

For kids who love sports, diversification is the name of the game

By Roberta Baker
Union Leader Staff

Which is better if you're a budding, dedicated or ambitious young athlete: playing one sport year-round or varying your activities with the seasons?

The answer might not be obvious.

To sports medicine doctors, early sports specialization is a growing and troubling trend. Playing one sport year-round in order to advance skill and perfect technique can carry more deficits than benefits, according to doctors who treat young athletes.

Sometimes sports specialization is driven by dedicated parents eager to optimize their child's success. Sometimes it's the recommendation of coaches or the desire of the children themselves.

Dr. Daniel Bouvier, an orthopedic surgeon for 24 years, sees patients as young as 9. The bulk of his young sports injury patients fall between the ages of 12 and 22.

"It's something we've been talking about for years," said Bouvier. Children's sports used to switch with the seasons, he said. Now many youngsters, starting at earlier ages, are plunging into a single sport they participate in year-round, outdoors and indoors, at schools and in several clubs. It's a recipe for repetitive strain injuries and early burnout, Bouvier said.

Dr. Brendan Higgins, an orthopedic surgeon at Concord Orthopaedics who treats high school and college athletes, sees shoulder dislocations in lacrosse and rugby players.

Elbow injuries are becoming more common in baseball in high school and younger players, he said, especially as "more kids are sticking to one sport year-round, much to their physical detriment. It's the repetitive stress of doing the same thing over and over again without a break.

"Not long ago, kids played soccer in the fall, basketball in the winter and baseball in the spring and summer. It gives someone a time to rest, recover and repair for that activity, particularly throwing a baseball."

"Twenty years ago," said Higgins, "the best high school baseball player was also the best football player." Early sports specialization "is detrimental also because kids get burned out."

"We're seeing a lot more early sports specialization with young athletes," said Dr. Neal Goldenberg, a sports-medicine trained orthopedic surgeon at Cheshire Medical Center in Keene, where he leads the sports medicine department. He works with athletes at the local high school and at Franklin Pierce University and Keene State College.

Goldenberg said he believes that well-meaning parents think, 'My son or daughter really enjoys this' or 'I think my son or

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No Flavors this week

The monthly NHMedical section takes the place of this week's Flavors section. Flavors, with Our Gourmet, returns next week.

SPORTS MEDICINE



It's not just for athletes
Specialized care improves the active lives we all lead

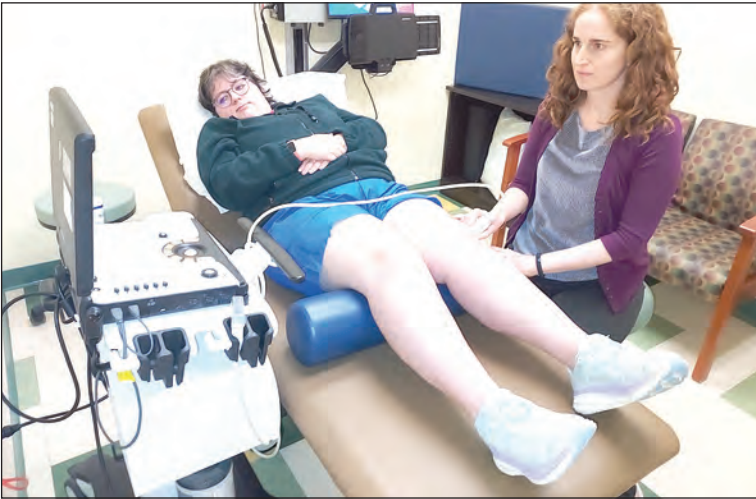
By Roberta Baker
Union Leader Staff

Sports medicine is not just for athletes, or amateurs who consider sports a part of life.

It's for gardeners, laborers, tradespeople, movers, musicians, postal and delivery workers, custodians, cleaners, active moms and dads, hobbyists and weekend warriors who plunge into sports and outdoor recreation on vacations and weekends — anyone who experiences pain from a soft-tissue injury, sprain, strain, repetitive movement or overuse. That includes athletes — kids through seniors.

Sports medicine doctors primarily treat muscles, ligaments, tendons and joints, usually without surgery. Pulled hamstrings. Rolled ankles. Dislocated shoulders.

Orthopedic surgeons, who operate on bones, tendons and joints, can sub-specialize in sports medicine. So can primary care and family doctors



ROBERTA BAKER/UNION LEADER

Dr. Elana Bannerman, a family physician and nonsurgical sports medicine specialist at Southern New Hampshire Health in Hudson, demonstrates diagnosing by ultrasound on medical assistant Lauren Soucy.

who complete fellowships in nonsurgical sports medicine. The landscape of practitioners is wide-ranging, and so are the injuries that come from physical activity, not just sports.

