

IS YOUR PHYSIOTHERAPIST CHARTERED?



## Preparing for Marathon Race Day

### CONGRATULATIONS!

You've made a huge achievement in getting this far in your marathon preparations.

The Irish Society of Chartered Physiotherapists (ISCP) is providing the following information to assist you in preparing for race day and to advise you on post race recovery and injury prevention.



## On marathon - race day

Keep as warm as possible before the start of the marathon; an old jumper/ hat or plastic top that can be discarded just before the marathon starts would be ideal.

Ensure you perform an adequate dynamic warm-up prior to the start: this involves easy jogging, short strides and dynamic drills involving heel kicks, high knee running and trunk twists. Follow this with 'short duration' stretches of the main leg muscle groups, i.e. gluts, hips, quadriceps, hamstrings and calf muscles. Remember to keep your body relaxed and warm. Avoid blisters by wearing 'Second-Skin' over vulnerable areas on feet and toes.

Rub Vaseline on body areas that are repetitively rubbing against your running attire e.g. over nipples.

After crossing the finish line, ensure you change out of your running top immediately in order to prevent hypothermia; have a change of warm clothes in your race bag at the finish line, in case you cannot locate your family/friends after the race.

As uncomfortable as it may be, keep moving after you finish; this will help prevent joint stiffness and muscle tightness and therefore minimise the onset of pain.

Once showered and changed, spend 10-20 minutes performing static stretches to prevent the onset of muscle soreness the following day. Continue this routine over the next few days. Ice baths can help ease pain in the working leg muscles following the marathon; 5 to 10 minutes maximum duration.

## After the marathon

Follow the P.R.I.C.E. protocol if an injury occurs during the marathon or as a result of completion of the race (see back page).

Allow sufficient time for your body to rest before returning to running; try walking, or pool exercise to aid in recovery in the first week before easing onto land running.

Consult your Chartered Physiotherapist if you need post race recovery advice, or treatment for 'niggles' or injuries that may have developed from the exertions of the marathon.

A massage in the week following the marathon will aid your recovery and reduce muscle tightness; speak with your Chartered Physiotherapist for such recommendations.



**Dynamic Warm-up:** usually includes jogging, stride-outs and dynamic drills e.g. heel kicks, skipping and trunk rotations. Allow 10-15 minutes to complete.

**Dynamic Stretching:** involves using large muscle groups through increasing joint ranges of motion, e.g. squats and lunges. Best used as warm-up exercises.

**Static Stretching:** stretch the muscle to the point of tension, hold 15-30 seconds, repeat 2-3 times; performed after running to reduce muscle tension, increase muscle length and aid recovery.

**Active Stretching:** proven to increase long-term muscle flexibility, and joint range of movement. Involves contracting the opposing muscle group to allow the target muscle to relax. For example lying on your back use the quadriceps muscle to raise your leg in order to stretch the hamstring muscle (back of the thigh). You may use your hands, a towel or a rope to gently enhance the stretch. Hold for 3 seconds, repeat 5-10 times.

**Foam Rolling:** The foam roller is a great piece of equipment that can be used to self-release muscles that tighten during running. Roll the 'tender spot' in your muscle over the foam roller – hold each pressure point for approximately 30 seconds repeating each exercise for 1-2 minutes. Used on the hamstring, calf, quadriceps, ITB and gluteal muscles.



