

Runners wise to know limits

By Bill Shaw

The Facts

Published August 6, 2007

First a correction on my Mosquito Chase story from July 29: Due to an error in the preliminary race results, I reported that Bret Ramsey finished behind Lauren Smith in 18:18, and placed third in his 30-39 age group. Edited race results indicate that Ramsey finished in 17:54, 10 seconds in front of Smith, and second in his age group. Sorry about that, Bret.

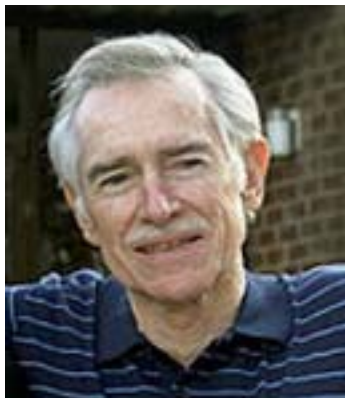
I started working on this column when I headed over to the Freeport Intermediate School track about a block from my house at 7:15 a.m. Friday. I am on a recovery program, which is best done on a more merciful surface than concrete.

I am recovering from a mysterious malady that has plagued me for more than a year, a malady that my personal physician, a neurosurgeon, a neurologist and my physical therapist find puzzling.

Runners are a stubborn lot. We expect to run with and in pain. We fall into deep denial when the pain is not normal and indicates an injury. We keep running until we cannot, as I did when plantar faciitis stopped me dead in my tracks after three strides into a 5K

and hobbled me for months.

What had I done about my plantar faciitis before it stopped me dead in my tracks? I read through my books on running and the running magazines — this was many years before I had the Internet — and treated myself. I was a fool with a fool for a diagnostician.



This mysterious malady began after consecutive triathlons six days apart in July 2006. I shuffled along — sometimes staggered and almost fell — through 2006 before I went to my personal physician, who sent me first for an X-ray then an MRI of my back. The MRI indicated I have a bad back and arthritis. My physician referred me to a neurosurgeon. His verdict was the same, but the injury persisted.

My 5K and triathlon times through May 2007 were 23 percent slower than 2006. Runners expect to lose 10 percent of their speed each decade, but 23 percent in one year?

The left heel of a new pair of shoes — same shoe, same model — wore more in 50 miles than it usually does in 500 miles.

I went to a physical therapist. She detected a weakness in my left leg, specifically my hamstring, and couldn't believe I could run without falling headfirst to the pavement. She diagnosed, from

the most serious to the least, ALS, MS, a strained or overworked hamstring or overtraining.

The possibility of ALS or MS scared me. I headed to a neurologist. More MRIs and blood tests. Whew! No ALS or MS, but no specific diagnosis of my problem.

My physical therapist who learned her craft, it sometimes seems, deep in the dungeons of Transylvania under the tutelage of Count Dracula's descendants and the Marquis de Sade, helped me through the blue funk of rehabilitation. She gave me two hours of daily exercises to strengthen my back and legs, exercises I am sure she also learned in Transylvania.

She finally gave me permission to run and walk beginning Aug. 1. I headed to the track. In just two sessions of walking the curves and jogging the straight-aways (boring!), I improved my mile pace 7 percent.

Cross-training in the pool and on my bicycle kept me fit and sane.

Here are some lessons I have learned from my experience that might benefit hardheaded runners: Stop running if you are injured; don't treat yourself — you are not a health professional; resume running only when your health-care professional says you can; accept your limitations and the fact that as you grow older, you never will be the runner you were 10 or 20 years ago.

Bill Shaw's running column appears in *The Facts* every other Monday.