

January 2018 Newsletter

Turrumurra Trotters

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Contents

Re-cap of the month, plus announcements:	2
Tips for Walking When You Have Bad Knees	3
Why Walking Is Good for Your Knees	3
Should You Walk When You Have Knee Pain?	4
12 Tips for Walking With Bad Knees	4
What Really Causes Muscle Spasms and Cramps?	5
What Causes Muscle Cramps	5
Research Supports Altered Neuromuscular Control as the Cause of Cramps.....	6
Treating Muscle Cramps	6
Preventing Muscle Cramps.....	6
California Woman Qualifies for Olympic Marathon Trials at Age 50	7
Do Runners Even Need Toenails, Anyway?.....	9
Baby boomers can reduce heart failure risk if they start exercising, research shows	12
One man's journey from heart attack to gym junkie	13

The Newsletter

Re-cap of the month, plus announcements:

Dear all

Thank you to Julie Madden who provided drinks during a rather warm month of January. February is being handled by Bob and Angela Leonard during February. I am still short of helpers for **November and December this year. Any offers?**

Our present distance is 8.6 km which will continue until 10 February. From 17 February it will be 10.2 km until 24 March 2018.

Alex Rosser will be sending out a note soon to suggest on one of the runs coming up he will adjust the time by an age factor based on what is used (I believe) in the World Masters Games. It should be good to see how one compares when the age adjustment factor is incorporated.

Regards

Alan

Tips for Walking When You Have Bad Knees

Keep Moving When You Have Arthritis and Other Types of Knee Pain



Bad knees can be a challenge for walking, but it is a recommended way to maintain your function and reduce your symptoms. If you have [knee pain due to osteoarthritis](#) or other causes, you don't have to let that keep you from [starting a walking program](#).

A regular program of walking can reduce stiffness and inflammation and it won't make most chronic knee conditions worse. Walking is the preferred exercise by people with arthritis, and can help you improve your arthritis symptoms, walking speed, and quality of life.

Walking is part of a healthy lifestyle to keep your heart and bones strong and your joints functioning. Here are tips for walking when you have bad knees.

Why Walking Is Good for Your Knees

Your knee joint is composed of bone and cartilage. Cartilage doesn't have a blood supply that is always nourishing it by the pumping action of the heart. Cartilage relies on joint fluid for nutrition. Moving your joints is the way that you ensure the cartilage receives the nourishment it needs to stay healthy. You may notice that your joints are stiff and sore in the morning or when you've been sitting and inactive during the day. By moving your joints, you help them maintain their function and you may help keep them functioning longer.

Regular exercise maintains and builds muscles, which you need to support your knee and maintain functioning. Weight-bearing exercise such as walking also helps maintain bone health.

[Discuss your exercise options](#) with your doctor and [physical therapist](#) when you have any condition that is causing knee pain. While walking is recommended for many people, it may not be appropriate for you.

Should You Walk When You Have Knee Pain?

If you have mild to moderate pain in your knees due to osteoarthritis, walking and other exercise helps mobilize your joint fluid and lubricate the joints.

You should walk and do other exercises that move your knee joints. You are likely to find that the stiffness, pain, and fatigue improve with exercise.

If you have moderate to severe pain in your knees before you start walking, take it easy. Do a shorter walk at an easy pace or try an activity that doesn't place much stress on the joint, such as [water exercises](#) in a pool. If joint pain remains severe, stop immediately as it is a sign of inflammation or joint damage that needs treatment.

If you have joint pain occasionally the day after a walk or run, you should take a day off and do a shorter workout or one that doesn't put stress on the joint. If you always have joint pain after exercise, you may have to switch to a form of exercise that doesn't put stress on the knees, such as cycling or swimming.

