

What to do when treatment is not working

A universal temptation is to talk and write about successes. However In medicine it is particularly important to talk about failures and mistakes. Ignoring or avoiding discussion of mistakes is particularly risky in medicine.

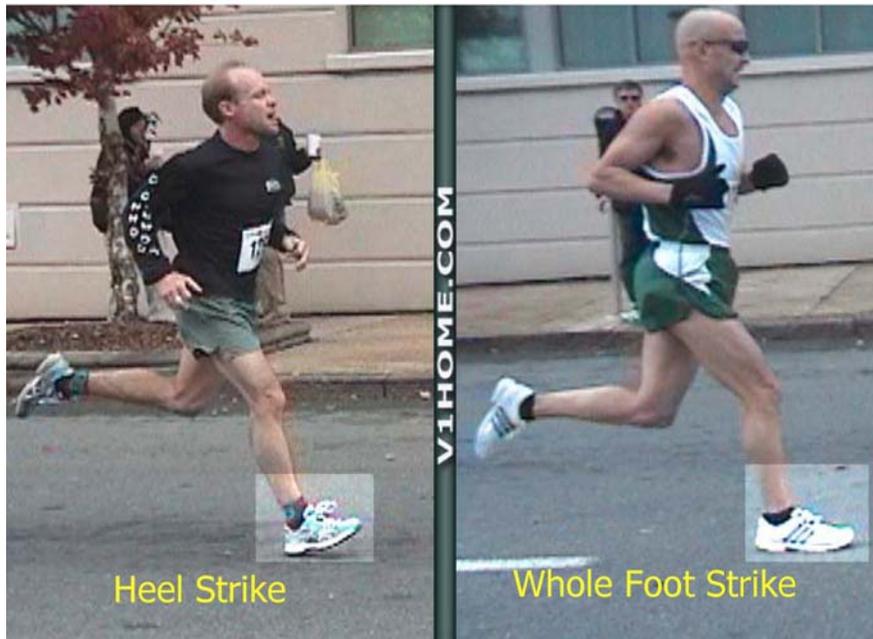
Once treatment is initiated one of several results are possible: the problem gets better, and is resolved; the problem continues with no improvement, no change; the existing problem is aggravated; or a new problem occurs in response to correct treatment commonly called a "side effect".

If a new problem occurs in response to what is considered appropriate treatment it is called an iatrogenic problem. Iatrogenic is the harmful consequences of actions by health care professionals. Iatrogenic problems can occur for many reasons such as: the diagnosis was not correct; treatment was not correct; treatment was insufficient to correct problem; treatment was too extreme; or the problem is not treatable

It is important to be open to critical self analysis and not shy away from reflecting on mistakes or failures. Of course after reflection changes in behavior are needed to avoid the same mistake in the future.

Repetitive use injuries are caused by three things. First, doing too much, too fast, too soon; secondly the condition of what is being used is impaired; and finally the manner in which it is used is faulty. In my experience this approach has been very successful in managing running injuries. A common treatment is to modify the manner of use, for example, a frequent running form fault is striking the ground with the heel first, and the treatment is to change and switch from striking the ground with heel first to striking the ground with the whole foot when running.

A majority of the time, switching from striking the ground with the heel will alleviate shin pain, knee pain, and heel pain. However I have observed switching from a heel strike to a whole foot strike when running can lead to a new injury of a calf strain. This is an example of an iatrogenic problem, that is, the injury occurs in response to a treatment that was too extreme for the individual at the particular point in his/her recovery (too much, too fast, too soon).



The standard recommendations I have used when counseling an individual to modify their running form from striking the ground with the heel to striking the ground with the whole foot is as follows:

- You can run but NO consecutive days for 3 weeks
- You can run as far as you want as long as you are not experiencing symptoms (pain) when running
- If you experience symptoms, stop walk a short distance with relatively short step length, run in place, and then start running again being careful to avoid heel strike.
- If the pain recurs even though you are running with ideal form, you are not ready to run, yet, and you should cross train instead of running.
- You can run as long as you want as long as you maintain proper running form. If you feel you are running with a heel strike stop walk a short distance with short step length, run in place and then start running again being careful to avoid heel strike.
- Initially run on level surfaces, run up hills, and walk the down hills until you feel confident about running down hill without a heel strike.
- After the initial runs if you feel delayed onset muscle soreness in the calf muscles you achieved ideal running form. If you are feeling your injury symptoms when running most likely you did not achieve the ideal running form.

For some this approach has resulted in a calf strain injury which requires six weeks of abstaining from running. What I have learned from reflecting on this mistake is that if you have any of the following risk factors: male; older than 40; can not perform a unilateral heel raise through the full range of motion on both right and left feet, without compensatory movements the preceding guidelines need to be modified. Instead of recommending you can run as long as you want as long as you maintain proper running form, strive for a certain percentage of the run to be without heel strike, say 25% to 75% of the run, and the remaining portion of the run allow heel strike. Expect it take a longer period of time (6 to 8 weeks) to be able to run a 100% of the time with out heel strike. If post run calf soreness develops take two days off between runs to cross train.

If an injury is not getting better ask is the diagnosis correct; is the treatment correct; is the treatment insufficient; is the treatment too extreme; or is the problem not treatable.