Prattle & Run

The Magazine for Thornbury Running Club – December 2011

DECEMBER: The Mince Pie Run 2010 - Tyndale Monument from Breakheart Quarry

MAY: Windswept! Thornbury ladies at the Cape Wrath Challenge

JUNE: Pilot Simon Shaw with TRC support nears the end of his charity effort - 24 hours round the Oldbury Fun Run course.

OCTOBER: Severn Walkway Relay. Arthur always arranges 'a little something' on his runs!

OCTOBER: Nancy ran from Gloucester to Bristol to raise money for a wheelchair for local man Brad Hedges

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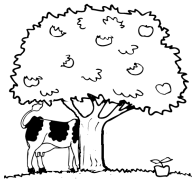

Captains Column

Christmas is coming, the goose is getting fat.
Just keep on running or you'll end up like that.

That is my inspirational rhyme for the month of December, I hope it helps!!

As we are all a hardy bunch in TRC the winter weather is never a cause for hibernation. In fact I know I'm not alone when I say that running in adverse conditions, especially off road is often much more enjoyable in winter. I'm always busy during daylight hours in December selling Christmas trees (deliberate plug) and so have taken up stealth running. Last night I had the most fantastic 14 mile run over the deer park and along the river bank. It's a regular route but in the dark it's completely different. The spooky 'Cat Grove' wood where the 'Poaching Affray of 1816' took place is one high light. Being surrounded by startled deer eyes is another. The thought that you may be mistaken for an 'in season' Doe always makes you run that little bit quicker!!

Anyway, back to the festive season, we have the annual TRC Christmas do in Alveston on the 15th. A large all-together group run around Alveston to see the lights (don't forget some sort of Christmas decoration on your person is compulsory) followed by an all you can eat feast of hot food, lovingly prepared by Ros. All for £3 (members) £6 non.
The following Thursday is the traditional 'Thornbury Town Lights Run' usual place usual time. We even have two 'Wotton' Christmas runs this year on the 18th and 24th of December, details on the website.

There are also plenty of races, local X country, Weston Prom Run, Quedgeley Christmas 5 mile, Clevedon Boxing Day Road Race, Hangover 10, Gloucester New Year 10. So, no reason to end up as fat as the proverbial Christmas goose then!!

Looking ahead, we as a club are targeting the 'Dursley Dozen' in February. Basically getting as many members as possible on the start line (and finish line), to show local people who we are, what we do and how we do it. It's a popular race so early entry is advisable.

Merry Christmas and Happy New Year.

Rob

Thornbury Running Club 2012

With January comes the final meeting of the existing committee, and the Club AGM. There will be vacancies as some committee members stand down – any takers?

At the recent committee meeting it was agreed to purchase a Club Shelter, a 3m x 3m tent, sign-written with the Club name and logo, which can fit in the boot of a car and be used at our Rollick, Sundays Hill and Oldbury 10 races and can be taken to team club country, relay and triathlon events.

The AGM will be asked to approve an increase in Club subscriptions, currently we are amongst one of the 'cheapest' Clubs around

Soon a presentation will be made to Hammer Out, our charity for 2011. The committee, having asked for suggestions, has chosen PROPS as the Club charity for 2012. This is a small local charity **Pr**oviding **Op**portunity and **S**upport to children and young people with physical and learning disabilities. See http://www.propsforward.org/ if you want to know more.

It was agreed that we should have a social event in February such as a dinner dance. Sarah Bradley agreed to organise the event with help from Karen Carr (who has agreed to help out but not to be the event organiser).

Full committee minutes can be found on the website under *Our Club / Minutes and Reports.*

We're for ever hearing and reading of how this food or that drink can improve our performance. How many TRC runners have tried this one?

Beetroot juice 'boosts stamina'

Drinking beetroot juice boosts stamina and could help people exercise for up to 16% longer, a UK study suggests.

Nitrites seem to be the key ingredient in beetroot

A University of Exeter team found nitrate contained in the vegetable leads to a reduction in oxygen uptake - making exercise less tiring.
The small Journal of Applied Physiology study suggests the effect is greater than that which can be achieved by regular training.
Beetroot juice has previously been shown to reduce blood pressure.
The researchers believe their findings could help people with cardiovascular, respiratory or metabolic diseases - and endurance athletes.
They focused on eight men aged 19-38, who were given 500ml per day of organic beetroot juice for six consecutive days before completing a series of tests, involving cycling on an exercise bike.
On another occasion, they were given a placebo of blackcurrant cordial for six consecutive days before completing the same cycling tests.
After drinking beetroot juice the group was able to cycle for an average of 11.25 minutes - 92

seconds longer than when they were given the placebo.
This would translate into an approximate 2% reduction in the time taken to cover a set distance.
The group that had consumed the beetroot juice also had lower resting blood pressure.

