

Injured boomers beware: Know when to see doctor

February 12 2012, By LINDSEY TANNER , AP Medical Writer

(AP) -- It happened to nurse Jane Byron years after an in-line skating fall, business owner Haralee Weintraub while doing "men's" push-ups, and avid cyclist Gene Wilberg while lifting a heavy box.

"It" is that pop, strain or suddenly swollen joint that reminds active [older adults](#) they aren't as young as they'd like to think.

Even among the fittest [baby boomers](#), aging bodies just aren't as nimble as young ones, and they're more prone to minor damage that can turn serious if ignored or denied. But not every twist or turn needs medical attention, and knowing when it's OK to self-treat pays off in the long run, in dollars and in health.

Costly knee replacements have more than tripled in people aged 45-64 in recent years and a study released last week found that nearly 1 in 20 Americans older than 50 have these [artificial joints](#). But active boomers can avoid that kind of drastic treatment by properly managing aches and pains.

Injuries that need immediate treatment cause excruciating, unrelenting pain, or force you to immediately stop your activity and prevent normal motion. Examples are a swollen, bent elbow that won't straighten, or a knee that collapses when you try to stand, said Dr. Charles Bush-Joseph, a [sports medicine](#) specialist at Chicago's Rush University Medical Center.

Treatment for more run-of-the mill activity-related injuries is less clear-cut.

A good rule of thumb for lower-body injuries is this: "If you're able to bear weight, it's safe to self-treat," at least initially. Even if taking a few steps is painful, just being able to put weight on an injury means it's probably not a [medical emergency](#), Bush-Joseph said.

The key for most injuries is what happens over the next two to three days. If things start to improve - less pain, more range of motion - then there's often no need to see a doctor. But if pain or swelling don't subside with self-help, then it's time to make an appointment.

Common injuries in active boomers include:

- Tendinitis - painful inflamed tendons in the elbow, shoulder or knee. The condition is often caused by repetitive action, such as swinging a golf club or tennis racket, especially when not using the proper form.

- Tears to the meniscus, cartilage that cushions the knee but that becomes more brittle with age and prone to injury, especially from sudden twisting. Tears often cause a "pop" sensation and a feeling like the knee is catching while walking.

- Back pain, often from arthritis or aging discs in the lower spine. Impact exercise including running, and using the back instead of leg muscles to lift heavy weights can contribute.

Most can be treated with things like ice to curb swelling immediately after the injury, hot pads or other heat treatment for pain, over-the-counter painkillers, and rest.

In some ways, Jane Byron exemplifies the best - and worst - ways to

handle those injuries.

At 51, the New York City cancer nurse is a self-described exercise "maniac." Her daily workouts often include walking, biking, leg pressing 400-pound weights and stair-climbing at her gym.

All that exercise has kept her extremely fit, and she rejects the idea that she might be overdoing it. So she had some choice words for the doctor who suggested she consider slowing down a bit when her right knee swelled up six years ago.

His diagnosis was torn cartilage likely from a 1999 fall while in-line skating. Byron had never been in pain nor sought treatment for that injury until the swelling began.

She had the cartilage surgically repaired and injections of lubricant medicine for knee arthritis. But she continued rigorous workouts right up until 2010, when she developed hip pain, probably from walking funny to favor her bum knee. By then she needed both knees replaced, but a physical therapist told her that being so fit would speed her recovery. Within a week after both surgeries, she was back riding an indoor bike.

Overdoing it can aggravate minor injuries, but abandoning activity isn't a good solution, either, because exercise has so many health benefits, said Dr. Steven Haas, an orthopedic specialist at the Hospital for Special Surgery in New York City.

Instead, make sure you're well-conditioned and "listen to your body," Haas said. Switching to less rigorous activities is sometimes the answer. "If your knee is killing you every day after you run, you're probably not doing the right sport."

Haralee Weintraub, 58, changed her exercise routine after injuring her

back during a "boot-camp" class at her gym two years ago. The first time it happened, the Portland, Ore., online business owner was doing "full-out toe men's push-ups." A few months later the same thing happened during leg squats - pain that started in her lower back and shot down her leg. Because it was hard to stand, she went both times to the doctor, who diagnosed sciatica, common nerve pain likely caused by an aging disc in her lower back, and by overuse.

A physical therapist had her do exercises to strengthen muscles in her abdomen and near the sciatic nerve in her back, and leg exercises to stretch the buttocks' gluteal muscles.

Weintraub has switched to gentler "girls" knee push-ups and stopped doing lunges. But she still likes to snowshoe, bicycle, hike and walk, and is determined to stay fit.

"Hopefully I'll have another 25 years of activity and not be compromised with physical mobility issues," she said.

Unlike Weintraub, Gene Wilberg tried to tough out his injury, which probably prolonged his recovery. The tip-off that he should have gotten treatment sooner was persistent pain that interfered with his usual activities.

The 62-year-old Naperville, Ill., business consultant was helping his daughter move into an apartment two years ago when he felt a sudden pain in his upper right arm while lifting a box. The pain persisted and made it difficult to twist open jars and pursue hobbies including cycling 15-plus miles a week and skiing. He eventually just stopped using that arm.

After a few months Wilberg went to the doctor, who found a partial bicep tendon tear in his upper arm. Surgery was a possibility, but

Wilberg wanted to try physical therapy instead. It took about four months to get his arm back in shape, lifting light dumbbells and using resistance bands. Wilberg says he was told not using his arm had allowed the muscles to atrophy.

"If you wait too long, sometimes you actually just end up delaying your overall recovery" and adding to the cost of medical treatment, said Nathan Sels, Weintraub's physical therapist.

Rob Landel, a physical therapist and professor at the University of Southern California, says many of his baby boomer patients try to cram all their exercise and activity into a weekend but do nothing during the week to prepare. That puts extra stress on bodies and raises chances for injuries.

So, for example, for those who like to go on long weekend runs, he recommends treadmill sessions or short jogs during the week, or other leg-strengthening exercises.

There's growing evidence that stretching right before an activity can hurt your performance, Landel said. After a run or tennis match is a better time to stretch, when muscles are warmed up. And routinely doing stretching and strengthening exercises during the week helps keep muscles strong and limber.

Landel knows that from personal experience. He's 53 and has painful tendinitis in both knees from playing volleyball for more than 30 years. That sometimes makes it difficult to get up and down on floor mats while helping patients with treatment.

"It's kind of embarrassing working with patients and you have to kind of crawl up the furniture to stand up. If I just exercise my legs, then I don't have those problems," Landel said.

Leg presses and other exercise that build up strength reduce his pain, and help his volleyball game, too, he said.

"The stronger you are, the better your joints tolerate stress," he said.

More information: NIH information on sports injuries:
<http://1.usa.gov/qldiJW>

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