

Sore No More!

Don't push through the pain!
Instead, follow this advice.

Experts say you can alleviate most exercise aches on your own. The exceptions: "If you've experienced a sudden trauma like a fall, or if the pain keeps you up at night or lasts longer than two weeks, you need to see a doctor," says Sabrina M. Strickland, M.D., an orthopedic surgeon who specializes in sports medicine at the Hospital for Special Surgery in New York City. Otherwise, you most likely have a nonserious injury that can be identified and treated by following the guide below.

Running on hard surfaces can contribute to overuse injuries.

OW! MY...

WHAT IT COULD BE

HOW IT HAPPENED

DIY TREATMENT

LOWER BACK (OR UPPER BUTT)

Piriformis syndrome (a tight butt muscle) or a **herniated disk** (some are worse than others). Both injuries put pressure on the sciatic nerve in your back.

The jury's out on what causes piriformis syndrome, but a herniated disk is often the result of improper lifting form or sports that involve rotating.

Take an OTC pain reliever, rest when you feel sore, then hit the gym: One study found that non-weight-bearing exercise (e.g., riding a stationary bike) and core training relieve back pain better than lying in bed.

SEE THE DOC IF...
You also have a fever, leg weakness, or bladder changes. These symptoms may signal an infection or nerve compression.

ELBOW

Inflammation of the **lateral epicondyle tendon** (tennis elbow) or the **medial epicondyle tendon** (golfer's elbow)

Swinging a racket or club is the obvious culprit, but any activity that involves the elbow (like softball) can tax its tendons.

Swallow an OTC pain reliever, ice your elbow, pick up a brace at your local pharmacy to stabilize the tendons, and ease yourself back on course (or court).

SEE THE DOC IF...
Your knee is very swollen or gives out. These signs point to a tear of the ACL or meniscus (knee cartilage).

KNEE

Pain on the outside of the knee signals an inflamed or tight **iliotibial band** (IT band), the tissue that runs from the hip to the knee. If it hurts around the kneecap, it could be **runner's knee**—a wearing away of the cartilage under the kneecap.

Increasing distance or speed too suddenly is the most common cause of an IT band injury, but research suggests it's also associated with weak hip abductors and glutes. Runner's knee is the result of overtraining, improper running form, or weak quads and hip muscles.

Loosen your IT band with this move: Lie on your side and support your weight with your forearm. Slip a foam roller under your hip and slowly roll down from your hip to your knee. Repeat this a few times a week. For runner's knee, reduce your mileage to a point that doesn't cause pain, and do leg lifts and presses to strengthen your quads and hamstrings.

HEEL

Plantar fasciitis—inflammation of the connective tissue at the bottom of the foot, which helps support your arch

The usual suspects include overtraining, running on hard surfaces, and wearing worn-out running shoes.

OTC gel heel inserts may help reduce pain and swelling, and street runners may feel relief by switching to a treadmill or trail.

SEE THE DOC IF...
Pain is localized on the outer edge of the shinbone. You may have a stress fracture.

SHIN

Medial tibial stress syndrome (better known as shin splints)

The "terrible too's" (too much, too soon, too often, too fast, too hard) are usually to blame.

Switch to a non-weight-bearing exercise like swimming or biking for two weeks, and ice the area for 20 minutes after each session.

ANKLE

A **sprain**, which happens when the ligaments are stretched beyond normal range

You rolled your ankle while playing tennis or soccer, or stepped in a pothole.

Do the RICE method: Rest; ice for 20 minutes three times a day; compress with an elastic bandage; and elevate your foot above heart level as much as possible for 48 hours.

SEE THE DOC IF...
You can't put any weight on the injured foot, or if it's still swollen and painful after three days.

SOURCES: Sabrina M. Strickland, M.D., an orthopedic surgeon who specializes in sports medicine at the Hospital for Special Surgery in New York City, and Stephen M. Pribut, D.P.M., an assistant professor of surgery at George Washington University Medical School and a member of the American Podiatric Medical Association's Clinical Practice Advisory Committee