

RUNNING ON EMPTY

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The Marathon des Sables

The Marathon des Sables is widely recognised as the world's toughest footrace. Its translation literally means "Marathon of the Sands" and it's both a name and reputation that is well deserved. For seven days, competitors from all over the world will attempt to run more than 151 miles (nearly 250 kilometres) across some of the hardest, most difficult and inhospitable terrain on the planet, the Sahara Desert. Running the equivalent of a marathon a day, the rules state that all competitors must complete the race "self-sufficient" meaning that all food and equipment needed for the entire duration of the race must be carried while running. Add to that temperatures in excess of 120 degrees, violent dust storms, freezing nights and large scorpions, and you may ask who in their right mind would even think of competing in such an event? How do you train for something like the Marathon des Sables? Great question and I guess everyone is different, however my training guide and mentor turned out to be a friend who had run the event three years previous. The man's name is David Becker and I could not have picked a better role model. Having said that, deadlines are powerful things and I think I did more training in the three weeks prior to the event than in the whole two months before as the realisation of what I was about to do finally came knocking louder on the door. I certainly got some funny looks from my local gym members as night after night I ran on a treadmill wearing ankle weights, a big woolly fleece and a rucksack filled with yellow pages and gym weights. On the first day, we boarded a coach and started the 6-hour journey to the start point. Five hours later the terrain got so bad that for the last hour we had to be transported in the back of trucks as the coaches reached their limit on where they could go. All contestants had to present a whole array of mandatory equipment as well as a minimum 2000 calories a day, doctor's certificate and ECG. After you have been checked, you are then issued with a distress flare and some salt tablets and your kit is weighed.

As the race began my decision not to take gators was soon to prove a poor choice as every 20 minutes I emptied piles of sand from my trainers and felt more grit get into the little blisters that had started forming as a result. Luckily my feet held out well and I was passing many hobbling people who looked like they would rather be elsewhere. The main challenge had identified itself in my shoulders as the 30+ pounds I was carrying started taking its toll. One of the highlights of every day was when the "postman" would come to the tent to deliver e-mail messages that friends and relatives could send via the official website. They were literally little pieces of "tent gold" and I would like to thank everyone who sent words of inspiration and messages of support. It was a great boost and each night before I went to sleep I would read every single one again and again, soaking up the encouragement and helping to set my mind right.

Around the final bend the finish line came into view and with all the energy, adrenaline and mental stamina I could muster, I picked up the pace and sprinted the last 500 yards crossing the line in a mixture of emotional and physical exhaustion and elation that words simply cannot describe. The essence of the Marathon des Sables is not where you finish, but how you cope with what's thrown at you. What you think is possible only to find out that no matter how much you think you can give, no matter how much you think you can take, no matter what you thought was possible before – there is always another level and it's only our thinking that holds us back.

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The main reason why athletes don't achieve their running or fitness goals is that they get injured too often. Overuse injuries are so common that it is a rare feat to meet a runner who has never experienced a stress fracture, hip problem, or hamstring injury! Why is this so? For starters, runners usually don't understand that a little less may often be more beneficial than a little more. Secondly, the human body is fragile, it isn't made to cover ridiculous numbers of miles each week, different people have different biomechanical abnormalities which are hard to factor into the training program. However, with common sense and some coaching, the risk of injuries can be minimised but never eliminated.

Training tips– sleeping your way to a personal best

While elite athletes often have the luxury of sleeping eight or more hours a night and can afford mid-day naps to help their bodies recover from their training, that's not realistic for BUAC runners. Whether you run marathons or 5kms, you should consider sleep an important part of your training regimen, says Dr. Bob Gazzola, a long time runner and Mankato, Minn., physician.

"Sleep is really important when training for an endurance event," Gazzola says. "During sleep a lot of important things are happening to aid in the recovery process. Besides just feeling more rested and ready to tackle the day ahead, adequate sleep -- at least seven hours, uninterrupted -- can make a big difference in your recovery."

It's during the third and fourth stages of a typical sleep cycle when a body heals itself. That's when the human growth hormone (HGH) is released from the pituitary gland. Although it's gotten notoriety as a performance-enhancing drug, in its natural form it plays a key role in building and repairing muscle tissue and bones, as well as acting as a catalyst for the body to use fat as fuel. Without the right amount of HGH in the blood, recovery from workouts is hindered, prolonging the time it takes the body to build a strong aerobic engine.

When a person is chronically sleep deprived their level of HGH decreases and another hormone, cortisol (also called "the stress hormone"), increases. Too much cortisol can be dangerous because it can prohibit the body from recovering fully and it can also interfere with the repair and growth of soft tissue.

