Hip pointer injuries
By Candida Lee, ATC

A hip pointer is a bruise over the iliac crest, the thick bone at the top of the pelvis. The injury is caused by a direct blow to the hip, and it usually occurs during contact sports that do not require players to wear protective padding.

A hip pointer can be painful and debilitating. Many abdominal and thigh muscles attach to the hip area of the body, and these can be damaged during injury. Symptoms are immediate localized pain, possible spasms in the abdominal muscles, and pain when trying to move the hips and abdominals.

A hip pointer can be classified as mild, moderate or severe.

If the injury is mild:
• The athlete shows a normal gait.
• The athlete has a good range of motion in the hip and abdominals.
• Swelling is limited.
• Recovery time is one week.

If the injury is moderate:
• The athlete has an abnormal gait.
• The athlete has a decreased range of motion in the hip and abdominals.
• The athlete has noticeable bruising and swelling.
• Recovery can take up to two weeks.

If the injury is severe:
• The athlete has great pain when walking and during hip and trunk movements.
• The athlete has a lot of bruising and swelling.
• Recovery can take three to four weeks.

Treatment for a hip pointer is rest, anti-inflammatory medication and ice therapy. If the athlete has trouble walking, he or she should be placed on crutches and should see a physician as soon as possible. The physician will perform X-rays to rule out an avulsion fracture.

Once the athlete has recovered from the hip pointer, he or she can begin exercises to improve the range of motion in the hip and abdominals.

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Meet our sports medicine team

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Acclimation program for summer
By Kara Frey, ATC

As children go back into school sports and athletics in the summer, heat safety becomes a major concern for parents and coaches. Most heat-related problems occur within the first few days of activity for athletes going into a practice schedule. Below are some guidelines for safely participating in physical activity in a hot environment.

Before physical activity:
Have your athletes drink one to three eight-ounce cups of cold water about 10-20 minutes before exercising in the heat. They should also stretch and warm up for about 10 minutes before beginning exercise.

During physical activity:
Younger children produce more heat, sweat less and may be less likely to drink enough fluids during exercise. Try to match fluid loss with fluid intake. Athletes should drink about eight ounces of water every 10-15 minutes during activity. Water is always the best choice, but if your athletes are in the heat longer than 45 minutes, encourage them to consume a sports drink such as Gatorade® or Powerade®. Flavored sports drinks may promote an increase in the amount of fluids consumed, and they help restore electrolytes, carbohydrates and other nutrients athletes need. Avoid carbonated or caffeinated beverages – they cause dehydration.

After physical activity:
After strenuous exercise, make sure your athletes cool down immediately – don’t let them stop moving while their heart rate is still up. Cooling down can help athletes feel better as well as reduce muscle soreness. Encourage them to continue drinking water after the activity even if they say they aren’t thirsty. They should try to replace the fluids they lost within one to two hours after completing exercise. However, it can take up to 12 hours to completely replace fluids after strenuous activity.

Recommended acclimation schedule
These guidelines will help your athletes adjust to the heat and prevent heat illness. Always make sure athletes are supervised by an adult when they are exercising in a hot environment

<table>
<thead>
<tr>
<th>Week</th>
<th>Days 1-7: Have your athletes get used to working out in the heat for 20 minutes a day during the time that your practices will occur. For example, if football or soccer practice is scheduled for 6 p.m., have them work out at that time.</th>
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<tbody>
<tr>
<td>Week 1</td>
<td>Days 8-10: Build up to a 30-minute workout outside. Days 11-14: Build up to a 40-minute workout outside.</td>
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<tr>
<td>Week 3</td>
<td>Days 15-17: Build up to a 50-minute workout outside. Days 18-21: Build up to a 60-minute workout outside.</td>
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motion in the abdominals and hip. If a heated pool is available to the athlete, performing these exercises in the water would be helpful because it places less stress on the joints.
As range-of-motion exercises become easier for the athlete, he or she can progress to resistive exercises of the hip and abdominals, including Thera-Band® four-way hip strengthening or straight-leg raises in three directions.
The athlete should gradually work back into practices. When the athlete returns to his or her sporting activity, pad the injured area for protection.
How to choose the right running shoe
By Kara Frey, ATC

The function of a running shoe is to protect the foot from the stresses of running. A running shoe needs to have a larger toe box, more shock absorption and better pronation control than other types of athletic footwear, including cross-trainers or walking shoes.

Remember that feet come in all shapes and sizes, but most people’s foot structure falls into one of these groups:

1. **Neutral foot** – the foot is neither flat nor high-arched and rolls inward at 15 degrees. The footprint will have a small inward curve of no more than one inch.

2. **Flat feet** – the foot has no visible arch. Many people with flat feet are also overpronators. During overpronation, the foot rolls inward more than 15 degrees from heel strike to takeoff during every stride, causing the first and second toes to do most of the work. Those who pronate need more stable running shoes.

3. **High arches** – the foot has a noticeable arch between the heel and the ball of the foot. Many people with high arches are also supinators. During supination, the foot rolls outward from heel strike to take off during every stride, causing the smaller toes on the outside of the foot to do most of the work. Those who supinate need a more flexible, cushioned shoe to absorb shock while running.

**Shoe types**
There are five different shoe types available, depending on your foot type and training needs.

- **Stability shoes** – These shoes have a blend of cushioning, support and durability. These shoes are a good option if you are of average weight, do not have severe pronation or supination, and need support.

- **Cushioned shoes** – These shoes have the least support. These shoes work if you do not need extra support, underpronate or have a high arch.

- **Lightweight training shoes** – These shoes are designed for fast-paced training. These shoes are ideal if you are a fast runner and do not have motion-control problems.

- **Trail shoes** – These shoes offer the best traction and stability. They’re best for runners who go off-road and need that extra traction.

- **Motion-control shoes** – These shoes are the most rigid and durable, and they limit overpronation. Go with these shoes if you overpronate, wear orthotics, want a stable shoe or have flat feet.

Here are some tips to keep in mind when shopping for new running shoes:

- Visit a specialty store and let the associates know about any injuries you may have.
- Have an associate measure your feet while standing.
- Make sure the shoe matches your foot type and running style.
- Wear the type of socks you plan to use during exercise. If you use orthotics, bring those.
- Choose shoes that are comfortable as soon as you put them on.
- Make sure there is a finger’s width between your longest toe and the end of shoe.
- Don’t wear new shoes during a race.
- Check the wear of your shoes regularly.
Nominate your Comeback Athlete of the Month

UK Sports Medicine is a proud sponsor of the Scholastic Ball Report, a high school sports show that airs every Saturday morning on WKYT. Once a month on the show, we will recognize an athlete who has worked incredibly hard to come back to his or her sport from a challenging injury. This award is sponsored by DonJoy and will be presented at the end of the month to this special athlete.

If you would like to nominate an athlete for the Comeback Athlete of the Month award, please e-mail Kara at kmrohr2@uky.edu and describe what this athlete has overcome in order to return to his or her sport safely. Please include your contact information; the name, sport and school of the athlete; and a brief description of the athlete’s injury.

UK Sports Medicine

UK Sports Medicine is staffed by sports medicine fellowship-trained physicians. Physical therapy and rehabilitation services are available. Our sports injury walk-in clinic requires no appointment – just walk in 7:30-8 a.m. Monday-Friday.

UK Sports Medicine is located at 601 Perimeter Drive, Suite 200, in Lexington (right off Alumni Drive). Call 859-323-4433 or 859-218-3131 for more information or to make an appointment. Visit us on the Web at ukhealthcare.uky.edu/sportsmedicine.