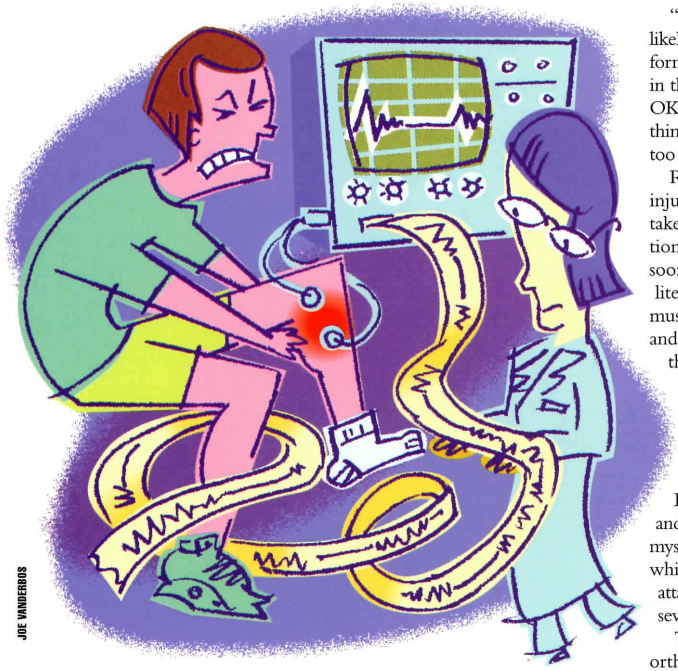
BY JOHN L. PARKER JR.

Calf Heart Attacks

Dealing with a weird but serious injury



JOE VANDERBOS

It's possible to diddle around with micro-tears for months. One miscalculation, and you might be back to square one.

About ten years ago, I started having a lower-leg problem that I assumed was a pulled calf muscle. The calf would get tender, sometimes knotty, after hard training (usually intervals); then, a few days later, while out on a run, I'd feel a sharp pain very deep in the gastroc, and, bingo, I'd be out of business.

The injury would respond to massage and rest, and after a few days, it would seem to be fine. Here's the tricky part: when I'd start back running after a few days off, things would go well for a mile or so, and then, yikes! The sharp pain would be back!

So I'd take a few more days off, more massage, and then start back. Déjà vu all over again. And I found I could repeat the cycle as many times as I wanted, and the injury would just keep popping back up. It was the most frustrating injury I had ever dealt with.

I finally mentioned it my old mentor, Roy Benson, and he set me straight.

"It's probably not a calf pull at all," he said. "More likely, it's a microtear deep in the muscle. A spasm forms around the torn muscle; that's the knot you feel in there. It starts to heal; that's when you think you're OK. But the process takes longer than we usually think—several weeks at least. When you start back too soon, you're simply reinjuring yourself."

Roy was right. I found that I had to stay off the injury for several weeks, and even then, I had to take it easy when I started back. One miscalculation, and I was back to square one. It was possible, I soon discovered, to diddle around with this injury, literally, for *months*. (Ironically, I did pull my calf muscle in a skiing accident a couple of years ago, and though it seemed to be a fairly serious injury at the time, I was back to running much sooner afterward than with this pseudo-pull.)

Since that initial injury, I've had this problem, in both legs, many times. It was always extremely frustrating because it always seemed to happen just as I was getting into halfway decent shape. But each time it happened, I learned a little more and cut my downtime by a few days. I now consider myself one of the world's experts on this injury, which my buddy Tom Raynor calls a "calf heart attack," and I've managed to avoid it altogether for several years now.

The root cause of this injury, according to my orthopedic friends, is compartment syndrome, which means that the sheath around the calf muscle isn't flexible enough, and when the muscle swells up during exercise, it can't expand enough to accommodate the necessary blood flow. The muscle becomes constricted, and eventually some fibers tear. Even after it heals, scar tissue often remains, which makes the site a prime candidate for reinjury, thus the cyclical nature of this problem.

If you're prone to this injury, you'd do well to focus on it right from the beginning. Otherwise—believe me—it will frustrate you for years.

Here's a program for dealing with calf heart attack syndrome, including both short-term treatment and long-term prevention and maintenance.

1. Stay off it for as long as it takes to heal completely. I recommend at least a week. Do some wet vesting or cycling, but don't run just because it feels better after a day or so.

2. Get as much massage—including self-massage—

as you can. "The Stick" massage tool has been invaluable to me in this regard. (Because this injury is so deep, icing, I've found, hasn't been as helpful as it has for most injuries.) Definitely *don't* stretch your calf yet. Let it heal first.

3. This step is the real "secret" to recovering quickly from this injury. I've found that it can cut recovery time from weeks or months to days. After a week of no running, start back with a "medicinal workout" on a track or another flat, controlled surface. Start by walking a mile, then jog very easily for a few hundred yards, then walk again. Alternate between walking and jogging for three or four miles, or until your calf begins to feel numb or sore. Then stop immediately. Your goal is to get as much circulation to it as possible *without reinjuring it*. If you get through the whole session and your calf still feels good, you're still probably not healed, but you're on your way. Take a day off, and then repeat the procedure. Do this every other day for a week, increasing the jog portion of the workout as your calf improves.

4. After a week of the medicinal workouts, try a short, very gentle run of three to four miles, on as flat a surface as possible. As always, if your calf gets numb or the sharp pain reappears, stop immediately and walk back. Remember the cyclical nature of this injury. Keep adding to your mileage and intensity day by day, but be ready to retreat at the first sign of trouble. After a few such runs, if you haven't overdone it, you'll be back to your normal routine.

5. The long-term key to prevent a recurrence is just to stretch the hell out of your calves and Achilles tendons. I use a homemade, 45-degree stretching board in my office, which I try to get on several times a day, standing on the high end and lowering my heels as far as I can.

Again, make sure the injury is completely healed, and then make serious calf stretching an integral part of your routine. Continued use of "The Stick" or other massage is also highly recommended, both to mitigate any scar tissue and to keep the muscle and sheath as flexible as possible.

So take it from a long-time sufferer: the next time you "pull" your calf and it doesn't seem to heal, consider changing the diagnosis to "calf heart attack," and get yourself back on the road to good health. RT

John L. Parker Jr. is the associate publisher and editorial director of Running Times.