Mechanism unclear

The researchers are not yet sure of the exact mechanism that causes the nitrate in the beetroot juice to boost stamina.
However, they suspect it could be a result of the nitrate turning into nitric oxide in the body, reducing how much oxygen is burned up by exercise.
Study researcher Professor Andy Jones - an adviser to top UK athlete Paula Radcliffe - said:
"We were amazed by the effects of beetroot juice on oxygen uptake because these effects cannot be achieved by any other known means, including training.
"I am sure professional and amateur athletes will be interested in the results of this research.
"I am also keen to explore the relevance of the findings to those people who suffer from poor fitness and may be able to use dietary supplements to help them go about their daily lives."
Professor John Brewer, an expert on sports science at the University of Bedfordshire, said:
"These findings are potentially exciting for many people involved in sport and exercise, but will almost certainly require further more extensive studies before the exact benefits and mechanisms are understood.
"We must also remember that exercise and training and a sensible diet will always remain as the essential ingredients for a balanced and healthy lifestyle."
Dr Simon Marshall, of the University of San Diego, has carried out work on exercise and health.
He said much more work was needed involving many more subjects to draw firm conclusions.
"Certainly, a diet high in nitrate-rich fruits and vegetables is good for your heart health and this study provides further evidence of this."

BBC News 6th August 2009

From Beetroot to Cherries …

Can Cherry juice help a good night's sleep?

Drinking cherry juice can help you sleep an extra 25 minutes a night, a study has found.

Supplementing your diet with a tart Montmorency cherry juice is thought to improve sleep

The research also found that people who have regularly consumed cherry juice have improved quality of sleep.

Researchers from the School of Life Sciences at Northumbria University have found that Montmorency cherry juice significantly increases the levels of melatonin in the body, the hormone which regulates sleep.

Their findings could benefit those who have difficulty sleeping due to insomnia, shift work or jet lag.

In the study 20 healthy volunteers drank a 30ml serving of either tart cherry juice or a placebo juice twice a day for seven days.

Urine samples were collected from all participants before and during the investigation to determine levels of melatonin, a naturally occurring compound that heavily influences the human sleep-wake cycle.

During the study the participants wore an actigraphy watch sensor which monitored their sleep and wake cycles and kept a daily diary on their sleeping patterns.

The researchers found that when participants drank cherry juice for a week there was a significant increase in their urinary melatonin (15-16%) than the control condition and placebo drink samples.

The actigraphy measurements of participants who consumed the cherry juice saw an increase of around 15 minutes to the time spent in bed, 25 minutes in their total sleep time and a 5-6% increase in their â€˜sleep efficiency', a global measure of sleep quality.

Cherry juice drinkers reported less daytime napping time compared to their normal sleeping habits before the study and the napping times of the placebo group.

According to Dr Howatson an exercise physiologist,, this is the first study to show direct evidence that supplementing your diet with a tart Montmorency cherry juice concentrate leads to an increase in circulating melatonin and provides improvements in sleep amongst healthy adults. Dr Howatson, said: "We were initially interested in the application of tart cherries in recovery from strenuous exercise. Sleep forms a critical component in that recovery process, which is often forgotten.

These results show that tart cherry juice can be used to facilitate sleep in healthy adults and, excitingly, has the potential to be applied as a natural intervention, not only to athletes, but to other populations with insomnia and general disturbed sleep from shift work or jet lag."

The study's co-authors are fellow Northumbria University academics Dr Jason Ellis, director of the Centre for Sleep Research, School of Life Sciences PhD students Jamie Tallent and Phillip Bell; Benita Middleton of the Centre for Chronobiology at University of Surrey; and Malachy McHugh of the Nicholas Institute of Sports Medicine and Athletic Trauma in Lenox Hill Hospital, New York.

Dr Ellis said: "Although melatonin is available over the counter in other countries, it is not freely available in the UK. What makes these findings exciting is that the melatonin contained in tart cherry juice is sufficient to elicit a healthy sleep response.

