

SPORT+HEALTH

Alison Batcheler

Worry about activity not injury

Don't be shy, walk out the front door and start exercising, says a health expert.

Forget the lycra, expensive trainers and compression garments and leave the trendy sports drinks on the supermarket shelf. None will make you fitter faster or injury-proof says sports medicine physician and rheumatologist Ken Maguire.

You need none of that "poser" stuff, he believes — "just get out and simply exercise".

In fact, he advises, the best thing most people striking out to play sport or exercise can do — especially those in their 40s and beyond — is work on developing a healthy, realistic mindset towards physical activity. A mindset that is committed to an active approach to life with the goal of maintaining good cardiovascular, musculo-skeletal and mental health at all ages.

Traditionally thought to be mainly concerned with the treatment of injury, the practice of sports medicine now covers exercise, medicine and nutrition with a focus on preventing heart disease, Dr Maguire says.

"We have changed the name to sports and exercise medicine because the role of exercise and nutrition in medicine is all about cardiac prevention, that's what it should be about, rather than just managing injury," he says.

There was much confusion about why we exercised and what we expected of ourselves when we did.

While some didn't "risk" exertion because they unnecessarily feared injury or not being able to match the sporting prowess of their youth or even worried they might prompt a sudden heart attack, others pushed too hard to strenuous levels to crack personal bests to prove the years had not diminished them.

Both attitudes need adjustment to keep us on track for future health, according to sports doctors.

"The level of activity is not the issue, it is the act of just starting it that is important and most people don't," Dr Maguire says.

"Worry less about what you are going to do to injure yourself and more about the raw material for



Make a move: Just get started — get out and exercise, says sports medicine physician Ken Maguire.
Picture: Michael Wilson

doing some basic cardiovascular exercise.

"The most important thing is to open the front door and walk out — you don't have to fear anything. It is a mindset of actually going out the front door rather than the level of exercise."

A check up with your GP could allay fears of heart disease and, if risks such as high cholesterol or blood pressure and weight were present, medical management was often so effective that invasive treatment was not needed.

"People think 'If I am shown to have heart disease it means I am going to have a stent or a bypass,'

but medical intervention can bring very good results for these people — that is the big message we need to get across," Dr Maguire says.

A revision of the motivation for exercise could be helpful.

"Focus on the benefits of physical activity, rather than proving you are not getting older or setting personal best times," he says.

Sports Medicine Australia WA president Peter Nathan says it is commendable more baby boomers are participating in sport and are motivated to stay fit.

But it had brought new challenges for managing injury as well as expectations. "Their

injuries may present as not just a new injury but also on a background of degeneration — they might have a bit of arthritis or wear and tear," he says.

While this could add to the time needed to recover from injury and cause a few aches and pains, such hurdles could be overcome with the right attitude and help and should not be a reason to remain inactive.

"As we face this ageing population and possible epidemic of health issues related to inactivity and obesity and diabetes, the challenge of making exercise fun and safe for people is important," Dr Nathan says.

More research was needed to determine how much exercise and what type was ideal at each age.

"There is confusion about what the goals are but I can tell you there is really good evidence that doing a small amount of exercise is vastly better for you than doing none at all and a moderate amount is better for you than doing a small amount," he says.

"People don't need to get a personal best in the City to Surf, it's great they are going for a walk."

Weight loss, while a common goal and side effect of exercise, should not be the primary objective of getting active because it often also

required specific dietary changes.

"One of the things that confounds people is weight loss," he says.

"They exercise because they think they are going to lose weight but we tend to lose people because they exercise and don't lose weight so they get fed up with it.

"The primary object is to strengthen the bones and muscles, improve cardiovascular function by making the heart stronger. These are really important things for years to come."

WA Institute of Sport medical director Carmel Goodman says that degenerative changes in joints should not be an impediment to activity.

"The majority of people I see in their 40s and 50s do have some degree of degenerative change in their hips, knees or shoulders but I would never use that as a reason not to exercise," Dr Goodman says.

It was possible to start slowly and progress gradually according to symptoms.

If there was any pain, alternative forms of exercise or cross-training could be considered.

"If one does it sensibly and stays at a sub-maximal level for 40 minutes three or four times a week, it is extremely unlikely they will run into any difficulties either from the cardiac or injury point of view," Dr Goodman says.

"There is absolutely no excuse not to exercise as long as one follows common-sense principles, starts off gradually and is alert to any signs of injury.

"Nevertheless, anyone experiencing shortness of breath or chest pain should seek medical advice."

Dr Maguire advises people to get any known underlying conditions treated before launching into training.

"Address an old knee problem or a stiff back so you can enjoy your exercise and don't cop an injury," he says.

Start slowly and then keep going

Carmel Goodman, sports physician and chief medical officer for the WA Institute of Sport says, she rarely advised people to stop activity completely but rather to drop the duration, pace and frequency of the exercise that has caused it, if there are signs of soreness suggesting an injury is developing.

"For example with an Achilles or patella tendon injury, if they have been managing 25-30 minutes, I would advise decreasing to 10-15 minutes, drop pace and do it only twice a week," she says. "It is very unusual that I would advise anyone with an injury to stop exercise completely."