12 Tips for Walking With Bad Knees

1. **Choose the Right Shoes:** The [best shoes for your knees](#) are ones that are flat and flexible, such as [athletic shoes for walkers](#) that bend in the forefoot and have a low heel-to-toe drop. Avoid high heels, pointy toes, and heavy shoes. Look for shoes with a wide toe box. How bad are heels? Even a 1.5-inch difference in the height of the heel to the toe can increase pressure on two common sites for knee osteoarthritis damage. Look for heels of no more than three-quarters of an inch in height for dress shoes or casual shoes.
2. **Inserts:** When you have bad knees, [avoid arch supports](#) and shoes that have a high amount of arch support. You want your foot to move as naturally as possible. You can use over-the-counter orthotics that provide cushioning and support if you think that is helpful for you or they have been recommended by your doctor or podiatrist.
3. **Warm Up:** You may benefit from applying heat to your joints before you walk, or walking after taking a warm shower or bath. Starting at an easy pace is recommended for everyone, but especially when you have stiff or sore joints. Start slow to get your joint fluid moving. Then you can pick up your pace after a few minutes.
4. **Choose Softer Walking Surfaces:** While walking is far lower in impact than running, you can still get jarring with each step. Walking on natural surface trails (dirt, bark dust, pea gravel) is easier on the joints. Although they may be uneven, that also gives you more balance exercise naturally during your walk. For even surfaces, choose a cinder track at a school or community park. Asphalt is also easier on your joints than concrete. When you have a choice, take an asphalt path rather than a concrete sidewalk. Note that flooring in malls and stores is primarily concrete.
5. **Build Your Walking Time:** If you are new to walking, steadily build up your walking time [following a plan for beginners](#). Your walking can be broken up into 10-minute segments, with a goal of walking for 30 minutes per day. You can start at an easy or moderate pace as you build your endurance. Your ultimate goal should be to [walk briskly at 2.5 to 3.5 mph](#) or a pace that has you breathing harder than usual.
6. **Aim for 6000 Steps per Day:** A [study](#) found that people with osteoarthritis knee pain benefit most when they walk [6000 steps or more per day](#). If you wear a pedometer or use a [phone app to track your steps](#), all of your steps during the day count. Make that your first goal. If you can eventually exceed that regularly without increasing pain, that is good.
7. **Schedule Your Walks for Low-Pain Times of Day:** If you have a lot of pain or stiffness in the morning, simply try to get up and move around for a minute or two every half hour. You will better enjoy longer walks at a time when you have fewer aches, and that will help you be consistent.
8. **Cold Packs After Walking:** You've done well by getting your joint fluid moving. You can [apply cold packs](#) afterward to help reduce inflammation.
9. **Use Walking Poles:** Some people find that [using trekking poles](#) or [Nordic walking poles](#) helps them with stability and reducing joint fatigue when walking. Canes and other walking aids may be useful, depending on your condition.
10. **Cycling:** Adding cycling on a [stationary bike](#), bicycle, or even an [under-desk cycle](#) can help keep your opposing muscles in shape for better support of the knee.
11. **Lose Excess Weight:** If you are overweight, [losing even a few pounds](#) can reduce stress on your knees. Diet is the most effective way to lose weight. You will be able to walk and exercise with less pain and discomfort after some of the excess weight has been lost.

12. Keep Moving Throughout the Day: Get up and move around or stretch every 15 minutes. This will keep your joint fluid moving and nourishing your knees. Even just a minute can help reduce the health risks of sitting and will be good for your joints.

What Really Causes Muscle Spasms and Cramps?

Research helps explain the cause and best treatment of muscle spasms and cramps



If you've ever had muscle spasms or muscle cramps, you know they can be extremely painful. In some cases, a muscle may spasm so forcefully that it results in a bruise on the skin. Most muscle spasms and cramps are involuntary contractions of a muscle. A serious muscle spasm doesn't release on its own and requires manual stretching to help relax and lengthen the shortened muscle. Spasms and cramps can be mild or extremely painful.