"What's more, these results provide us with more evidence surrounding the relationship between how we sleep and what we consume."

The Telegraph
1st November 2011

Closer to home, time to meet two more Club members

Today Nigel Hale (Club Secretary) …. this is your 20 Questions!

1. Where were you born? *Cambridge*

2. What is your favourite race? *Hogweed Hilly Half (if you ignore that hill at 9 miles)*

3. What is your favourite film? *Airplane – it still makes me laugh after many viewings*

4. What sporting moment you are most proud of, (PB etc)? *Completing my first marathon at Nottingham last year.*

5. What is your favourite book? *No particular one but I always enjoy John Le Carre's novels*

6. How many years have you been running? *Three years*

7. What is your occupation? *Electronics Engineer*

8. How many miles a week on average do you run? *I try to do about 20 miles each week, but don't always succeed*

9. What is the first piece of music you ever bought? *Cosmo's Factory by Creedence Clearwater Revival. Good to see that John Fogerty is still belting out those old numbers.*

10. What is your favourite piece of running kit? *I think the head torch I got for Christmas last year is pretty neat – but then I'm just a big kid.*

11. Secret crush? *Nigella. Yum-yum, and her cooking looks good too.*

12. Do you have any pre/post race rituals/habits? *I'm another great pre-race porridge fan – especially with honey and raisins mixed in and a dollop of Greek yoghurt on top*

13. Which is your favourite, winter or summer? *Crisp bright winter mornings are my favourite for running.*

14. Who is your sporting hero? *Nastase was a brilliant tennis player (when on form) and a great character. From today's sports personalities I greatly admire Mo Farah*

15. How do you get through 'the wall'? *I keep plodding stubbornly along until I get a second wind, but usually just keep plodding on*.

16. Tell us about an embarrassing moment. *On a camping holiday in Italy we bought some candles to light in the evening while sitting outside the tent. We couldn't understand why we were getting odd looks from other campers until on a stroll past a church yard one evening we realised we had bought grave-side candles. We didn't use them any more.*

17. What is your current running goal? *I'd like to do a half marathon in under 1:45 (a modest*

goal, I know)

18. When you were a child what did you want to be when you 'grew up'? *When I was little I had a burning ambition to be a long distance lorry driver (what is it with little boys and big trucks?)*

19. Do you have any secret ambitions? *I enjoy walking and would like one day to walk one of the great long distance paths from end to end.*

20. Why did you start running? *My wife, Caron, persuaded me to train for and enter the Oldbury Fun Run with her. After that I got the bug*

And Today Liz Dix .... this is your 20 Questions!

1. Where were you born?*Guildford*

2. What is your favorite race? *I haven't been running that long but I'd have to say that the Bristol Half Marathon was probably my favourite so far.*

3. What is your favorite film? *Hot Fuzz, it makes me laugh every time!*

4. What sporting moment you are most proud of, (PB etc)? *Completing the Bristol Half Marathon and being awarded the Helen Ralphs Memorial Award, I've never been awarded anything for sport before!*

5. What is your favorite book? *Pride and Prejudice the original chick lit novel.*

6. How many years have you been running? *I only really started in January so not even 1 yet!*

7. What is your occupation? *Mechanical Engineer*

8. How many miles a week on average do you run? *20 although that will be increasing next year.*

9. What is the first piece of music you ever bought? *The first album I bought was Bat Out of Hell 2.*

10. What is your favorite piece of running kit? *It has to be my GPS watch.*

11. Secret crush? *Not that I can think of.*

12. Do you have any pre/post race rituals/habits? *Does being nervous count?*

13. Which is your favorite, winter or summer? *I'm not a fan of the cold and wet weather but then again I'm not overly keen on running when it's really hot.*

14. Who is your sporting hero? *Paula Radcliffe, I know not very original but there you go.*

15. How do you get through 'the wall'? *I haven't been there yet, ask me after Edinburgh!*

16. Tell us about an embarrassing moment*Just ask anyone in the Main Group about the shorts incident! Gate 1, Shorts 0!*

17. What is your current running goal? *To complete the Edinburgh Marathon in May next year.*

18. When you were a child what did you want to be when you 'grew up'? *RAF Pilot*

19. Do you have any secret ambitions? *To get around the Edinburgh Marathon in one piece.*

20. Why did you start running?*I thought that it would be a good idea to have an alternative to Spinning in case I missed a class and as you can run anywhere,*

Was I the only person who thought that running would help keep my bone density high? Recently speaking to a Hogweed runner who has sustained a fracture made me think again. The article is from America but the principle is the same.

