



RUNNING AND JOGGING INJURIES



Most running and jogging injuries are caused by recurring factors that runners and joggers can often prevent or avoid:

What causes running injuries?

There are four periods of time when runners are most vulnerable to injury:

- During the initial 4 to 6 months of running
- Upon returning to running after an injury
- When the quantity of running is increased (distance)
- When the quality of running is increased (speed)

Training errors are the most common source of injury, particularly lack of adequate stretching; rapid changes in mileage; an increase in hill training; interval training (going from slow speeds over long distances to faster over less ground); and insufficient rest between training sessions.

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Runners should also keep in mind potential anatomic abnormalities:

- Hip disorders typically manifest themselves as groin pain. Back discomfort that radiates down the leg is cause for referral to a sports medicine specialist.
- The patella (kneecap) is a common site of overuse injuries that can benefit from a 20 minute ice massage, a program of stretching and strengthening of the hamstring and quadriceps muscles, and a short course of an over-the-counter anti-inflammatory medication. Surgery is rarely indicated.
- Ankle laxity can lead to frequent ankle sprains and pain. Beneficial treatment includes muscle strengthening to increase stability, shoe modification to alter gait, and change of a running surface. Foot problems in runners are related to foot types. Nonoperative treatment such as orthotics and shoe modifications should be used if necessary.

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How are running injuries treated?

The basic approach to treating running injuries includes rest or modification of activity to allow healing and reduction of inflammation. To avoid overuse injuries, or to allow for a safe return to running after a break, a runner should follow the 10 percent rule (limit the increase in weekly mileage or pace by 10% per week). Thus, if you are running 10 miles per week and want to increase your training regimen, run 11 miles the next week, and 12 miles the week after that. This program should be followed while flexibility, strength, and endurance are restored. When severe pain, swelling, loss of motion, and/or other alterations in running form are present, immediate medical treatment is advised (see reverse for specific injuries).

Cross-training can be extremely beneficial to the runner in times of recovery from injury or when starting out a running program. This may involve swimming, aqua jogging, stationary bike, or any other low impact activity that helps build endurance. Start with a higher percentage of low impact activities and then increase your mileage while decreasing the cross-training activity.

The goal of rehabilitation is to safely return the runner to the desired level of running. Remember, training errors constitute the most common cause of injuries. A well-planned program prevents injury while benefiting the athlete.

Tips for Injury Prevention

When selecting a running shoe, the athlete should look for a style that will fit comfortably and that will accommodate his or her particular foot anatomy. When a shoe's mileage exceeds 500–600 miles, it should be replaced.

The ideal surface on which to run is flat, smooth, resilient, and reasonably soft. Avoid concrete or rough road surfaces. If possible, use community trails that have been developed specifically for jogging and running. Hills should be avoided at first because of the increased stress placed on the knee and ankle.

During warmer, humid weather, increase fluid intake; in cool weather, dress appropriately. It is often helpful to weigh yourself before and after running on a hot, humid day. One pint of water should be consumed for every pound of weight lost. Avoid running during extremely hot and cold temperatures or when the air pollution levels are high. When running at higher altitudes, the runner should gradually acclimate to the lower oxygen levels by slow, steady increases in speed and distance.

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COMMON RUNNING AND JOGGING INJURIES

	Injury	Cause/Description	Symptoms	Treatment
Foot	Plantar Fasciitis	Inflammation of fibrous connective tissue in sole of foot	Low-grade, insidious heel pain	Activity modification, non-steroidal anti-inflammatory medication, heel/foot stretching, ice massage, soft heel pad
	Metatarsalgia	Excessive pressure on ball of foot, abnormality, stress fractures	Pain in five long bones of the foot	Use of orthotics, activity modification, change to softer running surface
	Stress Fractures	Fatigue or stress from frequent, repeated physical activity (overuse)	Localized pain over affected bone	Rest/immobilization; resume running gradually after 4–6 weeks
Leg	Stress Fractures	Complete or hairline break in fibula or tibia	Localized pain over affected bone	Rest/immobilization; resume running gradually after 4–6 weeks
	Exertional Compartment Syndromes	Decrease of blood supply to leg muscles; caused by overuse	Leg pain, numbness, tightness and weakness in leg muscles	Surgery or cessation of running
	Achilles Tendonitis	Repetitive overuse of Achilles tendon (hill running or increasing mileage too rapidly); may become chronic	Pain and tightness in calf, especially with uphill running such as heel lifts	Rest, Achilles stretching, ice massage, anti-inflammatory medication, shoe appliances
	Medial Tibial Stress Syndrome (Shin Splints)	Inflammation of muscles, tendons, or bone coverings caused by imbalance in calf muscles and shin muscles	Pain along inner side of lower leg	Discontinuing exercise until pain subsides, icing of affected area, stretching, occasionally taping of the leg
Knee Joint Pain	Patellofemoral	Increased mileage, change in terrain change in running shoe	Pain centering on kneecap	Anti-inflammatory medication, change terrain (avoid hills), strengthen quadriceps
	Meniscal Tear	Tearing of internal structures such as the meniscus	Pain, swelling, joint locking, bucking	Surgery to repair or remove torn cartilage
	Tendonitis	Inflammation; can become chronic if not treated	Pain and tenderness in one of tendons surrounding knee	Rest until acute symptoms subside, icing, stretching, anti-inflammatory medication
Thigh/Pelvis	Bursitis	Bursa (fluid-filled sac between a or muscle and bony prominence) becomes inflamed from chronic, repetitive use	Pain, superficial swelling	Rest until acute symptoms subside, icing, stretching, anti-inflammatory medication
	Hamstring Strains and Tendonitis	Overstretching involved muscle/tendons	Pain, tenderness, swelling in hamstring muscles in back of thigh	Rest, ice massage, stretching, nonsteroidal anti-inflammatory medication
Back	Sciatica	Irritation of nerve(s) in lower back caused by lumbar disc herniation and down back of leg	Sharp, burning pain radiating down sciatic nerve into buttock	May indicate ruptured disk and should be evaluated and treated promptly by a physician
	Lumbosacral Strain	Abnormal strain of lower back muscles	Pain, spasms, and tenderness in lower back	Rest, stretching, and ice massage
	Spinal Stenosis	Gradual narrowing of spinal canal	Back and hip pain, particularly in the older runner	Lying down usually relieves symptoms in minutes can be treated by activity modification, stretching, and (occasionally) cortisone injections or surgery