While they can happen to any skeletal muscle, they are most common in the legs and feet and muscles that cross two joints (the calf muscle, for example). Cramps can involve part of a muscle or all the muscles in a group. The most commonly affected muscle groups are:

- Back of lower leg/calf (gastrocnemius).
- Back of thigh (hamstrings).
- Front of thigh (quadriceps).
- Feet, hands, arms, abdomen

Muscle cramps range in intensity from a slight twitch or tic to severe pain. A cramped muscle can feel rock-hard and last a few seconds to several minutes or longer. It is not uncommon for cramps to ease up and then return several times before they go away entirely.

What Causes Muscle Cramps

The exact cause of muscle cramps is still unknown, but the theories most commonly cited include:

- Altered neuromuscular control
- Dehydration
- Electrolyte depletion
- Poor conditioning
- Muscle fatigue
- Doing a new activity

Other factors that have been associated with muscle cramps include exercising in extreme heat.

The belief is that muscle cramps are more common during exercise in the heat because sweat contains fluids as well as electrolyte (salt, potassium, magnesium and calcium). When these nutrients fall to certain levels, the incidence of muscle spasms increases. Because athletes are more likely to get cramps in the preseason, near the end of (or the night after) intense or prolonged exercise, some feel that a lack of conditioning results in cramps.

Research Supports Altered Neuromuscular Control as the Cause of Cramps

While all these theories are being studied, researchers are finding more evidence that the "altered neuromuscular control" hypothesis is the principal pathophysiological mechanism that leads to exercise-associated muscle cramping (EAMC). Altered neuromuscular control is often related to muscle fatigue and results in a disruption of muscle coordination and control.

According to a review of the literature conducted by Martin Schwellnus from the University of Cape Town, the evidence supporting both the "electrolyte depletion" and "dehydration" hypotheses as the cause of muscle cramps is not convincing. He reviewed the available literature supporting these theories and found mostly anecdotal clinical observations and one small case-control study with only 10 subjects. He also found another four clinical prospective cohort studies that clearly did not support the "electrolyte depletion" and "dehydration" hypotheses as the cause of muscle cramps. In his review, Schwellnus concludes that the "electrolyte depletion" and "dehydration" hypotheses do not offer plausible pathophysiological mechanisms with supporting scientific evidence that could adequately explain the clinical presentation and management of exercise-associated muscle cramping.

He goes on to write:

"Scientific evidence for the "altered neuromuscular control" hypothesis is based on evidence from research studies in human models of muscle cramping, epidemiological studies in cramping athletes, and animal experimental data. Whilst it is clear that further evidence to support the "altered neuromuscular control" hypothesis is also required, research data are accumulating that support this as the principal pathophysiological mechanism for the aetiology of exercise-associated muscle cramping (EAMC)."

Treating Muscle Cramps

Cramps usually go away on their own without treatment, but these tips appear to help speed the healing process:

Preventing Muscle Cramps

Until we learn the exact cause of muscle cramps, it will be difficult to say with any confidence how to prevent them.

However, these tips are most recommended by experts and athletes alike:

Most muscle cramps are not serious. If your muscle cramps are severe, frequent, constant or of concern, see your doctor.

- Stop the activity that caused the cramp.
- Gently stretch and massage the cramping muscle.
- Hold the joint in a stretched position until the cramp stops.
- Improve fitness and avoid muscle fatigue
- Stretch regularly after exercise
- Warm up before exercise
- Stretch the calf muscle: In a standing lunge with both feet pointed forward, straighten the rear leg.
- Stretch the hamstring muscle: Sit with one leg folded in and the other straight out, foot upright and toes and ankle relaxed. Lean forward slightly, touch foot of straightened leg. (Repeat with opposite leg.)
- Stretch the quadriceps muscle: While standing, hold top of foot with opposite hand and gently pull heel toward buttocks. (Repeat with opposite leg.)

California Woman Qualifies for Olympic Marathon Trials at Age 50

Molly Friel went well under the 2:45 she needed.



