



Wile E's World

Race Report

Kevin -1st in the Axe Valley Challenge (8.2 M)

Please let Paul have your last months race results (or news) by the last Sunday of each month for inclusion.

are more general i.e. also track & trail. The club logo will still be based on Wile-E-Coyote, however when preparing designs for club "Kit" we will improve visibility of the design.

Committee meetings will be held bi-monthly, starting on: -

"Tuesday 7th March 2000 @ 7:30p.m. at Paul's house.

News

We now have our own club email address, so any messages, articles or suggestions can be made, if required to: - HonitonRC@btinternet.com (I check it regularly, honest. The "old" email still works but I'm running it down).

THE COMMITTEE.

Following the election of committee, the following posts were filled,

- Chairperson - Linda Pike
- Vice-Chairman - Geof Waller
- Honorary Treasurer - Dave Dunn
- Honorary Secretary - Paul Lowman
- General Committee Members
 - Jill Harrison
 - Alexis Kay
 - Louise Cray
 - Bruce Tones
 - Noel George
 - Maggie Dillon

Club Rules & Constitution have now been approved and will form the basis of our application for affiliation to the S.E.A.A.

The subject of the club name was discussed and it was decided that we would amend our name to

HONITON RUNNING CLUB

It was felt that the old name, in particular the "road" part, was slightly misleading as our interests

Crutchless (formerly Runny Legs)

Our last Injuries (Health?) section dealt with Foot Injuries so this month we ascend gracefully to: -

LOWER LEG INJURIES

You may remember that I mentioned a couple of issues back that you could impress your friends with some delightful Medical or Physiological terms, well this months tome will enhance that ability.

COMPARTMENT SYNDROMES

These affect the four rigid sheaths that contain the lower leg muscles.

Symptoms The two posterior compartment syndromes usually produce dull, cramping pain, while those to the lateral and anterior compartments can be acutely painful, especially to the touch. Pain will persist after you stop running, and you may feel numbness or tingling in the feet. (*You may also get severe inflammation and/or chronic aching of the area affected which can become very hot to the touch. The symptoms can be very erratic, so you may not suffer discomfort each time you take exercise - Paul*).

Causes Compartment syndromes often affect untrained runners (*amongst others - pl*) who cover longer distances than they're ready for. As you do more exercise, increased blood flow can cause

swelling within the muscle; the inelastic sheath is unable to contain the pressure and becomes painful.

Treatment RICE is important, in the acute phase, you should reduce your training, then build up gently, and check that your shoes are appropriate for the distances you intend to run.

(This is coincidence, honest, but yours truly has had problems with this complaint. Mine was with the anterior compartment and was, as you may know, recently resolved by surgical intervention. Rather than bore you here, if you want to know more speak to me on a club night or give me a call - Paul).

SHIN SPLINTS

A vague term describing pain in the lower leg. The pain may be caused by a stress fracture, compartment syndrome or Periostitis.

Symptoms Invariably, pain, the site depending on the cause.

Causes Multiple, including over pronation, over training and shoes which fail to support the foot properly.

Treatment Depends on the cause, though rest may be required for total healing.

Prevention You can generally limit shin splints if you increase your training in gentle increments only, observe shin and foot pain carefully to prevent them worsening, and seek early treatment.

STRESS FRACTURE (TIBIA)

Hairline fractures in the tibia typically occur at the end of the bone near the ankle, though they may also be observed elsewhere.

Symptoms A crescendo pain, starting as a dull ache and progressing in intensity as time passes.

Typically, the pain decreases at night. The site may be tender and slightly swollen.

Causes Stress fractures of the tibia are overuse injuries, worsened by higher-than-usual mileage or running on hard surfaces.

Treatment If you have the symptoms, assume that the pain is caused by a stress fracture until you can prove otherwise. This will prevent a complete fracture of the bone, which would mean spending months in plaster. It is essential not to undertake any activity that is painful.

Prevention To limit the likelihood of a stress fracture, increase your mileage gradually, wear shoes with good shock-absorbing qualities and run on soft surfaces.

KNEE INJURIES

BAKER'S CYST

An accumulation of fluid behind the knee joint, also known as a popliteal cyst.

Symptoms Baker's cyst usually causes nothing more than a painless swelling.

Causes A weakness of the capsule of the knee allows it to bulge and fill with synovial fluid from the knee joint. In adults, there may be local disease such as arthritis, torn cartilage or other forms of inflammation.

Treatment Baker's cyst can only be treated once a cause is established, though many runners require no treatment at all.

