

## UTA Training – How to manage the “big volume” weeks

With only a handful of weeks to go until the UTA, most runners will now be undertaking their biggest training volume. The base should already have been laid, and now the combination of a long run in the weekend, as well as an interval and/or hill sessions each week, will be putting everyone’s body to the test.

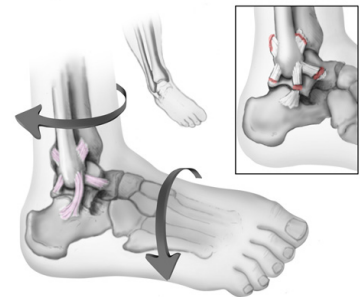
The next few weeks are therefore the time when niggles are most likely to appear. It can be hard to recognise whether a niggle is something you can “train through” or something that might need medical attention.

**The purpose of this article is to try and give you some sort of guidance from which you can judge when to STOP training and get some qualified help, or when you could instead implement some self-help strategies to enable you to keep training.**

Let’s initially subdivide injuries into “Acute” and “Overuse”.

### **Acute Injury:**

An injury that has occurred relatively recently (< 3 months ago) and you can remember an incident when it occurred. An example is spraining an ankle. You roll over on it, and it becomes painful/swollen/bruised. There is a fairly obvious cause and effect.



Acute injuries usually need a period of rest and/or medical attention. A sprained ankle, depending on the severity, might need an X-ray, some physio treatment and a couple of weeks of rest from running. If you have recently injured something (bruised a hip from falling, twisted a knee, torn a muscle) then you should see your trusted health care professional, and get a diagnosis and a plan on how to manage it as efficiently as possible.

### **Overuse Injury:**

An overuse injury might have been troubling you for days, weeks, months or sometimes even years. These injuries normally start as a small niggle, and gradually escalate over time. They can stop you from running if they are not managed carefully. Interestingly, they don’t often respond well to rest! Two examples are ITB friction syndrome, or Achilles tendonitis. **Most injuries suffered by people in the lead up to the UTA will be overuse injuries.**

I am going to use a **“Beer Drinking”** analogy to help explain how to manage your overuse injuries. **Just as a warning, I advocate testing this theory with your running, NOT with your drinking!**

Imagine you have 13 cans of beer to drink one night. After 11 cans you feel happy, after 12 cans you feel slightly dodgy, and after 13 cans you are nearly passing out. Would you blame the last 2 cans for making you drunk, or do you think the first 11 cans were a contributing factor?



I can't tell you the number of endurance runners I have seen over the years who have come to me with 3 weeks until their event saying “my Achilles got sore 32km into my run in the weekend . . . if only I hadn't done that run”. They need to realise that it wasn't “that run” which injured them, it was the progressive overload of the last 6-12 weeks of their training. “That run” was just the final straw.

Let's say that their sore Achilles is now at the 13 can stage. It is painful getting out of bed in the morning, and it takes 10-15 minutes to “warm up” when they start running. This is now at a stage where some sort of intervention is required. It could be physio treatment, ice, rest, a change of shoes, or any combination of these things. The important thing to understand though, is that the injured Achilles had probably been at the 10-11 can stage for the last few weeks whilst it's owner was training as usual and blissfully unaware that anything was wrong. So we actually only have to get this Achilles back to 10-11 cans, not to 0 cans, in order for it's owner to resume full training.

This is the fine line we tread as endurance athletes. Every time we run we are inflicting damage to the tissues of our body. We traumatise the muscles, tendons and joint surfaces with every stride. As long as the tissue damage is “micro-trauma” (by training to a volume and intensity that your body can cope with) then when we rest, sleep and eat, our body repairs and our tissues adapt (stronger muscles, stronger tendons, increased bone density). This tissue adaptation, which occurs over a long period of time, is ultimately what allows our performance to improve.

**During the current “big volume” weeks of training, the trick is to try and keep your body at a constant 10-11 cans.** More than this and you'll be having niggles, less than this and you are not getting the full benefit out of your training (i.e. you could be training harder and not getting injured).



Let's say our Achilles person is advised to "rest from running for 6 weeks and take anti-inflammatory tablets". After 6 weeks their Achilles will probably feel much better, but unfortunately it has now adapted to 6 weeks worth of zero loading and has become weaker. This usually means that 2 – 3 runs back into the training regime the pain returns with a vengeance. It would have been more productive to reduce the training load slightly, and perhaps structure it differently, until you can achieve a level where the Achilles is back to 10-11cans.

One of the easiest ways to do this is to divide your total weekly volume between more runs. What I call "**the little and often philosophy**". For example, the injured Achilles would respond much better to 10 runs of 5km during the week (commuting to and from work) than it would to a single 50km in the weekend. Each 5km run would cause some micro trauma to the Achilles, from which it should recover quickly, allowing another run soon after. A 50km run however might take the Achilles up to 15 cans, which is a trip to the emergency department for our beer drinker, or a DNS (Did Not Start) for our UTA athlete.

### **Some strategies you should use if you are currently training with an Overuse niggle/injury:**

- **Adopt the "little and often" philosophy.** Breaking your weekly distance into shorter but more regular runs will be easier for your body to cope with.
  - In an ideal training program the long run is important, but it is counter-productive if you then have to miss 2-3 days of training because of it.
- **Speedwork – Don't do any!** Whether it is 1km reps, tempo sessions or even hill reps. If you have got a niggle then leave any speed sessions out of your program until the niggle has settled.
  - You will get a lot more benefit out of being able to continue to train, than you will from persevering with speedwork and potentially making an injury worse.
- **Self Massage** – sit down every evening and massage your sore bits (usually calves, feet, ITBs)
  - A **foam roller** can be helpful for ITBs, quads and calves
  - A **tennis ball** or **golf ball** can be useful for the sole of your foot (through the arch of your foot – not over the heel or the bony bits near the ball of your foot)



- **A trigger point ball** can be useful for your gluteal muscles (don't use a foam roller on your glutes, you'll rub over the bone on your pelvis or hip and stir something else up)
- **Ice** – Icing a swollen achilles tendon, an inflamed ITB, or a painful foot can be a great way to help settle your symptoms in time to be able to run again the next day.
  - Use ice cubes in a plastic bag NOT one of those blue gel packs. If ice cubes are not possible then frozen peas will (just) suffice. Ice cubes stay at a constant temperature (0 degrees) until they have melted. Ice packs usually start off too cold (-7 degrees) and warm up too quickly, so they can give you a nasty “freezer burn” and they don't stay cold long enough to be effective.
- **Stretching** – stretching your calf muscles for example can help to reduce the tension in your Achilles tendon. Stretching your glute muscles can help reduce ITB and knee symptoms.