Molly Friel approaches the finish line of the California International Marathon on December 3, 2017. She became the second-oldest woman to qualify for the Olympic Marathon Trials. ERIK AGUILAR

It wasn't until the final blocks of the [California International Marathon](#) in December, when she heard her husband, Michael, screaming from a corner—*You're going to do it!*—that Molly Friel fully believed she was about to qualify for the 2020 Olympic Marathon Trials.

After all, she had a few things working against her. She had been training through some high hamstring pain, which had curtailed a few of her workouts.

And she's 50—quite a few years beyond what's considered a marathoner's prime.

With her run, Friel, who lives in Fresno, California, becomes the second-oldest woman ever to qualify for the marathon trials.

(The oldest, Sister Marion Irvine, was 54 when she earned a spot at the 1984 Olympic Trials, but back then the qualifying standard was more than six minutes slower than the 2:45 it is today.)

How remarkable is Friel's achievement? A few stats show it: She finished in 2:43:57, well under the time she needed. She averaged 6:15 pace for the 26.2 miles. And she did those miles evenly—slowing only 9 seconds on the back half after a first-half split of 1:21:54.

“She's got grit, you know?” said Ian Torrence, Friel's coach for the past five years. “She knows how to push through the pain.”

Ask Friel how she did it, and she's blunt about what works—and doesn't work—for her.

Her training is based on a lot of miles. Mostly in single sessions, but she sometimes doubles back for an extra 3 miles in the afternoon. Her mileage ranged from 90—100 per week throughout her build-up to CIM, but Torrence says every third or fourth week, he cut her back to 60 or 70 miles. Her longest long run was 24 miles.

She doesn't feel old, but she feels old-school. “I'm horrible at stretching,” Friel said. “I can't really stand to stretch.” Sometimes she finds herself doing the 1980s high school gym class standby, touch your toes, reach to the left, reach to the right. No cross-training, either. “I did some TRX two weeks ago and could barely move for like a week,” she said.

Hard days aren't set in stone on the calendar. Torrence said when her hamstring was bothering her, and he'd give her an extra easy day between quality sessions. “Just moving things around and being flexible [about timing] goes a long way to adding to your lifespan as a runner,” he said.

Her nutrition is suspect. If her husband isn't around, she'll eat cereal for dinner. “I eat a lot of crap,” she said. “I like junk food. I like candy. I like cookies.”

She has human training partners—and canines as well. One of her three dogs, Flynn, can run up to 14 miles at a time. Another, Buster, is good for about five. The third, Pogi, stays home. “The easy runs are supposed to be easy; they should be enjoyable,” Torrence said. “The only way you're going to get through a marathon cycle like that is to enjoy your running. For Molly, that's running with her pups.”

She skips the rat race. Friel works 20 hours per week as a legal secretary. She doesn't get up at the crack of dawn to train unless she has to. She's never been to the Boston Marathon—she has no interest in the travel and bus to the start that's required.

She still gets nervous for races. “I get pretty worked up,” she said. “That hasn't changed. I've been like that since I was 20.” The night before a race, she finds herself thinking, *Why are you doing this to yourself again?*

The joy is in the preparation. All those miles, all those workouts? She digs it. “I love the training,” she said. “I love the process more than the end result.”

She trusts her coach. Said Torrence: “It's really cool for a coach to put together a plan, and have the athlete follow the plan and work with you on the plan—and not against you. Molly is one of my less complicated athletes. She knows how to take care of herself. I just point the bus in the right direction, and she drives it.”

On race day, Torrence's instructions were nothing special. Stick with the 2:45 pace group, which was full of women trying to qualify for the trials. Run an even pace—she did. When she saw her time, she said, she was “ecstatic.”

Come Monday, however, at the law office, it was back to the usual. Her boss has only the vaguest sense of what her running entails—and the history she had just made. “Didn't you have a race this weekend?” he asked her.

“Oh yeah, I had a race in Sacramento,” Friel said.

“Oh, you must have run along the American River Trail,” he replied.

