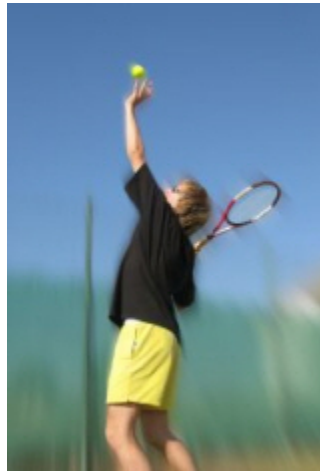


Sports Injuries Do NOT Have To Sideline You For The Entire Season!



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Table of Contents

Introduction

Common Sports Injuries

Good First Aid For Sports Injuries

Rotator Cuff Injuries

Shin Splints

Illiotalibial Band Syndrome

Achilles Tendon

Eye Injuries

Tennis Elbow

Hamstring injuries

Ankle Injuries

Broken Bones and Stress Fractures

Conclusion

Introduction

Sports and accidental injury. More than 10 million sports traumas are handled annually. The two terms seem to be synonymous sometimes. But they don't have to be. With the increased knowledge about injury and prevention as well as the technology to produce protective gear many of today's sports injuries are actually preventable.

There are basic traumas that physicians address each year. A few of the more basic sports accidental injury include stress fractures, shin splints, ankle sprains, tendonitis, hamstring injuries, and head injuries.

Prevention of sports injuries begins with knowledge of the special athletics and an effective warm up and cool off routine. Muscles that are 'cold' and expected to execute fast blasts of powerful moves are much more likely to overstretch or strain than muscles that are warmed up and ready to work. But limbering up is merely the tip of the iceberg when it concerns prevention. And sports injuries aren't inevitably induced by sporting activities. For example you are able to acquire tennis elbow from carrying a suitcase, turning a screw or any other habitual function of a twisting motion to the arm.

Depending upon the sport that you're playing prevention moves on to protective gear that is clean, in good condition, fits correctly and is worn correctly. Thigh pads in football that displace upwards over the groin or down over the knee don't do their job and rather place the participant at added danger for accidental injury – both from an adversary and from themselves as their bodies attempt to propel past and around the equipment that is hindering their muscle movement.

There are two clear-cut types of sports injuries. The first, acute traumatic injuries, are better prevented with protective gear discussed above as well as the proper use of warm ups and cool downs. Warming up and cooling down will help to protect your muscles and tendons from becoming hurt from explosions of physical action when they are cold. These burst step-up your chances of suffering a stretched, sprained or strained muscle or tendon. The traumatic injuries also include brain injuries, muscle pulls, abrasions and lacerations.

The 2nd, and more common, sports injury is an overuse or chronic injury. These injuries happen from over utilizing particular muscle groups or tendons and ligaments. These cases of sports injuries include shin splints, stress fractures, tennis elbow, and tendonitis.

Attending your sports injury is crucial to coming back into the game. Depending on the athletics you play and the severity of the injury will determine how long you will be unable to take part. You may have to see a physician to receive appropriate diagnosis and treatment. For instance if your pain increases progressively with action, you have

pain, swelling, limping or loss of range of motion you should see a doctor. Anything that results in numbness, intense pain or stiffness and loss of flexibility must be taken seriously.

When you are appraising your sports injury you must acknowledge the divergence between being sore after an aggressive workout and chronic pain that carries on over a great length of time.

If you suspect you have a sports injury you should stop what your activity and rest the injury. Call a physician and get a judgment that is supported by experience and diagnostic testing such as x-rays and MRIs.

Sports injuries can side line you from your preferred sport or even daily living activities if they aren't diagnosed and treated in a timely fashion. But if you start to rest the wounded area, see a doctor and begin your rehabilitation as suggested you will be well on your way to recuperation.

Common Sports Injuries

Because there are many different types of sports that people can participate in – adults, as well children – there are as many different types of sports injuries that are common in each of these sporting activities.

Below is a quick table of sports and the related injuries that are commonly found in those events. You may use this table to help familiarize yourself with the more common injuries that you will want to prevent through the use of good warm ups, preventative gear and strength training in the appropriate muscle groups.

Sport	Common Injuries
Football	Turf Toe Achilles Tendonitis Ankle sprains ACL tear Torn cartilage Concussion Spinal Injuries Burner or Stinger Shin Splints Groin Pull Iliotibial Band Syndrome ITB Separated Shoulder Hamstring Pull
Running	Hip Bursitis Snapping Hip Syndrome ITB Pulled Hamstring Patellofemoral Syndrome Dislocating Kneecap Shin Splints Stress Fractures Ankle Sprain Achilles Tendonitis Plantar Fasciitis Overpronation Blisters

Soccer	Ankle sprains and strains Achilles Tendonitis ITB Muscle Cramps Blisters Concussion Hamstring Injuries Patellofemoral Pain Syndrome Shin Splints Stress Fractures Tendonitis or ruptured tendon Osgood-Schlatter Disease – young athletes Sever's Disease
Baseball	Shoulder tendonitis Rotator Cuff Injuries Shoulder separation Shoulder instability Bursitis of the elbow Tennis elbow Wrist sprains Low back pain ACL and PCL injuries
Basketball	Eye injuries Tendonitis Achilles Tendonitis Rotator Cuff injury ACL injuries Wrist Sprains Ankle Sprain Hamstring injuries
Lacrosse	Head, Face and Eye Injuries Sprains and Strains Eye injuries Collision injuries Common Running Injuries
Golf	Shoulder sprains Low back pain Tennis elbow Carpal Tunnel DeQuervains Tendonitis Knee Pain Trigger finger

	Fracture of Hamate Bone Torn Rotator Cuff Blisters
Hockey	Low Back Pain Feet Injuries Tendonitis Neck Injuries Head Injuries Broken teeth Frostbite Spinal cord injuries Broken bones Lacerations

Good First Aid For Sports Injuries

Sometimes when you are on the field, the injury that you or your athlete has sustained isn't immediately apparent. In these cases it is good to provide some immediate first aid without concern about the specificity of the injury but rather caring for the area that is injured and bracing and supporting it so it doesn't sustain any further injury.

Many of these injuries turn out to be muscle strains and sprains to various areas of the body. These are common everyday happenings at the grade school, high school, college and weekend warrior level. Muscle pull treatment and recovery are important aspects to the ability of the athlete to return to regular activities following an injury.

There are several things to do while the athlete is still on the field to help minimize any further injury to the area. Most sporting events keep first aid kits available for just such events. In some cases, like eye injuries during a basketball game (one of the most common ways to receive an eye injury during sports is playing basketball), first aid kits may not be equipped to handle the situation.

In many cases however, you'll be able to find useful tools to help with the immediate first aid for an injury.

Start with an evaluation of the position of the injury. Injuries to the neck or head require immediate attention by a medical professional. While an injury to the ankle or knee may be able to wait until the end of the game before being attended to by an emergency room physician seconds are crucial in the treatment of a potential head injury.

The brain has an amazing amount of resiliency and can withstand more damage than you might think before a person shows functional changes. This is an organ that control everything that our bodies can do. From control the beating of the heart, to muscle movement and hormonal fluctuations that control temperature and emotions the brain is central to all that makes us – us.

It is enclosed in a hard shell, our heads, and cushioned by blood and other structures. After undergoing an injury there are many blood vessels that can leak small amounts of blood or one vessel that can leak blood slowly. In this instance the blood takes up space inside the head that normally is used by the brain. If there is too much blood that leaks then the pressure inside the head will increase and place pressure on the brain.

This pressure changes the function of the brain and can cause certain areas of the brain to die – leaving the individual with permanent loss of function for the rest of their lives.

When there is an injury on the sporting field and parents or coaches believe the athlete may have had an injury to the head they should immediately arrange transportation to a hospital for evaluation.

Signs that an athlete has sustained an injury to their head that could result in bleeding in the brain:

1. Loss of consciousness, even for a short time.
2. Change in personality – becoming more aggressive or submissive
3. Sensitivity to light
4. Headache
5. Head came in forceful contact with a hard or stationary object
6. Athlete's eyes don't track together
7. Eyesight is blurry
8. Athlete shakes their head to 'clear it' several times
9. Athlete feels like they are in a fog

If the injury is muscular or suspected to involve the bone or joints there are several things that can be done in order to protect the area to decrease pain and reduce the risk of increasing the injury to the area.

On the sports field the athlete can immediately splint the area and protect it from injury. This behavior is very instinctual and athletes will protect an area that has been injured to the point of injuring another part of the body while protecting the injured area.

For instance, those who have sustained a hip or knee injury they may favor the injured leg over a length of time that eventually wears down the good leg and causes an overuse injury. Our bodies were designed to work in balance and when that balance is upset it can cause injury.

There are some basic tenets to treating sports injuries on the field:

1. Handle the situation with a level head. The worst thing that you can do is to get angry about the injury or panic over it. Neither panic nor anger will change the situation. It won't bring the star player back into the game and it won't help the athlete to play again. It only muddles the decision making process.
2. Protect the area that was injured - keep it from moving and don't allow the athlete to bear weight on the injured extremity.
3. If there is ice available place it on the injured area immediately. Don't place the ice directly next to the skin but rather protect the skin from frostbite by using a thin layer of material.
4. Splint the area using available material if you believe that a bone might be broken. By splinting and protecting the bone you'll prevent any further damage to the bone.

5. If there are contusions, open areas or a compound fracture that requires cleaning and care by medical professionals you may cover the area with a CLEAN white cloth and then use clean water to dampen the material to keep the area moist while transporting to the hospital or awaiting the ambulance.
6. If a medical attention isn't needed for this open area it should be cleaned thoroughly using clean water and then coated with a topical antibiotic and covered with a clean, dry bandage.

