



Don't take stress fractures in stride

By Ralph Monteagudo, DO, North Basin Medical Clinics



Anyone who works hard or plays hard is at risk for a stress fracture.

Stress fractures are a surprisingly common injury in athletics, recreation and everyday life, especially this time of year. Football, volleyball and cross country are in full swing for our junior high and high school students and walking/running for fitness is again picking up in popularity in the "older kid" crowd that I frequent.

Historically, stress fractures were first called "march fractures" because soldiers in training or marching long distances daily often had pain in their feet, heels, shins and even thigh bones.

I know, sometimes we feel like soldiers at work or even in athletics. High impact activities like running, jumping and walking are part of life. So when we take part in repetitive activity or overwork our feet and legs, our bones sometimes react by "remodeling" or "weakening" – which produces a sharp pain during activity. Stress fractures are not complete breaks in a bone. They are simply a place where bone is under more pressure.

To understand stress fractures, let's take a look at what bone is made of.

Though strong because its layers are literally knit together, bone is made mostly of collagen (90%) and calcium (10%). The collagen resists the stress of side-to-side movement, while the calcium resists stress from compression or impact.

Stress fractures can be sports or activity specific. Runners report 69 percent of all known stress fractures. They experience the most pain in the feet and shin area. Football players account for 14 percent of stress fractures, mostly in the feet, shins and spine. Finally, basketball, which contrary to popular belief is a high contact, high impact sport, is the cause of 4 percent of stress fractures. Basketball players report foot, shin and ankle pain due to repeated impact on a hard surface.

If you have chronic pain in your feet, ankles or shins due to repetitive impact, you should see a physician. Because stress fractures are hard to see in x-rays, more specific bone scans such as a CT, MRI or DEXA-Scan (usually used for the spine) may be needed to make a clear diagnosis.

Most often, that diagnosis is easily taken care of with Tylenol or ibuprofen and finding some kind of support for the bone, whether taping or splinting. Often, stress fractures can be caused by wearing the wrong shoes or the need of orthotics (arch supports).

My own daughter is an avid and aggressive runner. One particular season her shin splints were so painful, that we cut her practice time to let her heal. I noticed unusual wear on her shoes and decided to take her to a shoe store that specialized in running shoes. They noticed that the particular brand of shoe she was wearing, though popular, held her foot and leg in a position that was unnatural for her – thus causing pain. We switched brands and the pain went away.

In more severe cases than my daughter, your doctor may ask you to stop the activity entirely, or even put you in a cast to let you heal.

In any case, there is no need to endure the pain of a stress fracture. See your healthcare provider and let them help you identify the source of the pain and make a plan of action so that you can remain active, healthy and take your fitness regimen all in stride.

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