“Well, no, it ran from Auburn down to the Capitol.”

“Are you sure that’s 26 miles?” her boss asked.

“Well, actually, it’s 26.2,” Friel said.

“Are you sure?” the lawyer pushed back.

“Yeah,” Friel said. “Yeah. I’m sure.”

Do Runners Even Need Toenails, Anyway?

Chances are, you've lost one to your training—with no ill effects (besides the yuck factor). So, what gives? Do toenails help running? What do doctors say?



Every workplace has its own unique morning-meeting culture. At Goldman Sachs, traders surely share their latest billion-dollar victories. At *Vogue*, editors outline next season's denim-on-denim-on-denim trend. And here at *Runner's World*, we talk about toenails. Lost toenails. Missing toenails. Gone-but-not-forgotten toenails. And amid all these black-and-blue sob stories, we began to wonder, do runners even need toenails? What do thin little slabs of alpha-keratin do, anyway? It was time to seek answers.

So, first things first: Why do runners' toenails tend to fall off? Basically, said Allan Rothschild, D.P.M., a podiatrist in Dunedin, Florida, who has been treating Tampa Bay area runners of all ages for years, it's all that running.

Rothschild explained that during the push-off phase of your gait, when one foot is behind you and the other one is striking the ground, the toes on your trailing foot are extended up. When these toes are hyperextended, they hit the toe box of your shoe. Even though your shoe is relatively soft, that contact is a microtrauma. When you're running five to ten miles per day, or even more in a half or full marathon, and those microtraumas can add up.

“Runners can experience discolored nails, which is a collection of blood beneath the nail plate (subungual hematoma) as a result of microtrauma to the toe against the ‘shoe box,’” Rothschild said.

The bleeding can in turn cause the nail plate to separate from the nail bed and—yup—fall off. Merely losing a toenail is not cause for panic.

“If you’re a runner, you develop a hematoma underneath the nail plate, and the nail falls off, you’re going to grow another nail back normally after,” Rothschild says. “It’s a vicious cycle—it might happen again in six months.”

(Still, if you're losing toenails all the time, you *might* want to make sure you're wearing shoes that fit your feet properly. A good pair should give your toes plenty of microtrauma-free room to move around. Even with correct footwear, though, sometimes a lost toenail is unavoidable.)

So, if we lose our toenails only to grow them back only to lose them again in six months, what’s the point of having them to begin with? Well, the answer has a lot to do with ancestry and human evolution.

“Toenails are vestigial, and at one time in our ancestral tree they were necessary for defense, digging, climbing, and were used as tools,” Rothschild says. “Fingernails have some practical use in everyday life, such as peeling fruit or scratching, but we don’t use toenails anymore. Ultimately, they’re now there for cosmetic reasons. If you’re a woman and you go out and dress up, you probably have nail polish on.”

That toenails are now purely cosmetic is a point of view that not everyone agrees with.

“Toenails serve a purpose in protecting the tip of your toe and protecting the blood vessels and nerves at the tip of the toe,” said John Krebsbach, D.P.M., a podiatrist in Milwaukee, Wisconsin. (Actually, he's my podiatrist!) Imagine dropping a rock on your foot. Would you rather have the meager protection of a toenail, or none at all? (Please, don't drop a rock on your foot to test this!)

RELATED: [7 Strange \(but True\) Tales of Long-Distance Running Injuries](#)

Regardless of their differing opinions on toenail functionality today, both podiatrists agreed: Toenails don't do anything to make you run better. And at the same time, *not* having them doesn't make you run any worse. They don't really matter.

What's more, they agreed that, if deformed and thickened, toenails can do more harm than good. If this is you, it's time to see the doctor to develop a plan for healthy toenails. There are a couple of ways to remedy this. A podiatrist could trim down or file down the nails. She could give you a topical medication, or an oral medication to deal with infection or fungus.

As a last resort, the problematic toenail can be removed with a laser or a chemical.