After the immediate first aid on the scene it is always critical to see your doctor and seek professional evaluation and recommendation for any accidental injury you may experience. Occasionally the trouble of a muscle pull can block out a deeper or more serious injury that your physician will determine with a careful scrutiny. For this reason you should not assume the medical treatment and rehabilitation of your injuries into your own hands. However, you should be able to arrive at educated conclusions about the management your doctor may recommend.

Your physician may advocate the use of anti-inflammatory medications to diminish the inflammation of the muscle and surrounding tissue which will accelerate the healing process of muscle pull treatment and convalescence. Anti-inflammatory medications can be over the counter such as ibuprofen or your doctor may recommend a prescription anti-inflammatory medicine. Realistically the ibuprofen is a fine choice for those who have a mild to moderate muscle pull and can still bear weight on the joint.

Your doctor may have anti-inflammatory medications that are prescriptions strength but they also have prescription strength side effects as well. Choose the medication you take carefully.

Another anti-inflammatory technique is to use ice over the muscle pull. Treatment and recovery of muscle pulls will determine the speed at which you will return to your previous activities. Ice, directly over the area, will help to decrease the inflammatory response in the muscle. If you use ice directly you must keep it in constant motion. For that you should use an ice cup. Otherwise use an ice pack that is sold for this reason. Wrap the ice pack in a thin piece of material and place it over the area for 20 minutes at least 3 times each day.

If you choose to use an ice cup you can easily make one at home. Use a Styrofoam or paper cup and fill it to the top with water. Place it in the freezer and allow it to freeze completely. Remove any clothing from the area and slowly rotate the cup around the area for 20 minutes. As the ice melts you'll be able to peel the cup down because it's Styrofoam or paper. Keep a towel close by to catch the melting water.

Muscle pull treatment and recovery also includes compression and elevation. These four components are the parts of R.I.C.E. (Rest, Ice, Compression and Elevation) that are integral part of the recovery and rehabilitation for any muscle pull, strain or sprain.

Resist the temptation to begin using the muscle more quickly than you should because it will only increase the amount of time you aren't able to return to your normal activities. Rest really means rest.

If the muscle pull treatment and recovery is in an area that can use compression then you should use a compression bandage to support the muscle. You can use a compression bandage in most areas including the abdomen. This bracing and bandaging should be used initially for support in normal daily activities and then as the muscle begins to heal they can be relegated only to use during athletic activities for as long as is necessary.

Rotator Cuff Injuries

Rotator cuff injuries often result in an inability to raise the arm above the level of the shoulder. That means a real change in the way that you can get dressed, go to work, play sports and even play with your children. But the damage, unless it's a significant tear, doesn't have to result in permanent disability.

Before the correct treatment can be prescribed, depending upon the amount of damage and whether it's a result of chronic, acute, tendonitis or anatomical reasons, a doctor must diagnose the injury and the causative agents. Without this basic information your treatment could result in even more damage.

When you arrive at the doctor the first thing that they'll do is a history of the event. The medical history will help them to determine the cause of the injury, any immediate symptoms and any chronic symptoms, as well as how the injury may be impeding your current daily activities.

After a history they'll do a physical examination to compare the range of motion and strength in both shoulders. To do this you'll have to put on a gown so that the doctor can more fully evaluate the shoulders for any redness or swelling that may indicate another problem in the joint.

During the examination the doctor will carefully feel the entire shoulder and the one that isn't injured to compare sides. The doctor will evaluate the range of motion of the shoulder both actively – you doing the movement – and passively – when they move the shoulder while you're relaxed. If the doctor believes there might be a broken bone in the shoulder this part of the exam can be delayed.

Included in a physical exam will be an evaluation of neurological innervation, or rather sensation impairments in the arm. They'll also evaluate blood flow to the arm. Some doctors will do this first before causing discomfort with the range of motion to get a more accurate evaluation.

Doctors will perform several tests in the office, the most common of which is the drop arm test. You will stand facing the doctor and raise your arm to 90 degrees. The doctor will apply a slight pressure to your wrist or hand which may cause you to drop your arm. This gives your doctor an indication of the severity of the injury.

Most often an x-ray is ordered if the doctor wants to rule out a potential broken bone. In the case of a rotator cuff injury an x-ray is normal without any deformities. There are other more advanced imaging studies that might be ordered if there isn't any improvement after a month of treatment and consistent rehabilitation. Doctors may use an arthrography, ultrasound or MRI to determine the amount of degeneration to the tendons and ligaments. The exact test ordered will be determined based on the amount of damage that the doctor believes is present and the age of the patient.

Symptoms

The rotator cuff is not really a cuff but rather an area in the shoulder where tendons, ligaments and muscles, which control arm movement from the shoulder, are located. These ligaments and tendons control the arm's ability to rise out to the side of the body. With specific movement comes specific pain when there is an injury – either chronic or acute.

Rotator cuff injuries can be chronic, found in people who participate in occupations or sports that have excessive overhead movements such as a painter, or baseball pitchers. Chronic injuries also occur in people who have an anatomic narrowing of the space in the shoulder which causes damage to the tendons with movement. Chronic injuries are also caused by tendonitis with degeneration in age or repetitive trauma.

Rotator cuff injuries can also be caused from acute trauma to the joint such as when there is significant pressure against the shoulder during a fall, raising something overhead or a direct trauma to the shoulder. In people younger than 30 there is usually significant force to the shoulder to cause damage.

Each of the different injuries to the rotator cuff has different symptoms if it is chronic or acute. In a chronic tear the symptoms happen more in the person's dominant arm because that is the side that receives the most trauma during repetitive movement. Chronic tears are more common in men older than 40.

In an acute rotator cuff injury there is usually a tearing sensation followed by intense pain down the arm. Motion in the arm will be limited by pain and muscle spasms. The acute pain from the tear and bleeding into the muscle goes away in a short time, usually 3-5 days. There will continue to be point tenderness over the point of the tear and if the tear is significant the person won't be able to raise their arm out to the side of their body.

In either case, chronic or acute, the pain is generally located to the front and side of the shoulder and becomes more intense when the shoulder is moved away from the body. Interestingly the pain also becomes more intense at night and will increase when lying on the affected shoulder. As the pain gradually worsens it can also be accompanied by weakness. The person experiencing rotator cuff injury can usually still use the arm but will be unable to move the arm above the level of the shoulder.

As the pain diminishes if the person doesn't continue to move the shoulder it can result in a 'frozen shoulder'. In other words the joint loses a significant amount of range of motion in all directions, even when the patient is relaxed and the doctor attempts to move the arm. Inflammation, scarring, thickening and shrinkage of the capsule all contribute to the frozen shoulder and resulting loss of function and increased pain with movement.

Rotator cuff injuries are sometimes precipitated by a chronic tendonitis. Tendonitis in the shoulder is most common in women between 35 and 50 years old. They also experience a deep ache in the shoulder toward the front and outside of the upper arm. There is usually point tenderness. Women describe the pain as coming on gradually and becoming worse when they lift their arm to the side or turn it inward – the action used when glancing at a watch. This type of tendonitis can lead to a tear in the ligaments and tendons from chronic inflammation.

If these symptoms sound familiar then you should seek medical care if the shoulder pain lasts more than 2 days or you aren't able to work or raise your arm above the level of your shoulder. If you aren't able to engage in your daily activities or sports activities then you should schedule a visit to your doctor. Emergency medical attention should be sought if you are suddenly unable to move your shoulder whether it was immediately injured or not.

Rotator cuff injuries can be relatively minor or make a large impact in your ability to accomplish daily living tasks. Certainly without physical therapy and rehabilitation the latter will be the most likely result of either a chronic or acute injury. As with any other injury or damage done to the body, if you give your body the right tools early in the injury you are more likely to suffer less long-term problems than if you neglect the problem and then try to fix it later.

Rotator Cuff Treatment

Treatment

Treatment of a rotator cuff injury is dependent upon the severity of the injury and the cause of the injury. An acute injury will be treated differently from an injury caused by anatomical abnormalities or chronic tendonitis. Most often there is an exercise program involved to improve the strength of the muscles surrounding the shoulder to help protect the shoulder from further damage.

The doctor will most likely recommend that you rest the shoulder initially and apply ice for 20 minute periods 3 times a day. There are varying beliefs about using ice and heat. Most agree that ice is used in the first 2 days. After that there are those that believe using heat will help to heal the area faster and those that believe continuing to use ice will be best. Which ever recommendation you and your physician agree to do not mix the two. Either ice or heat but not both.

You can take an anti-inflammatory medication such as ibuprofen to decrease the pain and swelling in the joint. Do not make the mistake of taking the medication and over using the shoulder because the pain has decreased. Also, do not take medication if you have an allergy or other medical conditions. You should always consult with your doctor before starting a medication that may interfere with other medications you may be taking, including over the counter drugs.

Once the initial inflammation, swelling and pain have decreased you should be enrolled in a physical therapy program to help strengthen the shoulder and increase the range of motion. Your therapist will give you exercises to do at home with an exercise band that are simple but require consistency to see results. Without therapy you may experience the same symptoms in a rather short amount of time.

If you have persistent pain and limited mobility your doctor may recommend cortisone injections to help decrease the inflammatory response in the shoulder. If the rotator cuff injury is severe they may recommend a surgical repair so that you can regain much of the range of motion you've lost.

In some cases the repair will remove a portion of the bone that lies over the rotator cuff area to relieve the pressure on the tendons and ligaments. When the pressure is released the inflammation will decrease and thus healing is encouraged.

Most patients prefer to have any surgery done arthroscopically – through a small hole in the shoulder – but sometimes a full repair necessitates an open incision. With an open incision there is a greater risk of infection and post surgical complications as well as an increased recovery time. However, when there is a significant tear to the tendon then an open repair is necessary to regain function in the shoulder.