Thin, Light... and Fragile

What all runners should know about bone health

By Claudia Piepenburg runner, writer and coach, Arroyo Grande, CA.

You've read them in magazines, and seen them on TV and even the Internet—advertisements marketing medications for osteoporosis, a disease that is estimated to affect nearly 20 million Americans. But chances are you haven't paid much attention to these endorsements because you're a runner, and you've read that weight-bearing exercise, like running, protects you from thinning bones. Unfortunately, that advice is only one small part of the much more complicated issue of who develops osteoporosis, why, and how it's treated.

Consider what happened to Bill Rodgers one day in August 2003.
"I was out on a training run on a hot and muggy day. I wasn't running very fast, and I was nearing the end of the run. I came off the asphalt onto the grass, and that's when I felt my right leg crack," Rodgers explains. His tibia had broken, in a spot where Rodgers admits that, "I'd been feeling a little soreness for a while, so I think I was running on a stress fracture." Rodgers was diagnosed with bone mass "low normal" for his age.

He spent the next six weeks in a hard cast, the treatment recommended by his orthopedic physician, but at the end of the month and a half, the fracture hadn't healed, so he got a second opinion. His new doctor insisted that he start doing weight-bearing exercise again, and prescribed Fosomax, the brand name of a class of pharmaceuticals known as bisphosphonates that are used to treat postmenopausal osteoporosis, and osteoporosis in men. (Other options are medications prescribed for women that mimic estrogen but do not have some of the risks associated with hormone replacement therapy, or HRT.) Rodgers's physicians tell him that the medication will protect him from developing further fractures by strengthening his bones.

Highly Active, Small Bones
Fractures in someone like Bill Rodgers, arguably one of the best distance runners ever? Yes, because the reality of osteoporosis is that running thousands of miles over a three-decade career, being a fit world-class athlete, and being male, don't necessarily protect you from the disease. In fact, some researchers and physicians believe that men or women who have a "highly athletic lifestyle" may be more at risk for developing osteoporosis.

Whether you are or not depends on many factors, some of which—genetics, for instance—you can't control but others you can. It's important to bear in mind, however, that even the experts aren't always in agreement; since there have been relatively few studies done on osteoporosis in older runners, both female and male, the research is just beginning to yield conclusions that will allow physicians to determine whether or not their treatments are the most effective for patients in those specific groups.

The National Institutes of Health (NIH) defines osteoporosis as a skeletal disorder characterized by compromised bone strength predisposing to an increased risk of fracture. According to the National Osteoporosis Foundation (NOF), 55 percent of men and women over the age of 50 in the United States have low bone mass, which puts them at risk for suffering the pain and disability of a fracture.
Bone strength and quality cannot be directly measured, but a type of X-ray called dual X-ray absorptiometry (DXA) does measure bone mineral density (BMD). Although there are other ways of measuring BMD, DXA is the most precise and accurate method. DXA screening provides a T-score to describe BMD. The T-score is the number of standard deviations above or below the mean in a young healthy population. A T-score at or above -1 is considered normal, osteopenia (early signs of osteoporosis, which may or may not become full-blown osteoporosis) is defined as a T-score between -1 and -2.5, and osteoporosis is diagnosed if the T-score is at or below -2.5.

It's the very preciseness of these parameters, however, that concerns some researchers and physicians who work with adult runners and other athletes. Terry Nicola, MD, MS, director of Sports Medicine and Rehabilitation at the Department of Orthopedics at the University of Illinois, worries: "We might not be treating elite athletes correctly because they already have bone density that is lower than what's considered 'normal.'" And Eric Orwoll, MD, Professor of Medicine at Oregon Health and Science University, agrees that "Runners can have low bone density because they don't have big, dense bones to start with."

Forgotten Women
Although over the past two decades there has been a significant amount of research done on young female athletes who suffer from what is known as the 'female triad,' a condition consisting of the interrelated disorders of disordered eating, amenorrhea (cessation of menstruation), and osteoporosis, there have been few studies on male athletes and older female athletes.