Dr. Jordan Metzl discusses how to deal with black toenails, athlete's foot, and ingrown toenails.

Just because surgery is a last resort doesn’t mean it’s uncommon. Both doctors have performed thousands of these painless removals on their patients, including many runners. Even so, it would be easy to freak out after your toenail is permanently removed, especially when the sport relies so heavily on your two feet. Nailless feet are atypical and potentially a little bit gruesome. Besides, you want your toenails to look the best they can.



Which one looks more normal? A before and after shot from a toenail removal procedure.

“I’ve treated thousands and thousands of patients who have that look in their eyes and say, ‘Well, don’t I need it for protection?’” Rothschild says. “The skin grows back after the nail is removed, and tougher, like it does on your heel. It is not sensitive, and you will be able to run pain-free. If patients are worried about look, they can put nail polish on it, similar to when you have your eyebrows plucked and draw them in with an eyebrow pencil. The nail bed is clear, so no one can even tell you are missing a toenail from far away.”

Krebsbach doesn’t completely agree.

“In some individuals, once the nail is gone, the skin and fat pad at the tip of the toes thins or recedes, leaving the bone at the tip of the toe vulnerable and at times painful to touch and irritable to shoe pressure,” Krebsbach says. “Others can live comfortably and continue active lifestyles—including running—without issues.”

RELATED: [5 Causes of Black Toenails—and How to ID the Harmless From the Harmful](#)

While according to Krebsbach there's no absolute guarantee that running sans toenails will be completely pain-free, both experts agreed there's a pretty high chance you'll be alright.

"Toenails are like our appendix," Krebsbach says. "They do serve a purpose, but we can live without them."

You can run with toenails, and you can run without them. Either way, you're still running—which is all that matters in our books. But please— make sure you're wearing the right shoes.

Baby boomers can reduce heart failure risk if they start exercising, research shows



PHOTO: [Terry Lonergan lost 45 kilograms and became a fitness instructor.](#)

New Australian research has found middle-aged people who are unfit can reduce or even reverse their risk of heart failure if they start exercising regularly.

Key points:

- Participants who stuck to exercising regularly had reduced cardiac stiffness
- Participants did 150 minutes of exercise a week
- Terry Lonergan started doing group fitness after having a heart attack

Baker Heart and Diabetes Institute researcher Dr Erin Howden said after two years, participants who stuck to regular sessions of aerobic exercise had significant improvements in how their body utilised oxygen and reduced cardiac stiffness, both of which are markers of a healthier heart.

"We've also found that the 'sweet spot' in life to get off the couch and start regular exercise is in late-middle age when the heart still has plasticity, and this applies to people right around the world, including Australia," she said.

In the study, published in the journal *Circulation*, a group of men and women aged 45-64 were put on an exercise regime where frequency, duration and intensity increased over time.

Researchers from the Baker Heart and Diabetes Institute found exercising at a high or moderate intensity for two years could reverse the effects of being sedentary on the heart.

"By varying the duration, intensity and type of training over the course of the week, the training was not onerous, with excellent adherence [by participants] to the training sessions," she said.

The baby boomers and middle-aged participants did 150 minutes of exercise per week, plus sessions of high-intensity interval training, which has been shown to be good for burning fat.

One man's journey from heart attack to gym junkie

The turning point for Terry Lonergan to change his life happened when he was being put in an ambulance after having a heart attack.

"The terror of having a heart attack at 47 and seeing my son watching me being loaded into the ambulance was what changed everything for me," he said.

At the time, he weighed 130 kilograms and said he knew his health was deteriorating.

"I knew things needed to change," he said.

"I could barely walk one kilometre without becoming breathless. But I stuck at it."

He started doing group fitness classes, starting off once a week, then building up more and more.

Now he is a fitness instructor, inspiring others to stay healthy.

"I feel great. I feel fantastic," he said.

He is now down to around 85 kilograms and does not miss a day exercising.