Rotator cuff injuries are relatively common among women 35-50 and men over 40. As a result of the fast paced lives we lead there is a real tendency to neglect strengthening exercises, stretching and gradual increases in weight lifting. We want results and we want them now. Don't make the mistake of assuming that your joints will accept the challenges that you will upon them. Take the time to stretch, strengthen and move slowly through an intense exercise routine. Use compensatory equipment if you are constantly keeping your hands over your head. And when there are signs of injury or inflammation, don't ignore them.

Without treatment for rotator cuff injuries you risk permanently losing full function of the shoulder and arm from rotator cuff disease. Sometimes there is scarring around the shoulder which leads to a restriction in the range of motion of the shoulder or increased pain.

It is normal to go through weeks of rehabilitation to improve the function and decrease the pain of a rotator cuff injury. Don't be discouraged! There is definitely a light at the end of this injury. With vigilant work and consistent therapy you should recover full function, full range of motion and strength in your shoulder.

Shin Splints

Have you ever felt pain in the front of your lower legs each time you run? You feel as though your legs are on fire! You have probably felt the pain of shin splints.

The name shin splints is actually a misnamed medical condition. The name 'shin splints' is a description of pain felt over the front of the tibia bone – the front bone on the lower leg. The lower leg actually has two bones – the tibia and fibula. The tibia is the larger bone to the front of the leg. Shin splints describes pain along the front of that bone, usually located anywhere from 2 inches below the knee to 2 inches above the ankle. The origination of the pain is usually from inflammation along the tendon (posterior peroneal tendon) that runs along the front of the bone.

Shin splints are common in runners and aggressive walkers who enjoy their sport and train hard. However, there are other reasons for athletes to suffer from shin splints besides overuse. You can recognize the pain of shin splints because they are very apparent at the beginning of your run, ease up after you are warmed up and then reappear toward the end of the workout.

Causes of shin splints can be overuse but they are also common in runners who do an excessive amount of hill running, have tight calf muscles or tight Achilles tendons, running on uneven terrain, doing speed work, using worn out shoes without adequate support or in runners and walkers who have poor biomechanical structure to their foot. This means that runners who over pronate while running put an undue amount of stress to the tibial area and thus cause this overuse injury. So while shin splints may be an over use injury you must find the reason for the overuse so that you can make adjustments to your training or equipment to prevent further damage after recovery.

Shin splints are also common in athletes who enjoy other sports that require a great deal of running such as soccer, football and basketball.

Overpronation is one cause that requires the athlete to seek attention once the shin splints have healed. Without the proper equipment in their shoes these athletes will continue to suffer from shin splints to the point that training will come to a standstill several times each season. The athlete who overpronates will be able to decrease or eliminate the experience of shin splints by the addition well built orthotics to their shoes.

Pronation is the action of the foot once the foot hits the ground. In a normal stride the foot hits on the outside of the heel and the foot rolls approximately 4-6 degrees inward. If the foot is stiff, flat or has a high arch the twist to the tibia bone will be excessive and cause the pull and tears along the tendon, causing the shin splint. The overpronation can be corrected with orthotics and the right running/walking shoes.

When an athlete continues to train through the pain there is a high risk for developing stress fractures of the tibia bone. These fractures aren't the same as breaking the bone

in an accident. Instead of a clean break the bone actually splits apart in the middle when the tibia is twisting and the tendon is pulling on the bone.

To diagnose the athlete's problem the doctor will take a thorough history and do a physical exam looking for point tenderness on the shin, abnormalities in gait and overpronation. If the physician feels it's necessary an x-ray, mri or bone scan maybe ordered. X-ray documentation of stress fractures lags behind the actual fracture by about 2 – 3 weeks. So the actual break won't show for 2-3 weeks, until healing and new bone is being laid down.

The more conclusive test is the bone scan will show 'hot spots' in the bone that indicate the break from a stress fracture. But athletes with shin splints don't necessarily suffer from stress fractures. When the condition is caught early, treated and preventative measures instituted the athlete can forego the long arduous recovery from a stress fracture.

Treatments and Recovery

Once your doctor has diagnosed shin splints he'll prescribe a treatment plan to help you recover to your previous level of activity and prevent any further loss of training by preventing more shin splint. Treatment of shin splints starts with rest. This might be the hardest thing that an athlete has to do in the recovery and treatment of any injury. It can be frustrating and aggravating to watch conditioning and performance fall behind after weeks and months of hard work. But it doesn't have to be that way and in the rehabilitation process there are things you can do to increase the likelihood you'll return at a level close to where you left.

Once you've been convinced to rest the leg, so you don't develop further injuries (stress fractures) or complications you can move on to finding why you developed the shin splints in the first place. Unless you determine the reason or cause you'll be destined to repeat this process in a few short weeks or months from now.

The most common cause of shin splints is over use. But the underlying cause of the over use is that the tibia has been placed under abnormal stress, often from a biomechanically incorrect stride and foot placement. Your physician will help with diagnosis and the start of treatment and rehabilitation from shin splints but you should include a visit to a podiatrist in your treatment plan to evaluate the mechanical placement of your foot during walking and running. This specialist can evaluate you walk and run and determine if over pronation or under pronation is causing a problem.

The issues of over or under pronation can be somewhat addressed through properly made shoes (for your particular situation) but also should be supported through the use of custom made orthotics. These orthotics are shoe inserts that take the place of the shoe insert that comes with your regular tennis shoes or running shoes. Although they

can be pricey they also will decrease or eliminate the number of times you suffer from shin splints and potentially from stress fractures.

Important in the treatment of shin splints is rest and the proper shoes for your running form. A top end running store will have salespeople trained in the mechanics of running and will be able to steer you towards running shoes that will protect your legs as well as shoes can.

Ice or cold therapy is another aspect of your rehabilitation from shin splints. If you use ice directly on the skin you must keep the ice in constant motion, as with an ice cup. If the ice is left to sit on the skin you risk damage from frostbite. There are also ice packs made specifically for this process. Use ice or cold on the area for 15 minutes every hour for as many hours as you have available for the first week. This will help to decrease the inflammation and speed the healing.

In the first week of treatment you'll also benefit from the use of anti-inflammatory medications such as ibuprofen. Follow the advice of your doctor or physical therapist to help decrease the inflammation and continue healing the tendons.

Once you are back to your physical activities (at least one week pain free) you should use good warm up and cool down practices to keep the tendons from becoming over stressed. Always warm up first, then stretch slightly. You can also stretch well during your cool down process to increase the flexibility of the lower leg and the ability of the foot to work at it's best.

Runners and walkers should attempt to exercise on soft even surfaces which help to absorb some of the impact of the lower leg. Once you are pain free and beginning back to your activity level you can also incorporate some strengthening exercises to help protect the foot and lower leg.

Some strengthening exercises that are good to do with both legs include:

- While barefoot use the big toe to draw the entire alphabet in the air
- While standing in supportive shoes raise up and down on your toes
- While standing raise to your toes on just one foot and hold for ten seconds.
- Walk on your toes and then your heels
- With your shoes and socks off place a towel on the floor and gather it up in your bare toes

Of course only perform these exercises if you are completely pain free. Your physical therapist can help you develop a more individualized plan for your specific situation.

During the period of time when you aren't running or getting back to running slowly you can incorporate running in a pool to continue to improve your lower leg strength and cardiovascular strength. You will find that with good form in the pool and a strong workout you'll return to running in better shape than when you left it. The pool will keep your body cooler, allowing you to work harder and the water adds resistance that increases the workload on the heart.

Iliotibial Band Syndrome

Have you felt chronic pain in the outside of your knee? Or maybe you have hip pain. There are several possibilities and one is Iliotibial band syndrome, also called ITB.

Iliotibial band syndrome is a common sports injury that affects the knee of runners, bikers, hikers and weight lifters.

The Iliotibial Band is a tendinous extension of the fascia that covers from the lateral condyle of the tibia to the gluteus maximus; basically from the knee to the hip. The Iliotibial band provides support and stability and holds the pelvis to the lower leg.

Iliotibial band syndrome happens when the band becomes inflamed. This is commonly an overuse injury associated with runners, hikers, bikers and weight lifters. There are training habits that increase your risk of developing Iliotibial Band Syndrome. If you are a runner exercising on a banked surface, inadequate warm up or cool down, increasing distance too quickly, downhill running or running the stairs can increase your risk of developing Iliotibial Band Syndrome.

Other abnormalities in the biomechanical expression of the foot and leg can also increase your risk. These abnormalities include over pronation, uneven leg length or bowed legs can also cause undue stress on the iliotibial band that will lead to over use and inflammation.

Those athletes who suffer from iliotibial band syndrome will experience irritation of the band and pain when the knee is flexed and then extended. This motion makes running or hiking difficult and painful. The athlete is often unable to point to a specific area that is painful but rather will use his whole palm over the lateral aspect of the knee. Runners notice that pain becomes worse as they run downhill and others find that sitting for long periods with their knee flexed results in increased pain.

Diagnosis of iliotibial band syndrome is based on a thorough history and physical. Some patients may benefit from an MRI which will show a pocket of fluid which is a result of the chronic irritation and inflammation under the lateral epicondyle, just over the outer knee.

Treatment of iliotibial band syndrome is based on the severity of the condition and the ability of the athlete to comply with the recommendations for treatment and rehabilitation. When the athlete is able to complete rehabilitation and correct the reason for developing the condition in the first place then the likelihood of developing the problem again goes down significantly.

Your physician will recommend rest, which means you stop the athletic activity which caused the issue. You will want to ice the area several times a day and as the pain decreases you will be shown sports massage to decrease the adhesions that can develop in tendons when inflammation has been present.