In her book *The Athletic Woman's Survival Guide*, Carol L. Otis, MD, describes women between the ages of 35 and 50 as being the "forgotten women" due to the lack of research on their health. She says, "Some studies have found a 7 to 16 percent loss of bone mass between the ages of 35 and 50," and she recommends getting enough calcium and exercise to keep the bone loss to a minimum. Otis emphasizes the important role of female hormones, especially estrogen, in building and maintaining bone mass throughout a women's lifespan, and encourages women who start to experience signs of menopause, such as hot flashes and infrequent periods, to see their physician. Equally important is that any woman who stopped

menstruating as a teenager or young adult should be aware that she is at risk for developing osteoporosis later in life, and she should consider having her bone density tested well before perimenopause (defined as a period of two to 10 years before the complete cessation of menstrual periods).

Barbara Drinkwater, Ph.D., former president of the American College of Sports Medicine (ACSM), is one of the few researchers who has studied bone health in master athletes. Through her research, she has discovered that running does not necessarily guarantee against thinning bones. According to Drinkwater, runners often "place too much confidence in their sport. We've learned through the research we've done over the past several years that the majority of women master athletes believe that because they're active, they don't need to do anything else to stave off osteoporosis. The truth is, simply being an athlete doesn't protect your bones." Drinkwater goes on to explain that, "The women master athletes we studied were runners, swimmers and tennis players. We discovered that even the fittest athletes were already losing bone mass as they went through perimenopause, but those women who chose to use HRT during menopause had significantly higher bone density than those who didn't.

Drinkwater expresses some of the same concerns for runners specifically as did other experts I interviewed. "Far too many runners do no exercise other than running, so they're not building bone in their spine or hips. Runners don't build bone strength in their arms by the back-and-forth movement of running, but if they lift a 50-pound weight over their heads, they'll strengthen the vertebrae in their spines, as well as the bones in their hips. That's why weightlifters have very dense bones." She advises master women runners to be aware of the potential for problems in the future if they "wait to get a bone density test when it's already too late. Master athletes expect to live healthy lifestyles into their 80s and 90s, but if they have thinning bones and don't know it, they risk suffering fractures as they age. I would advise all perimenopausal women runners to have a bone density test, followed by another one in two years. But don't have a test done at a drugstore where they measure the density in your heel; it's important to have the DXA performed to find out the density of the bones at your hips and spine."

Drinkwater further advises older women runners to begin a weightlifting regimen and to take 1500 mg of calcium daily if they're not taking hormones. (Since recent research has indicated that HRT may increase the risks of heart disease and cancer, many women are choosing alternative therapies, or taking hormones only for short periods of time. It's important for any woman considering HRT to talk to her physician about the potential risks depending on her own particular situation.) Interestingly, Drinkwater did offer this positive caveat: "It's important for people, runners in particular, to realize that bone density is only one part of the equation. The other aspect is bone quality, and so far researchers have not yet developed a standard for that."

Thin Men

But Drinkwater's research involved women—what about men? Dr. Eric Orwoll has studied thousands of men over the past 25 years. His research indicates that athletic men develop osteoporosis for many reasons. "Poor nutritional habits, weight restriction to improve performance, and reductions in hormonal levels (similar to the loss of estrogen in women) contribute to male runners developing the disease," Orwoll says.

Orwoll states that in his opinion, it's unclear how much genetic factors play in developing the disease. "Anywhere from 50 to 80 percent of the cause comes from genetics, either having a close relative with the disease or suffering from a genetic disorder that predisposes you to the condition. We frequently see male runners who have no genetic factors at all develop osteoporosis, but they don't take in enough dairy products or protein, and they often severely

restrict their food intake to keep their weight low. We're discovering that the combination of hard exercise, reduced food intake, and low body fat can cause a reduction in gonad function, which reduces testosterone levels, leading to thinning bones, similar to the loss of bone density in post-menopausal women. This is why it's important for physicians to determine what has caused the disease before they prescribe a one-size-fits-all medication. In many cases, males may see more improvement with hormone replacement rather than medications to strengthen the bone."

Dr. Terry Nicola also works with many male athletes; he's currently treating three men in their mid 40s with pelvic stress fractures. According to Nicola, most of the stress fractures he sees are in runners, and he agrees with Orwoll that poor nutrition plays a key role in developing low bone density. Besides restrictive diets that don't include enough calcium, Nicola believes that the quality of much of the food, particularly fast food, we eat also plays a part. And he surmises that middle-aged runners may be setting themselves up for potential fractures because they're trying to balance work with a running program.