A study published in the British medical journal The Lancet showed that a period of decreased sleep of only a few days can cause a disruption in glucose metabolism. Glucose metabolism is the process responsible for storing energy from the food we eat and is why marathoners carbo-load before a big race or long run.

"With impaired glycogen synthesis runners can't get their glycogen stores as high, which means they may bonk sooner during longer runs or races than if they were well-rested," Gazzola says.

Other recent studies have revealed that people suffering from sleep deprivation often experience adverse changes in their diet (they eat more and often an unhealthy diet), make poor decisions, can't focus, and become unmotivated. And those things can throw a wrench into your training plans and not allow you to reach your workout goals.

Sleep experts say while most people need seven to nine hours of sleep a night to feel fully rested, the number of hours varies by the individual. Some people seem to do fine on less, while others need more. The best way to gauge how much sleep you need is to go to bed at the same time every night and then wake up on your own, without the aid of an alarm clock.

While you may need to sleep a little longer when training for a half marathon or marathon, the key to fully recovering from your workouts is not just how many hours of sleep you get, but the quality of your sleep. The more fit you become, the more likely the quality of your sleep will also improve.

"Some miles are more important to your training and give you more benefit," Gazzola says. "Well, the same is true of your sleep. There are different stages to your sleep, and training helps you achieve a more restorative sleep. People who are restless in their sleep don't get to those deeper states of sleep where a lot of the significant emotional and physical benefits occur.

"For the highly trained athlete, sleep becomes more important but the hours might be less because their sleep is more effective sleep," he says. "Most people find when they are in the midst of their training and they're feeling good and confident, their sleep comes much more readily versus the tossing and turning that, unfortunately, a lot of people do."

Jenna Boren, a 2008 U.S. Olympic trials marathon qualifier, seems to do well no matter how much sleep she gets. The St. Paul runner logs 100 miles a week and works full-time as a chiropractor but only averages five to six hours of sleep a night.

"When I am stressed, it tends to affect my sleep more than anything," she says. "Ironically, the one remedy I use to manage stress is to run. Often, when I run the most, I sleep the least."

The one thing most runners, coaches and doctors agree on is being well-rested leading up to a race. "The one thing I tell all my runners is that, in the final weeks of training -- or actually tapering -- you can do more by sleeping than you can by running," says Chicago-area running coach C.J. Welter.

"That's when sleep should really become your primary training component and biggest focus."

Injury tips - big toe problems

The big toe is a complex structure that bears much load during running. Problems involving the big toe can include:

1. The Sesamoids. Two small bones under the ball (head) of the first metatarsal are known as the sesamoids. These bones are in the flexor tendon to the big toe and act as fulcrums for flexing the toe; they are weight bearing structures. Runners may experience several sesamoid problems. Inflammation of one or both sesamoids is known as sesamoiditis; increasing mileage, doing speed work and hill repeats, and poor footwear may all contribute to this problem. The affected sesamoid will be very tender to touch and pain may occur when the big toe is flexed upward. Swelling may be present under the first joint. Treatment includes application of ice to the area, anti-inflammatory medications and protective padding (dancer's pad) that is cut out at the tender area, eliminating pressure on the sesamoids. If this relieves pain, easy running may continue. Sesamoiditis usually resolves in two to four weeks. If there is pain with pushing off, cross training should be performed to avoid an abnormal gait and the myriad of injuries that it may cause. On occasion, immobilization may be necessary to eliminate sesamoiditis. Sesamoid pain may be due to a stress fracture of one of the bones. A bone scan is often needed to diagnose this injury. It is not uncommon for one of the sesamoids to naturally be in two pieces (bipartite); this does not cause pain, but may create a diagnostic challenge if a sesamoid fracture is suspected. Treatment is similar to sesamoiditis, though impact activities should be minimized. The sesamoids have a poor blood supply, so stress fractures may take several months or longer to heal. On occasion, there is persistent pain; as a last resort, the affected sesamoid may be surgically excised.

2. Bunions. A bunion is a lump on the inside of the first toe joint due to an abnormal alignment of the joint. The first metatarsal points inward and the big toe points toward the other toes. In addition to the bony deformity, the soft tissues over the lump may swell, making the lump larger. As the big toe moves outward, it places pressure on the other toes, and in severe cases may move under the second toe.

Continued page four.

Who's running hot, and who's not

Who's hot.....

- Gavin "the Landlord" Fiedler - a lesson in commitment. Gav ran the Picaninny Plod in his "Reg Grundies" after forgetting to put his running shorts on under his track suit pants. Being an experienced runner, Gav knew that running in tracksuit pants would be very uncomfortable, so the undies it was. The Bendigo police received several complaints from motorists reporting a scantily clad man stumbling along Diamond Hill Road in a disorientated state.
- All club members who ran in the massive City to Surf run in Sydney. Amongst the 75,000 competitors was BUAC runner Lee McCullagh, who was briefly seen running on the Channel Ten coverage of the event.
- To all of those who have begun their preparations for the full and half Melbourne marathon...good luck, the conditions can only be better than last years!