Low mileage recreational runners often respond well to anti-inflammatory medications, stretching, ice and rest. But competitive runners may need a more comprehensive approach to treatment. This can include corticosteroid injections if swelling continues to be noticed over the area 3 days after strict rest and anti-inflammatory medications have been started.

After the pain has been alleviated the athlete will begin stretching and strengthening the area to prevent this problem from happening again. The gluteus medius muscle is an important muscle to strengthen in this process.

Surgical treatment may be considered for those athletes in whom a more conservative approach hasn't been successful. Surgical intervention is usually not necessary when the athlete recognizes the pain as a signal they should rest the area and treat it. An early diagnosis and treatment increases the probability that athlete will respond well to anti-inflammatory medications, rest, ice, stretching and strengthening.

Diagnosis

Iliotibial band syndrome is often called runners knee and is a common source of knee pain in runners, weight lifters and bikers. This syndrome is the leading cause of lateral knee pain in runners because they participate in more activities that are risk factors for the condition.

The iliotibial band is a thick tissue on the outside of the thigh that runs from the hip to the knee and inserting on the bone just below the knee. This band of tissue is crucial to the stability of the knee during any activity that requires the extension and flexion of the knee. The band continually rubs over the lateral femoral epicondyle, which is a bony protuberance on the knee. This, combined with the repeated flexion and extension during running or biking, can cause the area to become inflamed.

When the iliotibial band is inflamed it causes pain in the outside of the knee or the side of the hip. It can also be associated with weight lifting – doing squats – court sports, and even pregnancy. Doctors have identified several risk factors to developing this condition. These factors include a leg length discrepancy – meaning one leg is longer than the other – running on a banked surface, poor foot structure, shoe breakdown, increased intensity and muscle imbalances. Because of the variety of reasons that increase the risk factors for this condition the treatment and rehabilitation must be individualized.

People who are experiencing pain from iliotibial band syndrome will complain of pain in the knee when they are climbing stairs, running, or other repeated flexion and extension motion that is localized over the lateral aspect of the knee (outside of the knee). The pain is initially alleviated by rest and worsens if the person continues to exercise.

Doctors use a thorough medical history and physical to diagnose the problems with iliotibial band syndrome and differentiate the different types of physical therapy or changes to exercise routines that will be necessary to effect a complete recovery from the condition. During the medical history the physician will be interested in the type of pain, duration and amount; when the pain started, what type of exercise program is being used, if there have been any changes to intensity or area used, and the condition of the equipment, such as shoes, that are being used.

During the physical examination portion the doctor should be able to see the action of knee and hip, feel for swelling, heat or tenderness over the area, and evaluate your strength and pain with certain activities. Pain is often elicited in the office by asking the patient to do squats. The pain can move from the knee to the hip but it is more commonly felt in the knee.

During a physical examination the doctor can also determine how tight the ITB is which is one of the risk factors for developing the condition of iliotibial band syndrome.

There are no imaging studies that give physicians the ability to view the iliotibial band and diagnose the condition. The majority, if not all, of the diagnosis is based on an exhaustive physical examination and history that determines the reasons why the condition exists in the first place. Iliotibial band syndrome, although relatively common, is also easily diagnosed and treated. With proper treatment and changes to their program most runners and bikers are back to their sports in a matter of a couple of weeks.

Treatment and Recovery

Factors that increase the risk of developing iliotibial band syndrome are running shoes that are worn out, a sudden increase in down hill running, increased intensity of running schedule, running on the same side of the road on in the same direction on the track, leg length discrepancy, leg strength discrepancy and biomechanical foot problems.

Initial treatment of iliotibial band syndrome are the same things done for most every muscle or tendon injury – stop the activity, use RICE, anti-inflammatory medications and physician appointment. Count on not running for about a month after the pain has begun. You may not be happy about not running but complete recovery is very important for any long term activity level. Don't jeopardize the ability to ride bikes and run in 1 year by pushing through the pain today.

RICE is Rest, Ice, Compression and Elevation. Rest the muscle – don't use the stairs but take the elevator, stop the activity. Use an ice cup to massage the area and decrease the swelling. Using a Styrofoam cup fill it with water and freeze it. When you are massaging the ice over the area you'll find it melts quickly so keep a towel handy. As the ice melts you can peel the cup down. Do this 3 times a day for 20 minutes.

Speak with your physician about which anti-inflammatory medications that you can use with your other medical conditions or medications. Ibuprofen is one that is over the counter and usually well tolerated. Your doctor may have other options available to you that are prescription strength if ibuprofen will interact with other medications you may be taking.

The next step in the treatment and recovery of iliotibial band syndrome is to determine the causative factor or factors to improve the chances of a complete recovery. Look for running shoes that are worn on the outside of the heel. If the running program changed drastically recently and there are no other risk factors then when the pain goes and you are comfortable go back to your running routine at a much easier pace without downhill running and rotating the direction on the track that you're running. Iliotibial band syndrome is also common in road runners who have been running on the same side of the road. The ITB will be most common on the leg closest to the curb. Because the slope of the road the curb leg will always be hitting the road lower than the leg closer to the road. This creates uneven stresses on the body and the iliotibial band will most likely become inflamed.

Another common cause of iliotibial band syndrome is biomechanical imbalances in the foot. If there are no other causes identified the next step is a visit to a sports podiatrist who can evaluate the way the foot strikes the ground on impact and with push off to determine if biomechanical issues are causing long-term problems with the feet and legs.

Once the causes have been determined and changed it's time to start stretching and strengthening. Another major cause of most over use injuries is either inappropriate use of the joint or lack of strength and flexibility. The muscles most needing strengthening is the inner most quadriceps muscle. The three outermost muscles are most worked and strong. The inner most muscle is often the most neglected and because this causes an imbalance in the muscle structure it also places the leg at greater risk for injury.

Stretching the iliotibial band is another factor in the treatment of iliotibial band syndrome. Even if it was not tight before an injury, inflammation and swelling will cause the fibrous tissue to tighten. Stretching will help to reduce the risk of recurrence of the injury.

To strengthen the inner quadriceps muscle sit on the floor with your back supported against a wall. Watch out for your back because as your muscle fatigues your body will attempt to use the back muscles to compensate. This will only make your back sore and do nothing for your leg. Do the exercise on both sides but for ease of explanation this is for the left leg.

With your back against the wall, bend your right knee and hug it to your chest. The left leg is straight, toes flexed toward the head. Now turn the left leg outward so the toes

point to the left as far as you can. Do leg raises from this position until the leg begins to fatigue. You may be able to start with 10 or 20. Once the leg is tired switch to the other leg and then back again. Do 2 or 3 sets on each leg, making note of how many you can do and attempting to increase the repetitions each week. Do this exercise 5 times each week. It may be boring but it will help to stabilize the knee, decrease the pain, and improve the running form.

An iliotibial band stretch is accomplished by standing with one side to a wall. This stretch is done on both legs, injured and the non-injured leg. For ease of explanation it will be the right leg that is stretched. The right side of your body is facing the wall, and hand on the wall for support. The left leg crosses over the front of the right leg toward the wall. Now lean in toward the wall with the right leg straight and stretching the outside of the right leg from hip to knee.

Hold the stretch for 20 seconds. Do 5 on each side, alternating sides.

Iliotibial band syndrome is a sports injury that is common to runners, bikers and some weight lifters. Although athletes will find themselves sidelined from their sport for at least a month to achieve full recovery, the results will be well worth it. Improved flexibility and strength in the legs will help to improve the function and performance at the sport.

Achilles Tendon

The Achilles tendon is one of the largest tendons that anchor muscle to bone and certainly one of the most vulnerable. The Achilles tendon attaches proximally (closest to the head) to the end of the calf muscles and distally (furthest from the head) to the calcaneus or tip of the heel bone. Movement of the foot from pointing to flexion requires the use of the calf muscles and therefore the use of the Achilles tendon.

The tendon was named after a mighty Greek warrior and one of the hero's in Homer's Iliad. In an attempt to make her boy immortal she held him by his heel and dipped him in the river Styx. Everything the water touched was invulnerable but what remained dry was not. Later references to an Achilles Heel refers to literally the weakest link in the chain.

Identification and Diagnosis

The Achilles tendon bears the brunt of the force of pushing off against the ground in running and jumping, or pushing against the pedals in biking. But you do rely on this tendon every time you move your foot. The tendon is most often ruptured or torn during an explosive action requiring eccentric force – such as when jumping or starting to sprint.

First there is a pop, or a snap and then comes a sharp pain in the lower leg and heel that makes it impossible to walk. In fact it is impossible to walk if the rupture is complete because the calf muscle is no longer attached to the heel and can't move the foot.

During examination the doctor will elicit a history that involves a blunt trauma to the tendon resulting in the rupture or significant ankle contraction such as when starting to sprint or jump. There will be weakness, pain, calf swelling, and an inability to appropriately move the foot into dorsiflexion (toes flexed toward the head). The patient will report an inability to walk up and down stairs.

There also may have been a prior diagnosis of a sprained ankle because they continue to have active plantar flexion or the ability to point their toes. Presenting late for treatment and rehabilitation affects the long-term outcome of the recovery negatively.

People who have had a prior Achilles tendon rupture that was treated conservatively without surgery have a high rate of recurrence. Weekend warriors, or those older athletes who only workout on the weekends also have a higher rate of injury due to decreased flexibility and increased weakness of the calf muscle.

During physical examination the doctor will feel the entire calf area to find swelling, tendon defects and tenderness. When there is a complete rupture there will be a gap in the tendon that is palpable approximately 1-2 inches above the site of insertion at the heel. Physicians will note that there is an inability to stand on the toes.

