

You're not Superman: Despite major medical advances, recovery times for regular folks take time

May 1 2009, By Joe Miller

You fall off your bike and break your collarbone, and your doctor tells you to stay off the bike for six to eight weeks. Lance Armstrong falls and breaks his collarbone in multiple places, and he's back in the saddle in a couple of weeks.

You stub your big toe and the pain has you hobbling for weeks. UNC point guard Ty Lawson jams his and two days later plays 36 minutes.

Tiger Woods injures the anterior cruciate ligament in his left knee and goes on to win five of his next six golf tournaments before deciding to have surgery. You injure your ACL and sit on the couch watching Woods.

Why is it that injuries that take the rest of us out of action for weeks, months or possibly forever, only bench elite athletes for a short time? Is their body makeup that superior? Do they have a heightened tolerance for pain? Do they have access to cures of modern medicine unavailable to the rest of us? Are they simply treated differently?

The answer, according to those whose job it is to mend our broken bodies: Yes.

Laparoscopic surgery, which requires much smaller incisions, is one of several medical procedures pioneered to help athletes get back in the

game faster.

"Philosophically speaking, sports medicine is something of a space program for orthopedic care," says Dr. Claude Moorman, director of sports medicine at Duke Health. "Advances gained through those efforts trickle down to all of us."

One of the more common applications of laparoscopic surgery is quick repair of damaged knees.

"In the '70s," says Moorman, previously the team physician for the NFL's Baltimore Ravens, "athletes would have what we called 'zippers' on both knees" _ long, zipper-looking incisions where doctors had gone in to make repairs.

"Very seldom would you have surgery and be back in the same season," Moorman says. "Now, they're back playing in two to four weeks."

PAIN TOUGHENS ATHLETES

Will Armstrong feel pain in his collarbone -- now being held in place by a 5-inch stainless steel plate and a dozen screws -- as he trains for a three-week race that begins next month? Probably. Was Lawson aware of his big toe during the Final Four weekend? No doubt. Did Woods test even his renowned mettle during an eight-month rehab from ACL surgery? More than likely.

But it didn't stop them. That, says Howard, is a large part of what make them Lance Armstrong, Ty Lawson and Tiger Woods.

"Any superb athlete can handle pain," says Howard. "When you get to be at that level, you're a different breed of cat."

In part, he says, it's because they're used to it. To reach that level they've had to endure so much pain that it becomes commonplace.

That resolve and willingness to put up with some pain helps elite [athletes](#) rebound from any number of injuries more quickly, says Howard.

HEAD INJURIES TAKE LONGER

There is one area where advances in medicine have lengthened the amount of time an athlete is benched: concussions.

"With concussions, we used to just wait until we thought your head was cleared," says Howard. A lot of times, he adds, that meant a kid being able to answer "yes" when the coach asked, "You ready to go back in?"

Today, multiple concussions will end a pro career with no such questions asked. Two Super Bowl quarterbacks -- the Dallas Cowboys' Troy Aikman and San Francisco 49ers' Steve Young -- are prime examples.

But football helmets have been designed to be more protective -- helmets used by West Mecklenburg High School in Charlotte even have impact sensors -- and Howard says growing awareness is leading to increased caution at all levels.

The next big advance in sports-driven, futuristic medical technology may be platelet-rich plasma therapy, a technique intended to help injuries such as tennis elbow and knee tendinitis heal more quickly. The therapy involves taking a patient's own blood, extracting the platelets, and then injecting them into the damaged muscle, bone or other tissue to stimulate healing.

Despite such medical advances, common-sense solutions still have their place.

William Howard, an orthopedic surgeon with the Arnold Palmer SportsHealth Center at Baltimore's Union Memorial Hospital recalls the story of another athlete, this one a runner, who came in one Friday with an ingrown toenail that had caused severe infection.

"He said, 'Doc, I'm training to run a marathon, can you fix me?' I said, 'Well, sure. When's the marathon?' He said, 'Monday.'"

It was the Boston Marathon and he was not to be denied.

"So I fixed him up and he had a personal best," says Howard. "And you know what I did?"

"I cut the end off his shoe."

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