



**Common Running Injuries & How to Prevent Them**  
**(Endurance Running Emphasis)**  
**Wednesday 7<sup>th</sup> September 2016**  
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**Summary Fact Sheet**

Injuries:

When to go to a doctor or physiotherapist:

- Severe pain or swelling, joint locking, deformity, inability to move, stand or walk.
- Persistent numbness or tingling, shooting pain down arm or leg.
- Localized pain that gets worse over time or increases with activity.
- Audible “pop” with subsequent severe pain and/or swelling.
- Pain that limits daily life, sleep.
- Pain doesn’t subside after rest, ice, etc.
- When in doubt...

When to rest and skip a training session:

- Resting is the most commonly overlooked component of training. It is necessary for recovery, rebuilding, and ultimately, progress.
- Don’t train:
  - If you can’t give ~80-90% effort;
  - If you can’t achieve the goal of the session;
  - With pain greater than ~2/10;
  - With a limp;
  - When in doubt...

The site of the pain is not always the source/cause of the pain.

Most commonly injured body part in endurance runners is the knee.

Middle-aged and older runners: the most commonly injured is the foot/ankle.

Prevention of the most common of injuries in distance runners:

Gradual progress: as a general rule ~5-10% volume per week

Running form: good alignment, muscle balance, functional flexibility, quick steps

Warm up: pair intensity and duration of warm up appropriately with the training session

Hip strengthening:

- Eccentric strength, control of knee/leg
- E.g. weight bearing, single-leg exercises—variations of squats, deadlifts; transverse lunge; hopping

Foot/ankle strengthening:

- Eccentric strength, control/dissipate forces of impact
- E.g. weight bearing exercises; plyometrics: jumping, hopping, etc.