# How to minimise the risk of injury

- As you increase your mileage, muscular aches and 'niggles' may occur therefore build up gradually.
- Never increase your mileage by more than 10% in a week; and never increase both speed and distance in the same week.
- If the increasing mileage proves too tough, take an easy day or rest, this will allow your body to refuel and recover.
- Vary your running surface and direction of your runs.
- You don't have to run all the time; include cross-training into your programme with cycling, rowing and swimming.
- Include **resistance and core training** into your programme, this will aid in preventing low-back, hip and leg/foot injuries.
- As your fitness improves it will feel more natural to train more often, and enhance your chances of enjoying the marathon experience.
- Replace **running shoes** regularly; look under the soles for wear and the mid-sole for over-compression. It's better to vary between two pairs during your preparation. Go to a **specialist sports shop** for advice on the best running shoe for your foot type, it's an essential expense!
- Increased back/leg aches and pains may be a sign that your running shoes need to be changed.
- Orthotics (permanent insoles) are often used by runners to help prevent common running injuries. Check with your local Chartered Physiotherapist for a biomechanical assessment to ascertain if you require such insoles in your running shoes.
- **Warm up** adequately with easy running to prepare your joints and muscles for your race pace, include stride outs, high knee lifts, heel kicks and trunk twisting.
- Perform static sustained stretches after running to minimise muscle soreness and joint stiffness. This helps to prepare your body for your next running session.
- Keep a **training diary**. This is a useful way of monitoring last years' form and your training prior to an injury. Use the information to prevent the same pitfalls and to plan your next running programme.
- **Never run if you feel unwell**; do not attempt to catch-up on lost mileage after illness/injury. This can cause further damage and result in a longer period off running. Better 3 to 4 days of rest than 3 to 4 weeks of frustration!



## Rehydration & Nutrition

Fluid lost in sweat must be replaced otherwise your body becomes dehydrated (short of water) and therefore less efficient.

Dehydration can lead to fatigue, dizziness, loss of concentration and in extreme cases, death. Rehydrate gradually after the race.

Ensure you are well hydrated before the event. Typically you should drink between 400-800ml per hour during most forms of exercise. A sports drink containing a combination of electrolytes and carbohydrate is ideal to help replace what you lose through sweat and enables a faster route for carbohydrates to reach your working muscles.

**Hyponatraemia (water intoxication)** is the presence of abnormally low sodium concentrations in the blood due to **drinking excessive** amounts of fluid. Therefore drink as your thirst indicates.

Recreational runners participating in marathons taking longer than 4 hours are most at risk. You should avoid drinking so much that you gain weight during exercise.

**Nutrition:** Gradually increase your intake of complex carbohydrates 2-3 days before the marathon e.g. wholemeal rice, pasta, bread. This increases your pre-race muscle glycogen stores, and prevents 'hitting-the-wall'.

Ensure you eat a high carbohydrate-protein-combined snack e.g. cereal bar, banana, skimmed milk; within 20-30 minutes after completing your race or faster work-out session. This will kick start the replacement of muscle glycogen stores.

Eat a balanced meal within 2 hours after your race.

**Hyponatraemia Encephalopathy:** The athlete most likely to develop Exercise-Associated Hyponatremia is a light runner who runs at speeds of approximately 5 miles per hour or slower and over consumes fluids. Non-elite marathon runners are advised to measure their sweat rate during training as part of their fluid replacement plan and should aim to lose about 1kg of body weight during the event. If you recognise early symptoms consistent with EAH (*mild confusion, nausea, vomiting, shortness of breath*) seek urgent medical attention. Clinical Journal of Sports Medicine 2007.



### *The P.R.I.C.E. Protocol*

- P**rotect – the injured area e.g. use crutches, protective bracing if appropriate.
- R**est – the damaged area to avoid further injury.
- I**ce – the injured area for 5-10 minutes regularly within the first 48-72 hours to minimise bleeding to damaged tissue and reduce pain.
- C**ompress – the injured area to resolve swelling and aid recovery.
- E**levate – the injured area to prevent the accumulation of fluid.

### *Are you carrying an injury?*

Do not ignore aches and pains; they can develop into injuries if left ignored.

Attend your Chartered Physiotherapist for an Assessment and Rehabilitation.

**Remember, with Chartered Physiotherapists you're in safe hands.**

*Chartered Physiotherapists are health professionals allied to the Medical Profession and carry a university qualification. The title "Chartered Physiotherapist" and the initials "M.I.S.C.P." indicate that a Physiotherapist is a member of the professional regulating body the Irish Society of Chartered Physiotherapists (ISCP). Chartered Physiotherapists work in hospitals, the community and in private practices. Many specialise in 'Sports Physiotherapy'.*

*You can directly contact a Physiotherapist or your G.P. can refer you for a consultation.*



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