Several physical tests may be performed to confirm the diagnosis of an Achilles tendon rupture. The hyperdorsiflexion sign is done while the patient is lying on their stomach with both knees flexed to 90 degrees. The doctor manually flexes the feet and compares the results side by side.

In the Thompson test the patient is again on their stomach and the affected leg is extended. The doctor will squeeze the calf muscle to indirectly point the toe. A positive test results if the foot doesn't point and helps to confirm the diagnosis of a rupture.

There are several common risk factors of an Achilles tendon rupture that include:

- Weekend warrior or recreational athlete who doesn't know their limitations
- Older athlete between 30 and 50 years
- Prior Achilles tendon injury, tendonitis or rupture
- Prior injections to the tendon or use of fluoroquinolone
- Abrupt change in training or activity level
- Starting a new activity
- Weakened calf muscles
- Poor flexibility in the Achilles tendon or calf muscles

Although an x-ray won't reveal a ruptured Achilles tendon the physician may be looking for an injury to the calcaneal bone where the Achilles tendon attaches. During some injuries the Achilles tendon doesn't rupture but rather pulls part of the calcaneus off of the heel. The end result of lack of use of the ankle is the same but the treatment is entirely different.

A ruptured Achilles tendon is painful, requires vigilant care and treatment as well as rehabilitation to recover completely. At times this has ended the running careers of professional athletes or completely sidelined recreational athletes. It is important to note however that with surgical repair, proper treatment and rehabilitation athletes are often able to return to activities they enjoy. The road to recovery however is often difficult but well worth the effort.

Treatment and Recovery

A ruptured Achilles tendon is often the result of a high eccentric force placed against the foot while in dorsiflexion. In other words – taking off running quickly, or jumping. The factors that impact this type of injury are often the strength and flexibility of the calf muscles which are usually weaker and decreased in older recreational athletes.

Treatment of a ruptured Achilles tendon can be conservative or surgical in nature. A conservative approach places the patient in a cast for 8 weeks with the foot in plantar flexion, or toes pointed, to help the tendon reconnect. This type of treatment may work for those who aren't interested in becoming very active again once the treatment has been completed. Unfortunately the conservative approach has a high incidence of repeat injuries following recovery.

Some of the reasons that physicians and patients may choose a more conservative approach is because the patient is a poor candidate for anesthesia due to cardiac or pulmonary problems, poor circulation, advanced diabetes leading to poor circulation and poor healing, presence of skin problems at the site of the injury, increased age or sedentary lifestyle.

The use of a conservative approach to treatment and casting only also usually increases the time needed for healing. Although the standard time for casting is 8 weeks the healing time is variable and for some people complete recovery comes after 6 months.

The second, and more likely approach, is a surgical repair to the tendon. During surgery the doctor will sew the tendon together to allow greater healing or reattach the tendon to the heel if it were avulsed instead of torn. After surgery patients are also placed in a cast to rest the foot and allow the tendon to heal.

To keep the heel from stretching the cast is initially placed with the toes slightly pointed and gradually moved to the toes being in neutral position. Casting after surgery can also be between 6 and 12 weeks depending upon the type of repair needed.

After either a conservative approach or surgical intervention there will be a period of rehabilitation involving physical therapy exercises to strengthen the leg muscles. Most people will return to normal activities within 4 to 6 months. The amount of recovery is dependent upon the quality of physical therapy and the commitment to the program on a daily basis.

The key to a ruptured Achilles tendon however, is prevention. Before starting any physical activity gently stretch the tendon and calf muscles and warm them. Stretch slowly and not to the point of pain. You should feel a gentle pull but not pain. Never bounce during a stretch since you're increasing the risk of rupturing, tearing or avulsing the tendon.

Avoid excessive stress on the Achilles tendon such as hill running or jumping. If you notice pain while doing physical activities stop and rest. Alternate high impact sports such as running with lower impact sports such as walking, biking or swimming. Do strengthening exercises for the calf muscle and stretch the muscles and tendons regularly.

A ruptured Achilles tendon will sideline you from your physical activities for up to 6 months but the rehabilitation and recovery is well worth the process. Physical activity improves your emotional and mental states, decreases your risk of stroke, heart attack and immune mediated illnesses such as arthritis and lupus as well as improving your circulation. To continue to reap the benefits and rewards of a strong exercise program continue to work through the rehabilitation to return to your normal activities.

Eye Injuries

Sports causes more than 40,000 eye injuries each year. Interestingly more than 90% can actually be prevented. You might think that basketball and baseball are some of the safest sports to play but they actually result in the most eye injuries followed closely by water sports and racquet ball sports.

Approximately 30% of ocular injuries happen in people younger than 16 and for those between 15 and 64 the most common cause of sports eye injury is basketball.

Sports activities are classified as low risk, high risk and very high risk for eye injuries. If the activity involves the use of a bat, ball, puck, stick or racquet it will be classified as high risk while those sports that don't have body contact or other equipment use such as track and field, are classified at low risk. Very high risk sports have body contact without eye protection such as basketball, martial arts, wrestling or boxing.

Prevention of sports eye injuries includes a complete eye examination during any sports physical. Determining any deficits before playing sports or identifying any abnormalities before an injury to can help to prevent injuries or diagnose a problem once there is an injury. Athletes who are at risk for eye injuries for eye injuries, such as those with retinal detachment, eye surgery, previous injury or current infection, should be counseled regarding the sport they intend to play and the appropriate eye protection that should be used.

Some of the more common sports eye injuries are blunt trauma, penetrating injuries and radiation injury from the sun. Blunt trauma happens when you are hit directly in the eye and causes the most sports eye injuries. Serious examples of this type of injury include a broken bone under the eyeball, a broken eyeball or detached retina. Bruising around the eye and eyelid – often called a black eye – may look bad but is usually a less severe injury.

Another type of sports eye injury are penetrating injuries which is when something actually cuts into the eye. This type of injury isn't as common. You can possibly get a penetrating injury if eyeglasses break, another person scratches the eye or an object penetrates the eye such as fish hook. Radiation injuries, or burns from ultraviolet light, are common in sports such as snow skiing, water skiing or other water sports.

Protection against eye injuries usually involves common sense. When snow skiing, cycling or water skiing strong protective sun glasses that are strong enough to withstand sudden force from a thrown stone or being tossed into the water are necessary to protect your eyes from radiation injury. The most common and protective form of impact resistant lenses are made of polycarbonate. They are available in plain or prescription lenses.

Don't ever try to use a protective device without lenses. Plain sunglasses won't protect your eyes from blunt force or penetrating injury. A helmet won't protect your eyes and it

can be knocked of the head. Consult your eye doctor for the most appropriate eye protection for your sport.

Sports eye injuries during play is more common than during practice. Athletes who sustain an injury should first be evaluated by the team physician. The doctor will determine if the injury is sufficient to keep the athlete from continuing to play. Athletes should NEVER use a topical anesthetic to reduce the pain to continue to play.

Sports eye injuries which cause a sudden decrease or loss of vision, pain with movement of the eye, pain with light, light flashes or floaters, pupil changes shape, halos around the eye, sudden loss of the red reflex, sensation of a foreign body or an embedded foreign body should be seen by an ophthalmologist immediately to reduce the possibility of long term effects of the injury.

Once the injury has been evaluated by an ophthalmologist he will determine when the athlete can return to play. The injured eye should be comfortable and adequate vision. The athlete should always wear eye protection to prevent a second injury during which he may not be as fortunate. Second injuries following fast on the heels of the first can cause more damage to the eye.

There are several tips about purchasing eye guards to protect against sports eye injuries that will help your eyes stay protected and will protect your wallet against undue expense from purchasing another product because the first was inadequate to do the job.

- If you wear prescription lenses head to the eye doctor and take his recommendation.
- If you have only one eye that sees well – again head to the eye doctor for the best advice and prescription lense.
- Eye guards for those who don't wear prescription lenses should be purchased at sports specialty stores.
- Buy eye guards that come with lenses.
- Be sure the lenses stay in place on impact or pop outward from the face.
- Check the packaging that the product has been tested for use in sports activities. The protector should also be made of polycarbonate material.
- There should be cushioning against the brow and bridge of the nose to prevent it from cutting your skin.
- Try them on to be sure you are getting the right size. Adjust the strap to be sure it isn't too tight or loose.

Tennis Elbow

Lateral epicondylitis, or tennis elbow, is a degenerative condition of the tendon that attaches to the bony part of the elbow from chronic overuse and abuse. The tendons involved are those that anchor the muscles of the wrist and hand to lift and raise the wrist. Ask anyone who has suffered from the symptoms of tennis elbow, this condition is painful.

Tennis elbow happens more commonly to people between 30 and 50 and can affect half of all athletes who play racquet sports. The specific action that causes injury and inflammation is the use of the backhand stroke with poor technique.

But not all people who are affected are athletes. The factor that most affects the development of the condition is the repetitive and vigorous use of the forearm, such as in racquet sports, meat cutting, fencing, plumbing, painting, raking and weaving.

Diagnosis and Treatment

The burning pain of tennis elbow on the outside of the arm often starts slow and worsens over weeks and months. The pain is felt with pressure over the outside of the elbow or by using the forearm by gripping or lifting objects. The pain is similar to golfers elbow except that the golf elbow overuse pain is on the inside of the elbow where this is on the outside of the elbow.

People who experience tennis elbow will complain that they aren't able to grip objects well, turn door knobs, and may even feel pain at rest.

If the injury appears minor you may think about treatment at home but if you don't strengthen the joint appropriately and go back to the activities you were doing inappropriately before you'll end up with the same condition. If the elbow can't be bent, is swollen, hot, inflamed, you have a fever or the elbow appears deformed you should see the doctor immediately. Complications from a severe tennis elbow or a condition that may at first appear as a tennis elbow injury can have devastating long term affects.