Who's not..... Space age swimsuits.

Future events

Events in Victoria

28/04 - 22/09 - Athletics Victoria Winter Series 3.8-21km

10 run series in Melbourne, open to all levels of runner.

(www.athsvic.org.au)

27/05 - 09/12 - Sri Chinmoy Races 10-42km

(www.srichinmoyraces.org.au)

Mid October - Melbourne Marathon 10/21/42km

(www.melbournemarathon.com.au)

09/01 - 31/12 - Victorian Road Runners 5 - 21km

(www.home.vicnet.net.au/roadrun)

Cool Running Website

(www.coolrunning.com.au/calender/vic)

Local Events

16/08 Keith Huddle Memorial (6.5km).

22/08 Cousins Street Clash (500m, 1, 4, 10km) - a longer run for those gearing up for the BUAC half marathon.

29/08 Glen Allan Memorial (10, 3, 1km).

06/09 Club Mystery Run (?) - always interesting, and sometimes painful if in the wrong hands. The presentation night follows this run.

12/09 BUAC Half Marathon (7, 14, 21km) - the big one. Time to test yourself.

Bendigo University Athletics Club

Race Day Contacts:

Club President - Wolf Heiden
5443 1684

Treasurer - Shane Rushan
5442 7343

Handicapper - Brad Russell
5443 9378

Feel free to make suggestions for our newsletter. Ideas, news and the little bit of idle gossip help to fill these pages. Contact Pat Kenny on 5442 3431, or email mpken1@bigpond.com with any ideas or information. The more you contribute, the better this newsletter can be.

Newsletter Classifieds

Wanted: Bulla yoghurt containers for drinking cups (those types supplied with the water, after our races). Must be Bulla types as they are plastic and can be washed repeatedly. See Gavin Fiedler.

Remember: Wayne Forbe's training group on a Wednesday night at Lake Weerona. See Wayne for details.

Website: visit
["www.bendigouni.com.au"](http://www.bendigouni.com.au)
For all of your BUAC information.

Facebook: join "Bendigo University Athletics Club - Uni Pride!"

Presentation Night: Saturday, the 6th of September after the club mystery run. Mark it on your calendar.

Injury tips continued

Running does not cause bunions, but a bunion may create problems for a runner. Bunions are not always painful and symptoms are often controlled by wearing a shoe with a wide enough toe box to accommodate the deformity. A spacer between the first and second toes may be helpful; a bunion pad worn directly over the bump may reduce pain. An orthotic may provide relief of symptoms due to the change in the alignment of the joint. Appropriately fitted shoes should be worn at all times, not just while running. If pain becomes severe enough to restrict activities, surgery may be necessary. Typically limited cross training may be started several weeks following surgery; running may be started two to three months following the surgery, depending on the procedure performed and the course of recovery.

3. **Hallux limitus.** Hallux limitus is restricted motion of the first toe joint. This is usually due to arthritis from previous trauma or a condition such as gout. Pain occurs with activities that require significant upward flexion of the big toe. Initially, ice, anti-inflammatory medications and a shoe insert with a stiff portion at the first joint may be beneficial in controlling symptoms. Working on range of motion of the joint may help preserve motion for a while. Surgery to remove the spurs about the joint may result in improvement in motion. As the arthritis progresses over time, hallux rigidus develops. The same treatment measures should continue. Running becomes difficult due to an abnormal toe-off. A cortisone injection in the joint may help decrease the pain temporarily. A stiff orthotic may allow continued running. If the pain becomes too severe, surgery may be necessary.

4. **Gout.** Gout is a metabolic condition in which uric acid crystals accumulate in a joint due to overproduction or undersecretion of uric acid. An attack is often associated with consumption of a rich, fatty meal and alcohol (standard BUAC diet). The first toe joint is the most commonly affected joint. Over the course of several hours, the joint will become red, swollen and exquisitely tender. Aspiration of fluid from the joint will reveal uric acid crystals, confirming the diagnosis and ruling out an infection, which is similar in appearance. Anti-inflammatory medications are used to treat an acute episode of gout. Symptoms should improve over several days. Recurrent episodes of gout may cause significant damage to a joint and require the use of chronic medications.

In summary, the big toe is a very big deal. This relatively small joint allows us to run freely. It handles a great deal of stress with ease until a problem develops; then it can become a debilitating problem. Make sure that your shoes fit well and keep them in good repair to lower your risk for big toe problems.

Media watch



Troy Cartner running in a top that seems to have shrunk during the swim leg of this triathlon.