CHONDROMALACIA PATELLAE (*pronounce that*)

Also known as 'Runner's Knee', this is literally a softening of the cartilage of the patella. The back surface of the kneecap fails to run smoothly through the groove at the front of the femur. The condition may be worsened if there is an unequal pull from the quadriceps muscles.

Symptoms These may be of two types, either a persistent ache or a sudden acute pain (angina of the knee) halfway through a run. The pain disappears when you are forced to stop.

Causes Simplistically speaking, Chondromalacia Patellae is the result of a quadriceps muscle imbalance caused by performing inappropriate activity (e.g. leg extensions on a machine) or sustained damage to the knee or leg. In reality, there are multiple causes which are not yet fully understood.

Treatment It does no harm to perform straight leg quadriceps exercises, preferably under the guidance of a knowledgeable doctor or physiotherapist.

Prevention Chondromalacia Patellae may be the result of over pronation, or simply bad training habits (*e.g. always running on one side of the road*) or shoes. Analysis by an expert should help to locate the cause.

ILIOTIBIAL BAND SYNDROME (ITBS)

The iliotibial band - a sheet of connective tissue which runs down the outside of the thigh, from the hip to beyond the side of the knee. It can rub against the femur above the knee.

Symptoms Pain along the outside of the knee or hip, especially when you stride.

Causes If the Iliotibial band is tight or the foot is forced in (as the lower foot is when you run on a camber), this bowing may cause friction between band and femur.

Treatment Rest and ice will reduce acute inflammation, and changing sides of the road may help! Padding the outer side of the foot reduces the bow-leg effect, but you may need a full biomechanical assessment and orthotics.

Prevention Try to run on soft surfaces and avoid cambers, though this cannot fully compensate in the runner who is bow-legged to start with!

OSGOOD-SCHLATTER'S DISEASE

This condition usually affects growing boys between the ages of 10 and 14, and is caused by overuse.

Symptoms Pain at the front of and immediately below the knee, where the insertion of the patellar tendon becomes acutely inflamed.

Causes Over-exercising, frequently accompanied by a growth spurt.

Treatment Rest, ice packs and anti-inflammatories will reduce the pain, but as no damage normally occurs as a result of Osgood-Schlatter's Disease, runners can be allowed to compete within their pain limits. Avoid injections if possible, as the disease is self-limiting.

Prevention Osgood-Schlatter's Disease is less likely in the child who plays a variety of sports, rather than concentrating on one.

SYNOVITIS (Also called 'Water on the knee')

If the tissues that line the knee joint become inflamed, they secrete excess lubricating fluid.

Symptoms The swelling will cause discomfort and limit flexion, and sometimes extension and weight-bearing as well.

Causes Although overuse may be involved, synovitis may be part of a generalised disease process which should be investigated.

Treatment RICE and anti-inflammatories in the early stages. If the condition persists, consult a doctor.

Prevention Strengthening the quadriceps and building up your training gently should help in those cases where overuse is the cause.

Our last Injuries (Health?) section dealt with Soft Tissue Injuries so I'm continuing this month with: -

FIXTURES

Road races unless indicated otherwise, some of these events include fun runs (*m/t = Multi-terrain*).

- 09.02 Street Winter Series 5th of Six (5k)
 - 17.02 Weston Prom Run Series No.6 of 9 (5 m)
Weston-super-Mare.
 - 20.02 Fulfords 5, Exmouth.
Tough Ten, Weston-super-Mare (m/t).
 - 27.02 Plymouth Hoe (10 m)
 - 05 .03 Bideford Half Marathon.
 - 08.03 Street Winter Series (Last of Six) 5k
 - 12.03 Bradninch Guildhall Chase (8 m/t).
 - 16.03 Weston Prom Run No.7 of 9 (5 m) at
West-super-Mare.
 - 26.03 Teignbridge Ten, Newton Abbot.
- **Time to buy a new copy of Rundown****
- 09.04 Taunton Marathon & Half Marathon
 - 30.04 Great West Run
 - 28.05 Plymouth Half

FINISHING POST

1. Contact List - Update

Name	Area	Tel.
Alexis	Fenny Bridges.	850109
Bruce	Surgery Road.	44988
Ceri	Dowell Street.	46899
Dave	Heathfield.	44058
Geoff	Yallop Way.	42735
Heather	Honiton.	45917
Kevin	Honiton.	45917
Jerry	Yarcombe.	861515
Jill	Honiton.	44028
Jo	Honiton Bottom Rd.	43013
Karen	Fenny Bridges	850448
Linda	Rosemount Close.	43294
Louise	Willowdale Close.	41394
Maggie	Yarcombe.	861515
Mary	New Street.	44078
Paul	Honiton Bottom Rd.	43013
Rachel	Marlpits Lane.	46514
Sam	Willowdale Close.	41394
Sandy	Oak Lea.	44238

- 2. For email copies of this newsletter send your email address to HonitonRC@btinternet.com
- 3. If you would like to contribute to Wile E's World, please let me have your article.