To diagnose the problem your doctor will first take a complete medical history looking for causative actions that may have contributed to the development of the condition. They will ask about activities, when you may have first noticed the condition, what you do each day and how this has been impacting your day. Moving on they will perform a physical examination comparing the injured elbow and arm against the other side. He'll put pressure on the elbow to see if it elicits pain or moves the fingers and wrist.

X-rays to diagnose tennis elbow aren't necessary and don't show anything on the image for the tendon but may reveal other problems that appear as tennis elbow but for which

the treatment will be different. Rarely the doctor may ask for an MRI to image the tendon if they feel there is significant damage.

Initial treatment of tennis elbow involves several common sense self-care steps such as using ice to the joint and anti-inflammatory medications, such as ibuprofen, to decrease the inflammation in the joint and help it to heal faster. Stop the activities that you know have caused the condition and anything that is painful. Continuing your activities through the pain will cause greater damage to the tendon that may require surgery to repair.

Once you have the pain under control you will want to evaluate how you use your arm with the assistance of a physical therapist. If you are using your arm inappropriately during a sporting activity and can change the motion or find compensatory mechanisms to help with other activities such as painting, weaving or meat cutting, you'll reduce your risk of having this happen again.

If the pain doesn't go away in a reasonable amount of time your doctor may suggest that you consider steroid injections directly into the joint to help decrease the inflammation and pain in the joint. However, there is no clear long-term benefit to injection over physical therapy. This means that physical therapy provides the same benefits short term and will give more long term pain relief than a shot of steroid.

For more serious conditions your doctor may ask you to consider surgery to repair the joint. Before considering this option you should have been consistent with physical therapy for at least 1 year, have limited motion in the elbow and significant pain.

Although tennis elbow is common among those who consistently use their forearms there are only 10% of those who experience the symptoms who may need surgery to repair the tendon. With a strong rehabilitation program, consistent therapy, and re-evaluation of how you use the arm reoccurrence of the condition is highly unlikely.

Home Cure

Lateral epicondylitis, or tennis elbow, is a relatively common overuse injury of the elbow in people who play racquet sports, paint, weave, cut meat or perform other repetitive motions that require intense motion. The pain of tennis elbow is recognizable by location and inability to perform certain motions with the hand and wrist.

The tendons that become inflamed with tennis elbow are actually those that anchor the muscles that control the wrist and hand. Therefore when doing repetitive motions such as a poorly controlled back hand swing in tennis, cutting meat, weaving or even painting the tendon is stressed, becomes inflamed, swollen and causes pain.

Is there a tennis elbow home cure? That depends upon the severity of the condition and whether there is a commitment to treatment and rehabilitation. Like anything else

in this life, nothing comes without a price. The price of a tennis elbow home cure is time and energy as well as stopping the activities that caused the pain in the first place – at least until the pain has disappeared.

You may believe you have a problem with tennis elbow if you have pain on pressure to the outside of the elbow, pain with raising the wrist, grasping objects or turning a door knob. If you also have swelling, inflammation, redness, heat, fever, deformity of the elbow joint, or believe that there is bone involvement you must consult a doctor immediately. There are other conditions that may appear to be tennis elbow but the complications from these can be devastating.

Only your doctor can provide an accurate diagnosis and prescribe treatment for medical conditions. The recommendations provided here should only be used to help suggest treatments to your physician and provide information about the condition and common treatment modalities.

A tennis elbow home cure is a slight misnomer because, for the most part, tennis elbow doesn't require intense medical treatment to effect a cure. First the elbow should be rested. Don't put it in a sling but rather stop doing the activities that cause pain. So forget the tennis match, painting the family room or starting on that new rug. Don't butcher any meat and this is even a good excuse not to cook for a week or so. Rest the elbow from anything that hurts. Use your other hand to open doors, grasp objects and lift. Keep the arm loose at your side or resting in your pocket you don't forget and use it.

Next, ice the joint for a week or two 3 times a day for 20 minutes. This is a perfect opportunity to use an ice cup. These are easily made at home using a Styrofoam cup, filled with water and frozen. Rub the ice directly over the elbow for 20 minutes. The ice will melt so keep a towel handy. As the ice melts you can also peel down the cup.

If you don't have a medical condition that impacts your ability to use ibuprofen you can take this over the counter anti-inflammatory medication. Ibuprofen is metabolized through the liver and should be used with caution if you have liver disease, are taking other medications that are metabolized through the liver or are taking any other medication that may interact with the ibuprofen. Consult with your doctor or pharmacist to determine that this medication is safe for you.

Once the pain has decreased to the point it is comfortable consult with a physical therapist to determine the right exercises to strengthen the forearm and prevent this condition from reoccurring.

Hamstring injuries

The hamstring muscles are located on the back of the thigh and are actually three different muscles. They are powerful, spread across the back of the thigh and connect to the bones at the lower end of the pelvis and below the knee. They function to flex (bend) the knee joint and straighten the hip joint while walking.

The hamstring muscle group delivers power primarily during lower leg activities such as running, jumping or climbing. And consequently injuries to the hamstring muscle also happen during activities in which quick acceleration is required, such as sprinting. A torn hamstring can also happen with a direct blow to the muscle or when falling backward onto an object that hits the hamstring muscle.

Hamstring muscle injuries are common to all types of athletes from Olympic sprinters to slow-pitch softball players. Other sporting events where this type of injury is common include water skiing, ice skating, dancing, weight lifting and kicking sports.

Although these injuries usually heal with conservative care for it to return to full function and recovery to be complete it will need special attention and a rehabilitation program.

Most of the injuries happen in the area where the muscle and tendons join (musculotendinous complex). This muscle has a large musculotendinous complex which explains why hamstring injuries are so common.

During a strain, sprain or tear of the hamstring the muscle fibers are torn. A torn hamstring is a graded injury. In other words the severity of the injury is graded using a structured system. In a Grade 1 tear the injury is microscopic, the muscle is stretched too far and there is some bleeding within the muscle. You may be sore after a particular activity and require a couple of days off of sports.

In a Grade 2 injury the muscle is a partial tear to one of the muscles in the group. This will result in an injury that causes you to limp for a week, have pain, swelling, tenderness and require treatment. In a Grade 3 injury the muscle is completely ruptured or torn. There will be significant pain, difficulty walking, pain, swelling and an immediate desire to visit your doctor.

When the muscle is injured the body releases chemicals to help with clotting and healing. The body will start to rebuild muscle tissue within a day after the injury. The rebuilding process takes weeks to complete depending upon the severity of the tear. However, if there was an avulsion, which means the muscle was torn completely from the bone, then surgery may be necessary to make the repair.

*There are several factors that increase the risk of sustaining a torn hamstring. These factors include muscles that aren't warmed up for the activity, poorly developed muscles, poor flexibility and low level of fitness. Athletes who have imbalanced muscle

strength between the quadriceps and the hamstring muscle groups are also at higher risk to sustain a torn hamstring muscle.

When the injury happens the athlete will hear a pop and fall to the ground. The pain can be mild, moderate or severe depending upon the level of injury. Moderate injuries usually, but not always, have severe pain while a complete avulsion will be painful but also the athlete will lose function in the leg. Occasionally in a mild injury the athlete will feel a tightness or pulling that can turn into a long standing problem when it isn't allowed to heal appropriately.

The doctor will diagnose the problem through a thorough medical history and physical examination. The doctor will ask about your exercise schedule, activities, warm up, stretching routine and the story behind the injury. During the physical exam the doctor will flex and extend your leg while probing to find out exactly where it hurts. Imaging tests will be used to rule out an avulsion since a hamstring tear won't show up on x-ray or other image studies.

Your physician will recommend a treatment protocol to help heal the torn hamstring completely. When there is incomplete or improper healing it is more likely that the muscle will be reinjured easily. For the first week the goal is to decrease the swelling, pain and bleeding. This is the period where RICE is used liberally.

R stands for rest; I for ice; C for compression and E for elevation. Resting the leg means no exercise or workouts; don't take the stairs or do more walking than necessary. This isn't the time to go for a day long shopping excursion. Ice your muscle from the hip to the knee no matter where the pain is located. Do it for 20 minutes 3 times each day. Elevate the leg as able during the day and use a bandage to provide support if it feels better.

Your doctor may also prescribe a short time of a NSAID or non-steroidal anti-inflammatory medication such as ibuprofen. This will help relieve the swelling and pain.

In cases where there is an avulsion, or the muscle is pulled completely from the bone, a surgical repair is necessary to reattach the muscle to the bone. When the muscle is torn from the bone it contracts further down the leg and scar tissue can form around the torn end of the tissue. These factors make a surgical repair more complicated, especially when the repair is delayed.

Whether the treatment is conservative or surgical there should be a physical rehabilitation program with a physical therapist or trainer. They will prescribe a stretching and strengthening routine that will help your muscles to regain their previous strength and flexibility. Early rehabilitation is often done in a swimming pool because there isn't any weight bearing to the joints and muscles. Later you may choose to do cardiac and muscle strengthening in the pool to return to your previous level of activity by running and walking in the pool.

Plan to continue the stretching and strengthening to reduce the risk of re-injuring the muscle. A re-injury after a torn hamstring is common when the healing isn't complete or is improper.

Ankle Injuries

A sprained ankle is most likely something you've experienced before. They are so common that researchers estimate that over 20,000 happen each and every day. And you don't have to be an athlete to experience a sprained ankle. In fact you don't even have to be doing anything that resembles activity. Just the act of going up and down stairs or walking over an uneven surface puts your ankles at risk for being strained or sprained.

