

Foreword

Running Injuries



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Give about two [hours], every day, to exercise; for health must not be sacrificed to learning. A strong body makes the mind strong.

—*Thomas Jefferson, letter to Peter Carr, 19 August 1785*

Many healthy people are now taking Jefferson's admonition to heart; it seems everyone is running for health. Sometimes it is out of doors, sometimes on an inside track, and sometimes on a treadmill. People are running around the neighborhood, and they are running at the health club. Running has become a national pastime.

And for good reason. Running may be the perfect aerobic exercise. It gives the benefits of aerobic activity, and it can be done with virtually no equipment or cost. But running has its downside, too. Done improperly, and with inadequate shoes, it can cause injuries. Even persons who do everything right can sustain injuries. The fact that it is typically done several times a week only increases the chance of injury. And that is what this issue of the *Physical Medicine and Rehabilitation Clinics of North America* is about.

Musculoskeletal and sports medicine have become arguably the most popular part of the field of physical medicine and rehabilitation. Year after year, many of our graduating fourth-year residents enroll in sports and spine fellowships. There is demand for their services in all parts of the United States.

As a reflection of this trend in the field, the *Clinics* series is publishing more and more issues on musculoskeletal medicine. This issue on running

injuries continues this trend. It is a pleasure to once again work with Dr. Mark Harrast and to welcome Dr. Venu Akuthnota to this series. Together, they have created an issue of practical information on prevention and treatment of injuries to the runner.

The fundamentals—biomechanics and functional assessment—are discussed first. Following this, prevention of overuse and injuries of the three regions of the lower limb (ie, the hip, knee, and foot) are thoroughly discussed. The female runner has unique concerns, and they are examined as well. Next, the platform making running possible—the shoe—is presented. Finally, the downed runner is discussed.

I am convinced that you, the reader, will find the information presented in this issue to be of practical value in treating your patients. As the guest editors have pointed out in their preface: “This issue can be used as a clinical reference tool for many of our patients with lower limb (a more accurate term than “extremity”—technically, the extreme portion [ankle and foot] of the limb) complaints.” This is the intent.

Let me end this foreword with an invitation to the reader to contact me with your thoughts on this series. Are we fulfilling your needs? Do you have any topics you want to see presented? And are you interested in being a guest editor? Please let me know.

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