Often an alternative activity might allow exercise at a higher intensity, to maintain fitness. Dr Goodman advises the use of first aid such as ice massage and anti-inflammatory gel to help relieve discomfort and swelling. To reduce the chance of injury she recommends a gradual build-up when starting exercise.

"Don't have any particular goal in mind, start off at a relatively low level and build up. One can aim for 30-40 minutes three to four times a week and it will take two to three months to get to that level," she says.

"If one tries to do too much too soon, you are going to get injured and be out for a few weeks but if you do the graduated approach there is no reason why you would not be able to achieve your desired level of exercise injury free."

While recovery from injury, if it did occur, could take longer in people who were older, good management at the first sign that an injury might be developing could prevent long periods out of action. "If one starts off gradually and slowly and drops back at the first hint that something is hurting either during or after exercise, it could prevent an injury developing."

Managing expectations for recovery



Dr Peter Nathan is taking things carefully after a bike crash.
Picture: Robert Duncan

Injury should not derail good intentions to stay fit according to Peter Nathan, who is recovering from a serious injury after a fall from his bicycle in March.

But it might take an increased effort to overcome frustration and adjust to alternative activity to maintain a physical momentum.

Managing expectations by adjusting to a slower timeframe was also helpful, Dr Nathan said.

"Everyone is in a hurry these days but you can't really hurry the human body — sometimes you just need to take things at a moderate pace," he said.

"With each decade you are going to take a little longer to recover from the same injury — in the same way you recover more slowly from cuts and grazes and late nights.

"So if you think you are going to

bounce back from injury the same as 20 years ago, change your time frame a bit and go and get some advice from a physiotherapist or exercise physiologist."

A broken collar bone, shoulder blade and six ribs with a punctured lung, after a fall from his bicycle on loose gravel at Point Walter, has forced a slow down on the busy doctor, who was previously juggling clinical work in sports medicine with sessions in emergency medicine at St John of God Murdoch and duties as doctor to Rugby WA and WA president of Sports Medicine Australia.

Eight days in hospital and two operations to plate his collar bone fracture have forced him to sort out his priorities.

While he is keen to get back on a bike, even a static one for exercise, he

knows he has limited time to sort out his shoulder injury, now complicated by a developing frozen shoulder.

"What I am going to do is focus on the shoulder and let the bike go for now," he said. "Initially my focus was to get back on the bike but now that has changed. One of the things about injury is you can't rush around as quickly — it takes forever to get out of bed and have a shower let alone get to the gym."

However, he remains committed to continuing exercise and eventually resuming cycling — although he is still unable to reach the handlebars.

"I just made the decision that I am not going to get too fussed about the bike — I am a bit time poor at the moment," he says. "I have set up a system of shoulder exercises at home and I will get out for a brisk walk whenever I can."

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PROBLEMS TO WATCH OUT FOR

Pain in the ball of the foot — Footwear that is too tight can irritate nerves and cause a Morton's neuroma

Achilles tendonitis; Plantar fasciitis (heel pain); Patella femoral joint (knee pain) — All these may occur from recreational walking, cycling or jogging and treadmill running. In cycling the conditions may be related to a poor bicycle set-up.

Shoulder tendonitis — Common in swimmers and people using upper limb weights in the gym who have been inactive for a few months and then return to do 1-2km in the pool or 4-5 sessions per week in the gym.

Neck pain and stiffness — Common in cyclists from hyper extending while riding.

Sources: Ken Maguire, Carmel Goodman

Exercise can help battle the winter blues

It's official — exercise can reduce depression and anxiety, according to the latest research.

Reporting in this month's Scandinavian Journal of Medicine and Science in Sport, researchers found that people who did a seven-week program of moderate-intensity aerobic exercise three times a week had lowered levels of depression and anxiety and the associated biochemical serotonin than those who did a program of only stretching.

The reduction in blood levels of serotonin mimicked the effects of commonly prescribed anti-depressant medication (selective serotonin reuptake inhibitors), they reported.

Carmel Goodman, sports

physician and medical director of the WA Institute of Sport, says that the study should be a good incentive for people to keep up a program of regular aerobic exercise, especially in colder months when the winter blues can strike.

"In winter people tend to drop off their exercise program and question what the benefits of continuing exercise are," Dr Goodman says.

"This is the first concise study of the benefits for mental health." The key to safely starting aerobic activity in the cooler months — particularly for those in their 40s and 50s who have not been active for many months — is to start slowly and build up

gradually, Dr Goodman advises.

"Start on alternate days with 10 minutes of exercise and every two weeks increase it by five minutes per session."

Going from nothing to 30 minutes a day, often provokes soreness in the Achilles tendon or heel and under the foot, she says.

"In the winter months when people's mood can drop a little, it has now been shown that exercise three times a week definitely has psychological benefits," she says.

"This is probably closely followed by cardiovascular benefits and maintenance of body weight, so you are not heading into the summer months madly trying to diet to fit into your summer clothes."