Sounds a bit like you won't get through your day without eventually succumbing to the pain of a sprained ankle. But that's not true either. Although common, most sprains are minor and require very little attention before the body heals itself and you are on your way back to normal activity.

When the ankle is sprained what is actually happening is that the ligaments that support the ankle and hold it into place are torn or stretched. These ligaments hold the ankle and foot attached to the leg bone. They help you to walk straight, quickly and with confidence. But when you twist your ankle walking over an uneven surface, or tripping down the stairs or during an athletic performance you stretch or tear those ligaments beyond their normal position.

The most common stretch or tear is an inversion sprain when your foot rolls inward and the outside of the ankle is stretched and torn. An eversion sprain (foot rolling outward) is much less common but has a high correlation with a broken bone in the ankle. In either case the symptoms are similar.

The person who suffers from a sprain will find the ankle swells, feels hot, is tender to walk on but not tender to touch, bruising and you may not be able to bear weight on the foot. The amount of pain you have and function you lose will depend on the severity of the injury to the ligament.

Your doctor will manipulate your foot and ankle to determine which ligaments are torn and this process may be painful. The doctor will also probably x-ray the ankle to determine if there are any broken bones which requiring further treatment. If the swelling, bruising and pain are minimal the physician may chose not to x-ray the foot.

Once the doctor has fully examined the injury and diagnostic x-rays they'll be able to give you a full explanation of the grading of the sprain to your ankle. The grade of your ankle sprain will determine the type of treatment and recovery that will be necessary to help your ankle fully recovery from this trauma.

A grade one sprain has very minimal microscopic tears to the ligaments that support the ankle. There is minimal tenderness and swelling and you may not even see the doctor for a slight sprain.

A grade two ankle sprain involves complete tears of some but not all of the collagen fibers in the ligament. There is moderate tenderness, swelling and impairment to walking. The person will experience a decreased range of motion and may even experience some instability in the ankle. Grade 1 and 2 ankle sprains are the most common experienced by athletes and non-athletes.

A grade 3 ankle sprain involves a complete tear or rupture of the ligament that supports the ankle. These are more commonly inversion sprains and may also involve a break in the bone. The person will experience significant tenderness, heat and swelling with instability of the joint. They won't be able to place weight on the foot and may even require surgical reconstruction to regain the ability to walk well again.

When a person presents to the doctor with a Grade 1 ankle sprain he is much less likely to order an x-ray to check for bone damage than if the person presents with a Grade 2 or 3 sprain. Ankle sprains may be common but they also restrict the activity levels of those who suffer from them. This can mean lost work or school time as well as lost training if the person was an athlete. And once an ankle has suffered a Grade 2 or 3 sprain it is much more likely to be injured again unless there is significant retraining and strengthening done to support the joint.

Treatment

Treatment for sprained ankles isn't necessarily complex or difficult but it is time consuming and requires commitment. Sprained ankles are graded in their severity. Those who suffer a Grade 1 sprain will not have the required physical therapy and strength training necessary to return to normal activity that someone who suffers from a Grade 2 or 3 sprain. And the grade of the sprain doesn't directly correlate with whether or not you're in shape, doing an athletic activity or have great plans for the next evening.

The grade of the sprain is dependent on the amount of tearing that the collagen tissue in the ligament suffers. A complete tear requires the most rehabilitation while a mild tear (Grade 1) may not require more than rest.

In any case you should consult your doctor to determine the grade of your sprain and the recommendations that they and your physical therapist will make to get you back to working order. The treatments outlined here are only to help you make an informed decision with your doctor and to give you help to recover as quickly as possible.

Your doctor may also advise you to take some anti-inflammatory medications to help with the pain and discomfort. Over the counter ibuprofen works well for this situation unless you have a Grade 3 tear that may require surgery.

The basic plan behind a muscle or ligament pull or strain is RICE. Rest, Ice, Compression and Elevation. These components are the mainstay of immediate

treatment while the rehabilitation will be structured around a more individualized plan to help you return to your normal activities. For instance, if your injury happened while running the quarter mile you may undergo a significantly more intense physical therapy routine than if your normal activities included daily living skills such as stair climbing and walking for distances.

But let's start with Rest – probably the hardest factor for all involved. This means – Do No Walk On It! It doesn't mean limp, or hop on the good foot or even walk slowly off the heel or toe. It means to rest the ligaments and muscles that were stretched and torn and let your body start to heal. While resting you should have your ankle Elevated above the level of your heart. This will help the swelling to stay down and will then help your ankle to heal faster. The larger the amount of swelling the harder it is for the muscles and ligament to rebuild themselves and the longer your rehabilitation and recovery period.

While your foot is resting, elevated above the level of your heart, place ice packs on it for 15 minutes every hour. The ice also helps to decrease the swelling in the soft tissue and decreases the time you'll need to recover. Even if you are only able to put your foot up for 24 hours before needing to return to work or school that 24 hours will give your body time to recover that you can never replace.

And, because you can't stay seated, with your foot elevated, for 24 hours you'll want to use compression to keep the swelling down and help to support the joint. Compression can be accomplished using an ace wraps or ankle braces sold specifically for this reason. Don't ignore any of these first four steps or you'll find your rehabilitation time has just doubled in time. The more you can rest the ankle and keep the swelling to a minimum the less time you'll spend on crutches, in braces or in rehabilitation.

If you had a Grade 2 sprain then you may require an immobility device for 2 –3 weeks to allow for proper healing and treatment for sprained ankle. In a Grade 3 sprain you may need a short leg cast for several weeks to allow for proper healing before you are able to begin strengthening exercises and physical therapy. During physical therapy your practitioner will evaluate how unstable and weak your ankle is compared to your other ankle. If you leave this instability or weakness you will actually increase your risk of reinjury to the injured ankle as well as injury to the knee or hip of the good leg as it attempts to compensate for the weakness.

Therapists will give you exercises to perform at home 2-3 times per day, depending upon the type of exercise, as well as icing or heat depending upon your injury. Follow the rehabilitation and you'll be back to work, school and athletics quickly. For a Grade 1 injury that time may be 1-3 weeks; a Grade 2 or 3 injury may take a month or slightly more before walking, swimming, running or rowing is allowed. For sports that require lateral support and twisting such as basketball, soccer or football, it may be a couple of months before the ankle is ready to work – even with a strong brace.

Broken Bones and Stress Fractures

Broken bones are less than common injuries in the sports arena. But when they do happen they are painful and require immediate medical attention. Stress fractures are injuries that aren't really fractures at all but rather a splitting of the bone through overuse and stress.

In this section we'll discuss the treatment of both compound fractures (in which the bone is protruding from the skin) and stress fractures.

Compound fractures

Compound fractures aren't common sports injuries. More commonly athletes suffer from stress fractures or simple fractures. In a compound fracture the bone isn't only broken but it is exposed to the air. The bone must be broken and exposed to air but it doesn't have to be the object that caused the open area to be called a compound fracture. For this reason these bone breaks are sometimes called open fractures.

Compound fractures are a break in the bone that usually results from a high impact stress to the bone but they can also be a result of weakened bones from certain treatments, cancer, or illnesses. However, in the case of sports injuries athletes have generally been cleared of illnesses or conditions that would weaken the bones before playing.

Diagnosis of a compound fractures is fairly simple. There is an open area that goes down to bone and the bone is broken. And because it's open there is the opportunity for dirt and bacteria to enter the wound.

Compound fractures are most likely to happen during events that include body contact and high impact stress to the bone. During a sports event there are several first aid treatment factors that can be applied to decrease the risk of infection and help physicians treat the fracture.

The area should be splinted carefully to keep the bone from further movement. This will help to decrease pain for the sufferer and decrease the risk that movement of the bone could sever an artery causing even more damage. The splinting should be done without touching the area that is open to air. If you are in an area where the paramedics are imminent then leaving the extremity until they arrive is probably best. Leave the person in the position in which he fell, or gently help him straighten the rest of his body to a more comfortable position until help arrives.

Try to stop them from viewing the break since it can cause even more stress to the patient and even initiate a shock reaction. Keep their head down and eyes from the wound.

The area is at a very high risk for infection of not only soft tissue but also the bones. Bone infections are a difficult problem to solve. Treatment of infections can require multiple surgeries, long term hospitalization, prolonged antibiotic treatment and other complications to the ultimate healed results.

Every effort is made to prevent the potential complication of bone infections with early treatment starting in the emergency room. Even with the early treatment at the scene of the accident and in the emergency room patients who experience a compound fracture are more susceptible to bone infections and the subsequent complications that follow.

Treatment of open fractures or compound fractures includes prophylactic antibiotic treatment and surgical reduction of the fracture. This means that in order to realign the broken bones the patient is taken into surgery where pain from motion at the site of the injury and cleaning of the open wound is managed.

These fractures heal more slowly than other types of bone fractures. Once the bone breaks and there is an open wound the muscles contract and move the bones side by side making realigning them difficult. Once the surgery is completed patients find that regaining full function, the goal of treatment, takes weeks longer than with a simple fracture. Muscles, tendons, soft tissue, skin and bone are all affected and require time to heal effectively.

Many times the surgical procedure performed is called an open reduction with internal fixation. These terms mean that the reduction – or pulling the bones together appropriately – is done as an open procedure under surgery. The internal fixation appliances are rods or plates used to give stability to the bones while they heal.

While compound fractures aren't as common as simple fractures they require more immediate attention, more intense treatment and often develop other complications that can change the ultimate results. Knowing what to expect and how treatment may go will help patients to understand the length of time that is involved in the process. Compound fractures have been known to end careers such as Quarterback Joe Theismann whose career ending fracture happened on the playing field on national television.

Stress Fractures

Stress fractures are a whole other ball of wax, so to speak. Stress fractures are caused by undue stress being placed on the bone through the mechanical stressors of tendons and ligaments and not through impact with an immovable object.