"I see so many runners in their early 40s who sit at a desk eight hours or more a day, so they have weak back and abdominal muscles; they don't do any weight work or exercises to strengthen their core muscles; they don't eat much dairy but they often eat a lot of fast food; and they run 30 or more miles a week even though they're working at least 40 hours." He fears that too many runners don't respect caution flags, such as fatigue, reduced performance, and pain, but instead continue to train. "I tell my patients to listen to their bodies, not to all the ads. If they feel they're at risk for osteoporosis, they should see an endocrinologist, a specialist who understands all the reasons that the disease can develop."

The two causes of low bone density mentioned most often by the experts I spoke with were poor nutrition and low body weight. Although Felicia Cosman, MD, Clinical Director of NOF, admits that there's still "a lot we don't know" about why people, particularly runners, develop osteoporosis, she believes that there are things we can do to protect ourselves. "Running can, and should, have a very positive effect on bone health. It's when runners restrict their caloric intake to keep their weight low, don't take in adequate amounts of calcium and vitamin D, and eat faddishly, like the carbo-loading diet, that they get in trouble."

Cosman recommends that sacrificing some speed for more body fat is a much better option than taking medication for most runners. "Unless you're an athlete training to make the Olympic team, it's unrealistic to push your body to such an extent that it's unhealthful. Adding a few pounds can make a significant difference, because we know that low body weight causes hormonal changes in both men and women. And it's a mistake for runners to eat too many carbohydrates; they should make sure they eat protein at every meal, especially protein that contains calcium, and more fruits and vegetables instead of cereals, pastas, and refined sugars." Cosman also recommends that post-menopausal women have a bone density test, and she advises women who are pre-menopausal to seek medical attention if they stop having periods. "Hormonal function is critical to maintaining bone mass, so women want to make sure that they don't lose menstrual function."

Besides normal hormonal function, proper nutrition, and maintaining a healthy body weight, other contributing factors to low bone density are the usage of corticosteroids, medications like inhalants used to treat asthma, or prednisone used to treat severe bronchitis; drinking more than five cups of coffee, tea or soda daily; drinking three or more glasses of alcohol daily; and smoking more than two packs of cigarettes per week. Runners with asthma who take corticosteroids should consult with their physicians to discuss alternative treatments, and all runners should watch their intake of coffee, teas, soda and alcohol. And if you're the rare runner who's still smoking—quit!

A Second Opinion

Not everyone agrees, however, that osteoporosis can be so easily diagnosed, defined and treated in active athletic adults. Michael McClung, MD, director of the Oregon Osteoporosis Center, who has treated many hundreds of patients at his clinics since 1980, believes that there are two distinct types of osteoporosis. One occurs when people who once had normal bone density values have actually lost bone, and the other happens when people with less dense bones to begin with begin to lose bone density. In his opinion, many runners have the second type, idiopathic osteoporosis, meaning that they've always had lower bone density than the average population—a point made by nearly everyone I spoke with. However, McClung takes this concept a step further than his counterparts by suggesting, "Just because you have low bone mass doesn't mean that it's an emergency. Far too many physicians treat the [T-score] number rather than the person. When osteoporosis is diagnosed in an athletic adult, like a runner, it's critical to determine exactly why the bones are thinning. I would perform a battery of laboratory tests, including blood work and urinalysis, on older runners who have been diagnosed with osteoporosis. Men with low levels of testosterone will be better served by hormone replacement than powerful drugs, and if hormone levels are normal in both men and women, and there is no underlying condition (such as gluten intolerance) that prevents absorption, I would recommend increased calcium intake and continued weight-bearing exercise. Then in a year, I would do another work-up."

Clearly, even the experts have differing opinions on this complicated condition. And, in fact, Dr. Otis advises runners that "Osteoporosis is a 'skip and miss' disorder—it doesn't affect the entire body. Since osteoporosis is a 'silent disease,' if you have any risk factors, you should be screened. But remember, even if you're diagnosed with the condition, the test results indicate only your risk factor: You may never have a fracture."

Bear in mind that if you're diagnosed with osteoporosis, it's important to do your own research, and get second and third opinions. It's your body—take charge of your health and run well, and long, into your future.