4. Useful or Interesting Websites
<http://www.runnersworld.co.uk/> - race diary
 etc. <http://www.coolrunning.com>
<http://www.mediaring.com> - TALK to national &
 international contacts for the price of a local
 call, and no catches.
5. **Sunday Coaching**, alas Jill is not able to
 start on the 20th February due to duathlon
 commitments, so it will start at the Sports
 Hall at 9:00 a.m.

Some of you have asked for training schedules for 10K & half marathon so I have included the "Half," below. It assumes you are running regularly. This may not be the one for you, read the running magazines or check on the Web for alternatives. If you would like a more personalised version, based on your level of fitness and experience, then speak nicely to Jill. 10K schedule next month, contact me if you would like a copy sooner.

Half marathon

WEEK ONE: 2.5 HOURS OR 17 MILES

DAY 1: 10 mins log, then 2 x 5 mins threshold* pace (5 mins jog after each)

DAY 2: 30 mins easy

DAY 3: 10 mins easy, then 5 x 1 min fast, 2 mins slow, then 5 mins jog

DAY 4: Long, slow run: 50-60 mins or 6-7M

WEEK TWO: 2.5 HOURS OR 18 MILES

DAY 1: 10 mins jog, then approx 1M timed, then 10 min jog

DAY 2: 30 mins easy

DAY 3: Warm up, then 10 x 30 secs fast, 1 min slow, then 10 mins jog

DAY 4: Long, slow run: 1 hr or 7-8M

WEEK THREE: 3 HOURS OR 22 MILES

DAY 1: Warm up, then 2 x 1 M at 10K pace, with 4-min recoveries, then 10 mins jog

DAY 2: 35 mins easy

DAY 3: Warm up, then 6 x 400m (or 90 secs), with 2-min recovery jogs

DAY 4: 8M endurance run: 1 hr plus

WEEK FOUR: 3 HOURS OR 22 MILES

DAY 1: Warm up, then 10 mins threshold pace, 5 mins log, 5 mins threshold pace, then warm down

DAY 2: 35 mins easy

DAY 3: Warm up, then 10 x 200m (or 45 secs), with 200m recovery jogs, then warm down

DAY 4: 2M warm-up, then 10K race, then 1M jog

WEEK FIVE: 3.5 HOURS OR 26 MILES

DAY 1: 10 mins easy, then 2 x 15 mins threshold pace, with 5-min recoveries, then 10 mins easy

DAY 2: 40 mins easy

DAY 3: Warm up, then 4 x 800m (or 3 mins), with 3-min recovery jogs

DAY 4: 9M endurance run: 1 hr plus

WEEK SIX: 4 HOURS OR 30 MILES

DAY 1: 3 x 1M timed, with 4-min recoveries, as Week Three

DAY 2: 40 mins easy

DAY 3: 6 x 600m (or 2 mins) fast, with 2-min recoveries

DAY 4: 30 mins steady

DAY 5: 10M endurance run: 80-90 mins

WEEK SEVEN: 3.5 HOURS OR 26 MILES

DAY 1: 2 x 15 mins threshold pace, with 5-min recovery jogs

DAY 2: 30 mins easy

DAY 3: 10 x 200m fast strides, with 200m recovery jogs

DAY 4: 30 mins easy

DAY 5: Race 6-10M

WEEK EIGHT: 4 HOURS OR 30 MILES

DAY 1: 30 mins easy

DAY 2: 3 x 1M timed, as Week Six

DAY 3: 35 mins easy

DAY 4: 6 x 1 min fast, 2 mins slow, then 6 x 30 secs fast, 1 min slow

DAY 5: 10M endurance run: 80-90 mins

WEEK NINE: 3 HOURS OR 23 MILES

DAY 1: 40 mins easy, include a few strides

DAY 2: 10 x 200m fast strides, with 200m recovery jogs

DAY 3: 10 mins easy, then 20 mins threshold pace, then 5 mins jog

DAY 4: 8M easy

WEEK TEN: 70 MINS OR 8 MILES +THE RACE

DAY 1: 20 mins jog

DAY 2: 10 mins jog, then 1M at race pace, in racing shoes, then 10 mins jog

DAY 3: 20 mins jog in racing kit

DAY 4: RACE

*Your best 10-mile pace (improves aerobic fitness), after that lot you won't have the energy to carry this paper.

Anon and a temporary (?) goodbye from
 Pixel as I hand the reins to
 Dame Luck.