"There's a huge misconception," said Dr. Erika Sadeghi, a nonsurgical sports medicine

physician at Elliot Orthopaedic Surgery Specialists in Manchester. "People think, 'I can't see a sports medicine doctor. I'm not an athlete.' There's so much more to it."

"I don't think sports medicine doctors are well understood," said Dr. Elana Bannerman, a

family physician and sports medicine specialist at Southern New Hampshire Health's outpatient clinic in Hudson, who says she treats many more nonathletes than athletes.

'Night pain is the red flag'

"It's not just for competitive sports in high school," said Dr. David Goumas, an orthopedic surgeon at New Hampshire Orthopaedic Center in Bedford with advanced training in sports medicine. "Most of my patients are weekend warriors who come in with a knee problem or shoulder problem. Most of the time it's for conservative treatment" that doesn't include surgery.

"As we get older, we have more issues with arthritis and tendinitis," conditions that worsen with age and overuse. "You could be gardening. Anything that's repetitive lifting or a constant motion. You take Aleve, put ice on it and it doesn't get better. Two, three, four weeks later if it's still a problem, you need to see

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Not slowing down: How older adults are embracing fitness — and facing injuries — as they age

By Roberta Baker
Union Leader Staff

In New Hampshire, the second oldest state, plenty of older adults like to stay fit and active. They enjoy the outdoors year-round, compete in senior leagues, and start a new sport in retirement or reboot the one they loved when they were younger.

That makes for lots of sports medicine patients.

According to the U.S. Census, since the 1990s, the number of people age 65 and up grew faster than the number of people under 65, and faster than the total U.S. population. By 2040, projections say there could be 80.8 million people in the U.S. age 65 and older, almost twice the count in 2012.

"We're an aging country. People are staying active much later in life. We see injuries and wear and tear in the middle-age and aging population," said Dr.

Daniel Bouvier, an orthopedic surgeon at New Hampshire Orthopaedic Center in Bedford. "People are playing soccer and skiing hard until their late 50s and 60s. Some older patients play men's soccer at 60."

"People are staying very active in sports that you wouldn't (normally) see in their 60s to 80s, and we're seeing sport-related injuries in these patients," said Dr. Brendan Higgins, an orthopedic surgeon at Concord Orthopaedics, who performs arthroscopic surgery on shoulders, knees and hips.

Rotator-cuff repairs in people ages 55 to 70-plus account for most of the shoulder surgeries that Higgins does, usually because of a fall or tissue degeneration.

Like his colleagues, he performs surgery to reconstruct the ACL, the anterior cruciate ligament, a critical connector in the

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METRO

Pickleball, America's fastest-growing sport, exploded in popularity after 2000. It's a common cause of injuries that older people don't anticipate, such as broken wrists from falling and other problems due to twisting, lunging and swinging the racket.

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someone. Night pain is the red flag,” said Goumas.

Think of a persistent ache, pain when you’re still or trying to sleep or a sharp, sudden pain with movement — not from a bone break or fracture, which doctors can detect on an X-ray, but pain that originates in the embedded tissues that power, support and move our bones through daily activities.

Years to life, life to years

Sadeghi, a family doctor who completed a fellowship in sports medicine, treats chronic arthritis pain in patients who don’t need, want or aren’t clinically ready for joint replacements. She treats osteoarthritis, which is inflammation, as opposed to rheumatoid arthritis, which is autoimmune in nature and the specialty of rheumatologists.

“Part of my role is treating nonathletes,” pediatrics to geriatrics, anyone who would benefit from nonsurgical therapies to combat pain and improve movement, Sadeghi said. “We want to add years to your life, and life to your years. That’s what movement does.”

Sadeghi counsels patients on how to live an active lifestyle, varying their sports and activities to avoid overtaxing or traumatizing a particular part of the muscular-skeletal system.

“I try to take the gentle approach,” while mindful of their goals, physical condition and ability. “I start the conversation and build from there.”

Sometimes she counsels patients on how to increase movement to decrease obesity. She uses ultrasound to pinpoint problems that may only be visible when joints and tissues are mov-



DAVID LANE/UNION LEADER

Dr. Erika Sadeghi of Elliot Othopedic Surgery Specialists in an exam room at her Manchester office on Aug. 21.

ing. MRIs (magnetic resonance imaging) illuminate soft tissue at rest. Sadeghi uses therapeutic injections, steered by ultrasound, to combat pain and regenerate damaged tissue.

She also educates patients.

“Is your goal to be healthy or cross a marathon finish line? You need to individualize care for the patient,” said Sadeghi, who defines sports medicine as the medical management of injuries, acute and chronic. “It’s about finding out who they are, what their goals are and meeting them there.”