Risk Factors

- Irregular or missed periods for 2–3 months
- Estrogen deficiency at an early age (under 45 years)
- History of stress fractures
- Body weight under 127 lbs. (for women, standards not yet established for men)
- Low calcium intake (particularly when young)
- Alcohol in excess of 2 drinks per day women, 3 for men
- History of corticosteroids use for one year or more
- History of smoking
- Family history

Ways to reduce your risk

- Add weight work at least twice a week to your workout schedule
- If you lose menstrual function for more than 2–3 months, see a physician
- If you develop a stress fracture, whether you're male or female, you should be evaluated for hormonal function
- Women should drink no more than 2 glasses of alcohol daily, men no more than 3
- Avoid taking corticosteroids for longer than a year
- Cut back on your intake of coffee, tea and soda
- If you smoke, stop
- Maintain a healthy body weight

• Avoid diets that emphasis too many carbohydrates at the expense of protein and/or dairy
• Avoid fast foods
• Men and women ages 19–50 should take 1000 mg of calcium daily, men and women ages 51 and older should take (at least) 1200 mg daily and Vitamin D

By Claudia Piepenburg
As featured in the November 2005 issue of Running Times Magazine

A little inspiration for the wet, winter days:

The Song of the Ungirt Runners

We swing ungirded hips,
And lightened are our eyes,
The rain is on our lips,
We do not run for prize.
We know not whom we trust,
Nor whitherward we fare,
But we run because we must,
Through the great wide air.

The waters of the seas,
Are troubled as by storm.
The tempest strips the trees,
And does not leave them warm.
Does the tearing tempest pause?
Do the tree-tops ask it why?
So we run without a cause,
'Neath the big bare sky.

The rain is on our lips,
We do not run for prize.
But the storm the water whips,
And the wave howls to the skies.
The winds arise and strike it,
And scatter it like sand,
And we run because we like it,
Through the broad bright land.

© Charles Hamilton Sorley

Charles Sorley (19 May 1895 – 13 October 1915) was one of the lesser-known, but in many others' opinion, the greater War Poets. He was educated at Marlborough College, where he found his love of cross-country running. Leaving there in 1913 he was due to take up a scholarship at Oxford, but in 1915 as a lieutenant in the Suffolk Regiment was sent to France. Quickly rising to the rank of Captain, he was killed at the Battle of Loos later that year. His poetry, published posthumously, included work found in his effects after his death.

Good for Age?

If you've already run a full marathon in a particularly fast time, you might qualify for an automatic 'good for age' entry into the 2013 Virgin London Marathon.

Do I qualify?

Not everyone realises that besides the ballots – the main one and the Thornbury Running Club one – and the charity entries, runners can automatically qualify for a place if they've run a full marathon in the same time, or faster than, the times listed below. This is more use for the women than the men – as you can see a man of 59 still needs to be able to run 3:15, while a woman of the same age has a whole hour longer.

You will need to provide evidence of age and of the race time which needs to have been completed within the two years prior to the London Marathon entered – and it's your age on London day that counts, so you might actually use a time achieved when you were two years younger. More detail is on GoodForAge page but it's too late for 2012 and hasn't yet been updated for the 2013 entries.

Men	**Time** (in hours)	**Women**	**Time** (in hours)
Age 18 - 40	sub 3.10	Age 18 - 49	3.15 - 3.50
Age 41 - 59	sub 3.15	Age 50 - 54	sub 4.00
Age 60 - 64	sub 3.30	Age 55 - 59	sub 4.15
Age 65 - 69	sub 4.00	Age 60 - 64	sub 4.30
Age 70+	sub 5.00	Age 65 - 69	sub 5.30
		Age 70+	sub 6.30

Have you read 'Born to Run'? Have you considered, minimalist footwear or running barefoot? It can't be difficult, can it? We weren't born with Asics attached to our feet! Surely we're designed for the job? Read on …

Vibram or nothing!

A physical therapist gives his take on how to avoid injuries associated with the practice

Theoretically, I love the minimalist footwear concept. Practically, however, these shoes are designed for a very small percentage of runners who use them. Having performed many running analyses, my clinical experience tells me that there is slow and steady process to become an injury-free minimalist runner. When runners try to shorten or circumvent this process, troubles occur.

Every week I deal with runners who come to me with pain they receive from running. One of the first questions I always ask is, "*Which shoes do you use?"* An innocuous question, but one that is frequently followed with a surprising answer.

Serious runners generally do not experience the quandary of which shoes to use. They usually have a good idea what is out there, mixed with their style of running and the engineered factors in the shoe they are looking for. Most others choose a shoe based on the look and style, rather than the substance. For example, they may choose a shoe that looks great with the new style of shoes in the market, but are not true running shoes. They may even be cross-trainers. Or they may choose a shoe that prevents pronation when they have a neutral foot. These are the runners who are setting themselves up for a future injury due to the repetitive nature of the activity.

