

DOCS FOR JOCKS

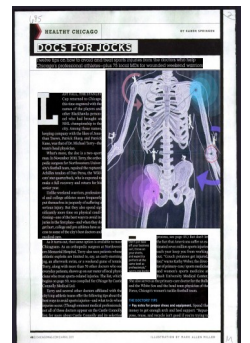
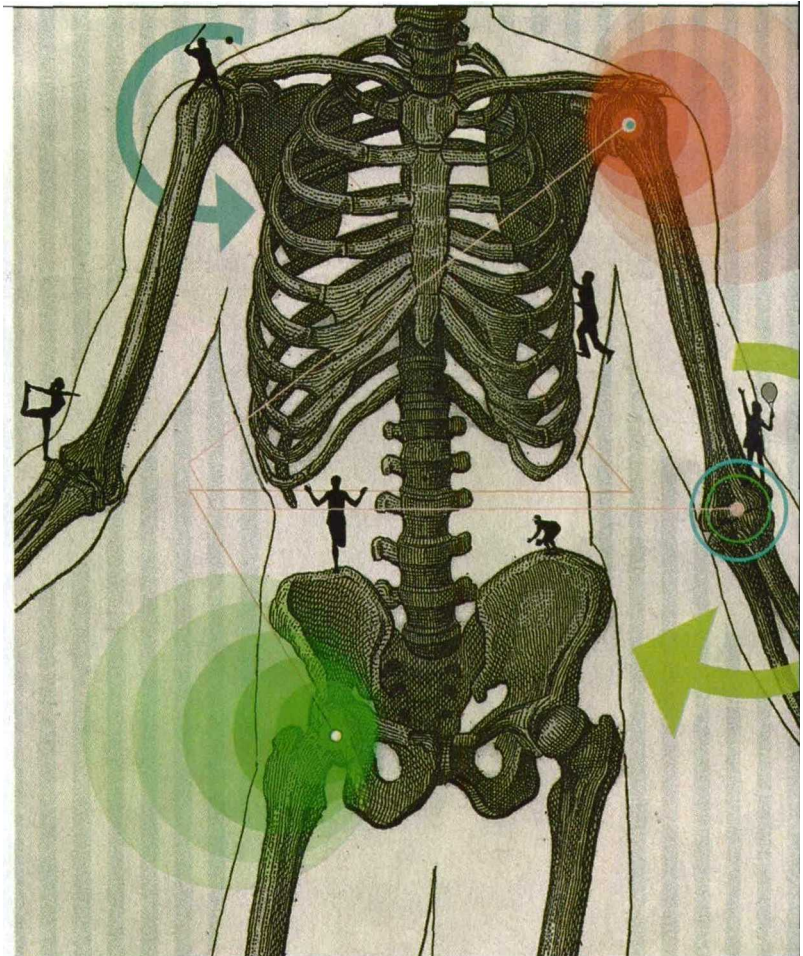
Twelve tips on how to avoid and treat sports injuries from the doctors who help Chicago's professional athletes—plus 75 local MDs for wounded weekend warriors

LAST FALL, THE STANLEY Cup returned to Chicago, this time engraved with the names of the players and other Blackhawks personnel who had brought an NHL championship to the city. Among those names,

keeping company with the likes of Jonathan Toews, Patrick Sharp, and Patrick Kane, was that of Dr. Michael Terry—the team's head physician.

What's more, the doc is a two-sport man: In November 2010, Terry, the orthopedic surgeon for Northwestern University's football team, repaired the ruptured Achilles tendon of Dan Persa, the Wildcats' star quarterback, who is expected to make a full recovery and return for his senior year.

Unlike weekend warriors, professional and college athletes more frequently put themselves in jeopardy of suffering a serious injury. But they also spend significantly more time on physical conditioning—one of the best ways to avoid injuries in the first place—and when they do get hurt, college and pro athletes have access to some of the city's best doctors and medical care.



As it turns out, that same option is available to most Chicagoans. As an orthopedic surgeon at Northwestern Memorial Hospital, Terry also sees patients whose athletic exploits are limited to, say, an early-morning jog, an afterwork swim, or a weekend game of tennis. Terry, along with more than 70 other doctors who see everyday patients, shows up on our roster of local physicians who treat sports-related injuries. The list, which begins on page 50, was compiled for Chicago by Castle Connolly Medical Ltd.

Terry and several other doctors affiliated with the city's top athletic teams offer the following tips about the best ways to avoid sports injuries—and what to do when injuries occur. (Though eminent medical professionals, not all of these doctors appear on the Castle Connolly list; for more about Castle Connolly and its selection

“Don't just take off your business suit, throw on your shorts, and expect to perform at the same level as professionals,” warns one doctor.

process, see page 55.) But don't let the fact that Americans suffer an estimated seven million sports injuries each year keep you from working out. “Couch potatoes get injured, too,” warns Kathy Weber, the director of primary-care/ sports medicine and women's sports medicine at Rush University Medical Center.