Many times a stress fracture will be the final result of shin splints that aren't cared for. Athletes who ignore the pain and discomfort of shin splints, believing that they can continue to work through the pain, will often end up with a split in the tibia bone that is a stress fracture.

The pain of stress fractures can be immediate or increase over a short period of time. These fractures aren't visible on xray because of the positioning of the fracture but do become apparent as they begin to heal as new calcium is laid down.

Stress fractures aren't career ending but they can be season ending injuries for an athlete. They often require several weeks of immobilization to heal successfully. To diagnose a stress fracture the physician will recommend either a bone scan with contrast or an MRI with and without contrast to visualize the fracture in the bone. This gives the doctor an immediate answer as to whether the pain is caused from a stress fracture, the size of the fracture and the expected time of healing.

Once the initial bone scan is performed where the stress fracture can be visualized the physician can order x-rays to follow up on the healing process in expected time periods. Knowing the size of the fracture or split in the bone and the approximate time of the injury the doctor will be able to estimate how long it will be before healing begins to take place.

Athletes who don't show the expected healing process may be evaluated for other problems or metabolic issues that are increasing the time needed to heal the fracture. These can include calcium shortage in the body, lack of Vitamin D and other essential nutrients.

Some physicians use a removable cast that patients can wear during the day, are able to walk using them, and can remove them to sleep or shower. At other times, if the physician feels the patient may not comply with the recommendations or the fracture is significant, they will recommend a solid cast. These casts are removed every two weeks to inspect the skin beneath and evaluate the healing process.

The physician may begin with a recommendation of 6-8 weeks in a cast and use their evaluation of the healing process through cast removal to determine how long the cast will remain in place.

Once the cast is removed the doctor will likely recommend several appointments with the physical therapist to evaluate why the injury happened and help the legs and joints to strengthen after weeks of immobilization.

Conclusions

Sports injuries are common among high school athletes and weekend warriors who may not always wear the correct protective gear or who may not take the time to stretch, warm up and cool down appropriately.

But whatever the reason for having an injury there are at least three crucial points to address to ensure the best and shortest healing and recovery time.

The first is appropriate diagnosis by a qualified professional. The second is adequate rest and treatment and the third is accurate assessment and recommendations by a physical therapist to reduce the risk of these injuries from happening again.

Using these factors to guide your recovery most athletes will be well on their way to finishing the season with strength and flexibility.



Natural Help for Pain Management

Joint Pain, Arthritis and Gout, Headaches & Migraines, Sciatica, and Fibromyalgia

Joint Pain, Arthritis and Gout

An herbal pain remedy can be a safe, effective way of treating pain in your back, joints, legs, etc. without the potential side effects of prescription medications.

With all of the recent controversy surrounding pharmaceutical drugs, including the recall of Vioxx, more and more **people are looking towards herbal remedies** for joint pain.

From treating the symptoms of arthritis to easing your back from overactivity, herbal pain remedies may just be the answer for you.

What is the best herb for treating joint pain?

Although there are a variety of herbal remedies for joint pain and other afflictions, **one of the most researched herbs is Harpagophytum Procumbens**, also known as Devil's Claw because of the shape of its fruit.

Harpagophytum is native to the Kalahari Desert in South Africa, and **natives have used it for centuries to treat aches and pains** throughout the body.

In addition to being a **powerful herbal pain remedy**, Devil's Claw has been shown to have a number of other health benefits, including lowering cholesterol levels and reducing uric acid.

It is used worldwide as an herbal remedy for joint pain, hypertension, diabetes and gout, and has **strong anti-inflammatory properties**.

As such it can **significantly reduce back pain** and symptoms of rheumatoid arthritis and osteoarthritis, among other health problems.

We have discovered a natural treatment for joint and arthritis pain that we have had tremendous

success with.

This herbal supplement is called [Joint Ease](#) and it contains **pure Harpagophytum Procumbens (Devil's Claw)** which can help relieve joint and back pain, treat the symptoms of arthritis, as well as provide general health benefits.

This breakthrough [herbal arthritis pain remedy](#) can provide **safe, effective pain relief** without the potential side effects and complications of prescription drugs.

For gout pain, Gout-Gone is a safe, non-addictive, FDA-registered natural remedy containing *100% homeopathic ingredients* to **relieve gout symptoms, including swelling, inflammation and burning pain** in small joints, especially the big toe.

Gout-Gone helps to **support joint health** and keep uric acid levels in the healthy range, without harmful side effects. This remedy contains a selection of homeopathic ingredients known to **address discomfort associated with gout**.

Gout-Gone is taken internally and presented in a convenient, concentrated tincture formula. It is easy to ingest and hassle-free with **no artificial colors or preservatives**. It is *safe for all ages, including pregnant women or those who may be breastfeeding*.

Headaches & Migraines

Headache natural treatments can help alleviate the symptoms associated with mild headaches as well as migraines and tension headaches.

Many people look to **natural alternatives for headache relief** to avoid the potential side effects of prescription medications such as Fiorcet, Imitrex and Relpax.

Natural Headache Cure

There are many different types of headaches, the most common of which is the tension headache. This is characterized by **muscle contractions which pinch nerves or blood vessels** in the head, and can be brought on by stress, eyestrain or teeth grinding.

Vascular headaches, such as migraines, are **caused by the constriction and dilation of the blood vessels** in your head.

Migraines can be triggered by a variety of factors, including **excessive caffeine, certain foods, emotional swings, sexual activity, exercise and hormonal imbalances**, among others.

Natural treatments can help ease the pain by tempering muscle and blood vessel constriction as well as **treating the causes and symptoms** of the various types of headaches.

Following are the best natural headache herbs:

Chamomile - one of the best natural sedatives, chamomile can relieve migraine and tension headaches, and can alleviate symptoms such as irritability and nervousness.

Dandelion Root - an important liver tonic, dandelion can cleanse the liver and help remove toxins which may be the root of headaches and other health conditions.

Ginkgo Biloba - one of the oldest herbal remedies, ginkgo has been shown to increase oxygen and blood flow to the brain. It can help dilate blood vessels therefore easing migraine and tension headache pain.

Gotu Kola - similar in action to ginkgo, gotu kola can help improve circulation in the brain and increase blood vessel strength.

Rosemary - used in many culinary dishes, rosemary has antioxidant capabilities and can increase your sense of wellness.

Yucca Root - also a treatment for arthritis pain, yucca can relieve high blood pressure and can relieve migraines and other types of headaches.

Other Headache Natural Treatments

5-HTP - derived from the seeds of an African plant, 5-HTP is helpful with all types of headaches and can ease anxiety, depression and sleep disorders.

SAMe - a naturally occurring substance in the body, SAMe is used for improving intellectual performance and can help relieve headache symptoms.

We have found a nutritional supplement that contains all of the [headache natural treatments](#) in one comprehensive formula.

The product is called [Neuro Natural Formula](#) and it is made up of **all natural herbal extracts, as well as important vitamins, minerals and nutrients** that can offer headache relief as well as provide many other therapeutic benefits.

We researched the company that makes [this natural product](#) and have found that they adhere to **strict GMP compliance**, which are the highest manufacturing standards in the world. This ensures the **quality and effectiveness** of the ingredients.

Sciatica Pain

The sciatic nerve is **the longest peripheral nerve in the body**, and runs from the lower back through the pelvis and buttock area, right down to the back of the lower leg. It is an extension of the lower end of the spinal cord and is made up of the lumbar and sacral nerve roots from the

spine.

The sciatic nerve runs out of the lower spine, behind the hip joint and down the back of the thigh. Its **function is to send signals from the brain to the muscles of your leg** and from the leg back to the brain – therefore **helping to regulate movement in the limbs**. Movement and feeling in the legs and feet are largely dependent on the sciatic nerve, which is very important to quality of life and maintaining normal mobility. Because it originates in the spinal cord, the health of the spinal cord and its vertebra plays a large role in the healthy functioning of the sciatic nerve.

SciatiGon is a 100% safe and effective natural remedy for supporting the health of the sciatic nerve, spine, and nervous system.

The formula remains true to the **Full Spectrum Approach**[™] (FSA) of herbal extraction, ensuring the bio-availability and balance of all the active ingredients contained in the remedy. This method of manufacture also significantly reduces the likelihood of side effects and maintains all active ingredients in perfect balance – exactly as nature intended!

By supporting the spine and the nervous system, including the sciatic nerve, **SciatiGon** can make all the difference.

Fibromyalgia

Fibromyalgia (FM) is a collection of signs and symptoms that can change from day to day. Fibromyalgia herbs may help treat the many symptoms associated with this mysterious and debilitating syndrome. Fibromyalgia affects millions of people, with a larger percentage of women being affected than men.

Fibromyalgia is a systemic condition which is characterized by a number of symptoms. The **cause of fibromyalgia is unknown**, and unfortunately it cannot be diagnosed until all other conditions are ruled out. Fibromyalgia symptoms include **severe muscle pain and soreness, fatigue and restless sleep and morning stiffness**.

Some other fibromyalgia symptoms are depression and anxiety, which could result from the pain and sleep deprivation associated with the condition.

Fibromyalgia can be severe, and it can take its toll anywhere on the body. It can also be an underlying cause of neck and **back pain**.

There are no known cures for **Fibromyalgia**, due to the fact that the cause is unknown. Theories suggest the condition **may be due to chemical or hormone imbalances**. However there are treatments that can help alleviate the various fibromyalgia symptoms. Besides pharmaceutical drugs, there are natural alternatives such as fibromyalgia herbs that may be safer

than prescription medications.

Learn more about natural ways to help heal your [Fibromyalgia](#) and end your cycle of pain.