

EASING INTO IT FROM
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“My hamstring’s still pretty tight, but the scarring was minimal,” he said.

Muncie found that he could support his own weight and walk around almost immediately after the operation, but at first he had to borrow a car with an automatic transmission because he couldn’t operate the clutch in his own vehicle.

Dr. Lucien Ouellette, an orthopedist with OA Centers for Orthopaedics, which has offices in Portland, Windham and Saco, said he sees a lot of skiing-related meniscus tears affecting knee cartilage that result when “you catch the edge of your ski, and the skis twist out.”

The OA Centers clinic offers pre-ski performance training this November through Dec. 3 (call 710-5509 for more information). This training, Ouellette said, consists of a combination of lectures and guided exercises to help maximize skiing trips and avoid injuries.

Ouellette recommends strengthening glutes and hips, using exercises such as lunges and squats, to develop the balance and stability that can prevent injuries. Planks, which are a maneuver used in pilates and yoga, are another good tool, according to the doctor. A very simple exercise that works to improve balance is to stand on one foot with your eyes open, then closed, he added.

Overall, when it comes to injury prevention, Ouellette said, he sees an unfortunate pattern.

“People just don’t condition themselves,” he lamented. “The snow and the ice come out, and they go gangbusters and try to do what they did last year.”

It’s better to ease into things and not push yourself too hard early on.

“You may need to do just half a day,” said Ouellette, who also warned against making “that last run,” the one when your muscles are tired and you’re already gassed.

Dr. F. Lincoln Avery, an orthopedic surgeon with Advanced Orthopedics and Sports Medicine in South Portland, echoed Ouellette’s concern about avoiding a headlong rush into activity.

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“The message is the same – six to eight weeks before the season, they really need to start conditioning,” Avery said.

He also praised core strengthening and stretching and agility work, reminding that warming up on the day of activity is important, too. People are physically active later in life than they were 20 years ago, according to Avery, which exposes them

to broken bones at a time when they’ve become more brittle. However, people are also better educated now about exercising safely, said the doctor.

Still, people should be more cautious about playing with or “through” injuries, Avery believes.

“That might have been something you could get away with in high school,” he said, but it’s better to wait until an injury is “significantly resolved, and then test the waters slowly.”

Tanguay, the trainer, suggests not getting back into the swing of things until there’s no pain upon waking up.

“The main thing coming back from an injury is that the muscle’s going to atrophy,” he said.

Ben Towne, a program director and clinical placement coordinator at the University of Southern Maine’s sports medicine department in Gorham, also travels with area high-school hockey teams as a trainer and is on the training staff of the U.S. Olympic bobsled and skeleton team. While the broken bones and ice burns he sees in the downhill Olympic sports are typically much more severe than the medical problems faced by weekend warrior Mainers, Towne said, many of the same principles apply with all outdoor, winter activities.

Clothing without enough insulation or a base layer that can “breathe” sufficiently, shoes without adequate traction, improper diet, dehydration and hypothermia are the key things to avoid with outdoor activities, he said. Typical light snacks and beverages touted to boost energy are not enough, added Towne.

“Sports drinks are for your real endurance athletes,” he said. “Nothing beats water. (Food with) no carbs, no fat. That’s not a good thing if you’re going to be outside for a long time.”

Towne said in cold weather it’s often better not to apply an ice pack to a fresh injury. Instead, he favors jogging in place to get the blood flowing back to the muscles and tendons in many of these cases.

It’s also advisable, he said, to pay attention to your gait during winter because “a lot of people run a little more tense.” This changed gait can put the patellar tendon and the iliotibial band (fibers that run along the outer thigh) at risk of injury, according to Towne.

Muncie’s advice about avoiding injuries is to think foremost about your feet. By examining the mechanics of his gait, his rehab team determined that Muncie is relatively flat-footed – enough to make the ACL, located on the outside of the knee, vulnerable to his legs splaying in.

“Get your feet checked out and get orthotics,” he said. “That reduces that strain on your knees.”

Muncie said he hopes to resume snowboarding, lacrosse and hurling by next March, and he’s working full bore on his rehabilitation.

“They have a pretty regimented protocol,” said Muncie about his comeback, which currently includes two weekly physical therapy sessions and a personal trainer. “The worst time for re-injury is eight to 12 weeks after the surgery, so in spite of how good you’re feeling and how much progress you’re making, you still just have to be really careful,” added Muncie, who also finds time for mountain biking and tai chi.

Muncie hired personal trainer Susan Ahlers through Health Coaches, based in Portland (www.health-coaches.com). He said Ahlers is focusing on core strength, and he considers a trainer to be “money well spent” in his effort.

“I’m actually shooting for some late-winter, early-spring snowboarding,” said Muncie. “We’ll see. I’m not slowing down.”



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