She also serves as the primary-care doctor for the Bulls and the White Sox and the head team physician of the Force, Chicago's women's tackle-football team.

Pay extra for proper shoes and equipment. Spend the money to get enough arch and heel support. “Repurpose, reuse, and recycle isn't good if you're trying to prevent injury,” says Will Harper, a University of Chicago doctor who works with the Blackhawks. Brian Cole, a doctor at Rush who is the head team physician and orthopedic surgeon for the Bulls and the coteam physician for the Sox, recommends shoes that are rigid because they are better at transferring force from the foot to the shoe. He also notes that all Bulls players wear orthotic devices in their shoes, which absorb energy and help correct alignment.

• **Build strong muscles to protect joints and ligaments.** The best routines are yoga, Pilates, band training, and jumping jacks. “They prevent injuries because they're building muscle mass around your joints,” says Adam Bennett, a doctor at Northwestern who works with the Bears.

• **Switch up exercises.** This helps you to avoid overuse injuries, such as tendonitis in the Achilles tendon or the knee. To give joints a rest, use elliptical machines, swim, bike, or do yoga. “Instead of just going out there and going on the elliptical for the

same rate for an hour, five days a week, do more intense, briefer exercise,” suggests Bennett. And young pitchers need to avoid throwing curve balls 365 days a year, says Stephen Gryzlo, an orthopedic surgeon at Northwestern who works with the Cubs. “Push for more cross-training,” he says. “Play the different [seasonal] sports.”

• **Don't overdo it.** “Listen to that voice inside you that's telling you to hold back a little bit,” says Harper. Strains happen from the stretching or tearing of muscle or tendon—the tissue that connects muscle to the bone—typically after high-intensity exercise.

• **Train.** “Don't just take off your business suit, throw on your shorts, and expect to perform at the same level as professionals,” says Harper. Adds Gryzlo, “You need to be in good condition before you go out onto the field so the risk of injury is as low as possible.” And keep your weight down, says Cole, since “joints respond to load.”

• **Warm up.** “The older you get, the more time you should spend,” says Gryzlo. Warming up, adds Bennett, can also help prevent injury by letting an athlete know, for instance, whether the playing surface is especially slick or hard.

• **Don't play tired.** “When people get fatigued, it seems they will be more susceptible to injury,” says Terry. “You're skiing, and your form breaks down a bit because you're tired. You're not able to compensate, and you fall.”

• **Do weight training properly.** Instead of lifting heavy weights, the White Sox use rubber bands, medicine balls, and body blades (which look like long bamboo poles), says Charles Bush-Joseph, a Rush orthopedic surgeon and the head team doctor for the White Sox. Don't become fixated on developing bulging muscles (what Bennett calls “mirror muscles”). Bush-Joseph likes to quote Allen Thomas, the team's head strength and conditioning coach: “We don't play our sport on our backs. Why should we exercise on our backs?” Remember to work on balance; Cole suggests doing curls while standing on one leg, which also strengthens your core.

• **Fix your form.** “Patient error is a pretty common event in overuse injuries,” says Bush-Joseph. Athletes, professional and otherwise, should “make sure they have good technique so they're not putting undue stress on their joints,” says Bennett. “That's why you have coaches.”

WHAT TO DO WHEN INJURED

When injuries do occur, keep these suggestions in mind:

- **Think RICE: rest, ice, compression, elevation.** It's low tech and inexpensive—and can serve as a preventive step (about half of the Blackhawks players ice some body part after every game, says Terry). Apply ice for 20 minutes on and 20 minutes off, ideally for two or three cycles, Terry says. “What you want in the short term is to decrease the inflammation around those injuries.” Be wary of using nonsteroidal anti-inflammatories, such as Motrin and Advil, for more than a week without checking with a doctor; though sold over the counter, these drugs can be hard on the kidneys and the digestive system.

- **Know when to see a doctor.** For acute injuries that cause significant pain and swelling and leave an athlete unable to move the injured body part, see a doctor immediately, says Weber, since swelling can indicate a fracture or a ligament tear. For minor muscle strains, she says, athletes should follow the RICE protocol and visit a doctor if they don't see improvement within a couple of weeks.

- **Avoid reinjury.** Take off enough time before returning to action. That's particularly true for injuries involving the flexible connective tissue called cartilage, which absorbs shock but is slow to heal since it does not contain blood vessels. Some common forms of tendonitis—including tennis elbow, rotator cuff tendonitis, and plantar fasciitis—are also slow to heal, says Bush-Joseph. The blood supply is poor in the elbow, the shoulder, and the foot, which makes healing in these areas more difficult.