

triathlon 501

ANSWERS TO YOUR QUESTIONS ABOUT
TRAINING AND INJURIES



Photo: Dan Hicok

Red Light! Green Light! The Importance of Various Aches and Pains

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As endurance athletes, we have a 35% probability of injury each year. If you are an elite or top performer, the risk is 50% or more. No matter what, during training and racing, you will have aches and pains. How do you know which pains you can train through and which should be a cause for concern?

We will call the first type “Green Light” (GL) pain. Performing at your maximum capacity is very uncomfortable, even painful, but this generalized discomfort is harmless. At the end of a long run or bike every muscle in your body aches, but it’s a “Green Light!” Another muscle discomfort without specific point tenderness is Delayed Onset Muscle Soreness (DOMS). The whole muscle is sore, and gets even worse the day after activity, but it requires only rest and reduced activity for a few days. It’s a GL pain.

“Red Light” (RL) pain may require specific therapy to prevent further injury. Ignoring these pains can end your athletic career! Localized pain during or after exercise, or pain that worsens after you stop, points to RL pain, and is a warning to stop and find the cause.

To quantify pain, the medical industry uses the Visual Analog Scale (VAS). The scale goes from 0 to 10: from no discomfort at 0 to intolerable pain at 10. Pains that are VAS 0-3 are rarely serious. Localized pains that are VAS 4 or greater require attention.

Cramps or “charley horses” are muscle spasms most commonly caused by inadequate salt intake and/or dehydration, and are generally GL pains. There’s muscle soreness, but no real harm is done. Cramps

can be an RL pain if you are taking cholesterol-lowering drugs and did not have similar cramps before you started medication. These drugs can sometimes cause severe muscle damage, so STOP the workouts and see your doctor!

Burning pain in the front of your foot while running near your max on a hot, hard surface is a GL pain, assuming it stops when you do. Try running on a softer surface. Make sure your shoes are wide and long enough. Acute onset, localized pain anywhere in your foot that worsens as you continue to run is an RL pain. If the pain is reproducible, and not due to a nail in your shoe, it may be a stress fracture. Often stress fractures don’t show up with regular x-rays. An MRI of your foot is the gold standard.

Night pain is generally RL. Joint pain that regularly wakes you up and prevents you from going back to sleep is cause for investigation; it may be arthritis or a torn rotator cuff. This type of pain may also be worse when you lie on that side. Swim training with a torn rotator cuff can worsen the injury - have it checked out.

Arthritis (if you are over 25, it has started) can cause joint pain that occurs at night, as well as during activity, as the arthritis worsens. Arthritis can be RL or GL; you should check with a specialist. Continuing to train with arthritis is a value judgment that you must make. An auto-immune disease can cause arthritis and is RL, because the correct diagnosis and proper treatment stops the arthritic degeneration. Although there is no treatment to stop osteoarthritis, you can treat the symptoms, and there is not much

evidence that stopping your workouts will improve the problem, so that’s a GL.

Knee swelling that prevents you from fully flexing your knee is an effusion. It is ALWAYS an RL! If you cannot fully straighten your knee, and doing so causes pain more than VAS 2, it’s a big RL. STOP and see an orthopedic surgeon ASAP! The most common acute cause of this pain and swelling is a torn meniscus, and running on a torn meniscus can end your running career. A knee pain that can be either RL or GL is tenderness over the patellar tendon that worsens with activity and stays tender all the time. If there is no swelling, this is commonly patellar tendonitis, a GL – it’s an overuse problem and will respond to reduction of activity and/or anti-inflammatory medication. However, you still need an accurate diagnosis from a specialist to make an informed decision.

Pain in your behind when you sit that goes away or improves within a few steps when you rise and begin to walk, is commonly the GL piriformis syndrome. The usual cause? A lack of stretching, piriformis weakness, and possibly a dysfunctional connection between you and your clipless bike pedal. This can also be proximal hamstring tendonitis, a GL problem that can become RL if you don’t treat it. Get help to sort it out.

Chest pain can be both RL and GL. When you exercise and exceed your AT (Anaerobic Threshold) you may develop generalized chest discomfort due to the severe work of breathing-GL. RL pain is a deep, dull, aching pain under the center of your chest that may also go into your jaw or left arm, and that worsens as you continue, generally making you feel bad all over. This could be angina. Ignoring this can do far worse than end your athletic career. If you think you have new angina, you should chew an aspirin and get to the nearest ER ASAP to make sure it doesn’t end up as a heart attack. Don’t try to imitate Jim Fixx!

Red light! Green light! Understanding the cause of pain and discomfort is necessary to make informed decisions about both activity and treatment. A pain that you’ve had before, clearly know the cause of which and can readily reduce or eliminate – Green Light. A new pain with a VAS greater than 3 may be a Red Light pain. Knowing how to differentiate between kinds of pain helps you make rational decisions about training and racing, based on the value you place on triathlon.

Train safely!

Allen and Mary DeLaney are USAT Level 1 coaches and have extensive endurance sports experience. Both have been runners for 30+ years and triathletes for 11 years; they have raced in relay adventure races and have 80 podium placings in multiple sports. Mary is a physical therapist with experience in sports medicine, women’s health, and geriatrics. Allen is a physician experienced in multiple areas who most recently spent 7 years as the medical director of a large orthopedic practice, retiring in 2006. They coach athletes of all ages, including masters and injured athletes. More information can be found at their web site: www.rehabtoracing.com

**Got a Triathlon 501 Question?
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