Many runners who try minimalist style shoes–or even running barefoot–experience a series of injuries due to a too-fast transition from full-soled running shoes to barefoot or minimalist running. Our heel contains a fat pad that is there for shock absorption when we heel strike. Normally the shoe will absorb this shock, but those who have attempted a heel strike on pavement know the pain that comes from 4-8 times your body weight on your heel–multiplied by 10,000 steps! This initial shock is then transferred to the ankle, knee, hip and back where the pounding on these joints stresses them to the point where you can't move the next day.

Stress fractures are another injury I see frequently with runners who quickly convert to minimalism. With a stress fracture there is a microscopic fracture that occurs in the bones of the foot. The repetitive nature of running does not allow the fracture to heal and a deep pain in the foot develops. These types of fractures are very difficult to find on an X-ray (oftentimes an MRI or bone scan is needed to diagnose the fracture) and the runner is forced to stop for 6-8 weeks, or, in some cases, even longer.

Another common injury is plantar fasciitis. This is a number of strong collagen bands that extend from the bottom of the heel to the heads of the metatarsal bones. Without the arch support, a bone called the Navicular can drop and remain displaced, thereby stretching the plantar fascia. Micro-tears occur in the fascia which heal when you are sleeping. When a person is experiencing plantar fasciitis the first steps in the morning are excruciating, but usually resolve after 10-20 minutes. This is actually the problem. The repair of the micro-tears have started to heal when at rest, but those first steps in the morning tear them apart again, thus causing the pain. This becomes a chronic condition and plantar fascia ends up in a constant state of inflammation accompanied by pain with each and every step.

The most common muscle ailment I see in patients who quickly jump to barefoot or minimalist running is with the calf muscles. There are two muscles of the calf, the gastrocnemius and the soleus. The gastrocnemius is the superficial muscle the lower leg uses when the knee is extended or straight. The soleus is the muscle used when the knee is flexed or bent. The soleus is the larger muscle that takes the brunt of the force and requires slow and steady training in order to run with a minimalist shoe. The soleus is utilized more intensely since the midfoot strike requires the knees to be flexed to absorb the shock of body weight and gravity. The pain one experiences is deep and close to the bone and is difficult to stretch. Some of my patients have remarked that they could not walk for three days after running because the muscle was so tight and they could not flex their ankle to climb stairs or rise from a seated position.

So with all of these potential injuries, who is a minimalist or barefoot runner?

The answer is not always that easy to define. Truthfully, only about 10% of the runners out there have a *"runner's body,"* the rest are round pegs trying to hammer themselves into a square hole. A runner's body is lean, light and long. These appropriate runners are experienced, have good to excellent technique with a midfoot or forefoot strike, a combination of muscle strength balanced with good range of joint motion, proper foot mechanics and an even stride. Most importantly, a minimalist runner should slowly progress into the new running style using a walk-to-run ratio that steadily trains their muscles to handle new loads. Slow and steady is the technique that will minimize the risk of injury to the minimalist runner.

Dr. Andrew Pritikin
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Is that it?

Well, sadly, yes it is. Some years ago I queried whether Prattle and Run had a place in an age where communication was increasingly electronic, and at that time we decided yes, it did. But, at least for me, I think now is the time to call a halt.

There is little in this edition that couldn't have been learned with help from Google (I could have saved myself a lot of time and trouble and merely supplied a list of hyperlinks). The majority of photographs and short articles I would have used in the past have already appeared on the website or in e-mails, and the constant cajoling, even nagging for articles which still don't appear suggest that there isn't the interest there once was. Lack of printing facilities, and the prohibitive cost of having it printed commercially mean that it is currently only available on the website.

Perhaps a change of editor or format would breathe new life into Prattle and Run: if there is anyone out there who would like to take up the reins I would be happy to support them in any way I can.

I have to give a big thank you to the help and support I have received from those who have provided me with reports over the years, especially to Jacqueline and Selina, also to John Grimsey, who as a previous editor knows how hard it can be to get stuff to print, and to Jan who has provided me with many articles and ideas.

I apologise to the Ghosts of Prattle Past who may have hoped to have left their creation in safer hands. Maybe it is not dead, but only sleeping.

Judy Mills