“Strength and conditioning cross-training are often

overlooked,” especially by nonathletes, she said. “When we think of sports, we think of football and baseball players. We are all these athletes within ourselves.” The key is to “find something you love to do to keep you going.”

As a nonsurgical sports medicine doctor, Sadeghi often sees patients who have tried everything else.

PT as a partner

Bannerman, a family physician who completed a fellowship year for advanced training in sports medicine, sees a broad range of people and problems at her clinic in Hudson. Her office con-

tains poster-size lists of exercises, but it’s never one size fits all, she said.

Physical therapy is her partner in healing stubborn soft tissues.

Patients often ask, “Can’t you just give me a set of exercises?” She quickly responds, “You need physical therapy. You need someone trained to watch and adjust. You need them to analyze your movement patterns. Sometimes they change your movements by only a millimeter.”

“Just an overall change in habits, body movements and patterns over the day” can be the game-changer, Bannerman said.

Physical therapists can

diagnose problems, pinpoint weakness and imbalance, and deliver focused treatment.

“My job is to get them there and they have a good experience. They’re the real work horses. They make the change.”

As a sports medicine specialist, Bannerman is frequently a pivotal agent.

“I see everything,” she said. Overuse injuries and trauma. Chronic strains, tendinitis, shin splints, stress fractures. Ankle sprains and damaged knee ligaments. Chronic muscular-skeletal pain such as osteoarthritis.

“I see more nonathletes than athletes.”

Some of her patients are casually athletic. Others are on high school or college sports teams. A fraction are professional athletes. Some aren’t the least bit athletic, but their jobs, chores and pastimes involve repetitive motion.

“Tendons,” the bands that connect muscle to bone, “can have wear and tear and they just don’t heal,” she said.

Sports medicine procedures can poke miniscule holes in tendons to create blood flow, which the body interprets as a green light to start healing. Others can open the spaces around impacted nerves.

Exercises that matter

If Bannerman could recommend an exercise approach that works for everyone, it would be “do what you like, what makes you happy and feel good,” she said.

She said most of us need upper-back exercises that engage the muscles between the shoulders to counteract the weakness that can come from slouching over laptops and keyboards. Gluteal (posterior) exercises can stabilize us while we walk. Core strengthening exercises such as bridges and “dead bugs” (lying on your back, alternating and extending your arms and legs like a bug on its back) can shore up the trunk that keeps your body aligned and more resistant to injury.

“During COVID, people became more active or less active and I saw people for both of those reasons,” said Bannerman, who took up sports medicine when she discovered that most of the complaints family physicians see are rooted in muscular-skeletal prob-

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We Keep Bodies *In Motion*.



Dr. Douglas Goumas speaks with a reporter at New Hampshire Orthopaedic Center in Bedford.

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lems. Her patients range in age from 8 to 100.

“It’s wonderful to keep people active who want to be active. It’s wonderful to give people techniques to keep that going. As we get older, our joints and tendons wear out and we lose muscle mass,” she said.

Get some advice

Before plunging into a new sport, Bannerman advises her patients to take a lesson or work with a coach or trainer.

Personal trainers can help newcomers develop and carry out a set of exercises and can troubleshoot problem areas.

A physical therapist focuses on movement patterns and therapeutic exercise while “a trainer is more about improving performance,” she said.

It’s important to incorporate strength and stability while walking for exercise.

Because exercise machines at the gym move the muscles in a pre-determined direction, Bannerman recommends dumbbells and kettle bells over training machines and barbells. “Free weights are better” to increase strength across a full range of motion, she explained.

Goumas at New Hampshire Orthopaedic Center in Bedford, an orthopedic surgeon with a subspecialty in sports medicine, estimates that he’s performed 5,000 rotator cuff repairs in shoulders in the last 25 years, about 200 annually.

The rotator cuff is a common weak area for many adults. The main cause of problems are repetitive activities, mostly overhead,

he said.

“You can be painting the house, working in the garage, working outside doing landscaping. As we get older, the rotator cuff tendon gets weaker, it degenerates.” That, combined with repetitive overhead activity produces problems for both males and females.

When it comes to getting injury care, “It’s so important for patients to advocate for themselves,” said Goumas. “Pain is difficult for patients to nail down. Also for providers. They end up giving diagnostic injects to sort it out.

“What is the intensity of the pain? What is the quality of the pain? Was it an injury or did it come on without trauma? When pain affects quality of life, sleep and independence, it’s time to seek help.”



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knee. He also repairs the meniscus, the cartilage that acts as the knee’s shock absorber.

Demand for those services is climbing.

According to a study presented at the 2024 meeting of the American Academy of Orthopaedic Surgeons, sports injuries in Americans 65 and older increased by more than 67% between 2012 and 2021 and are projected to jump by 123% between 2021 and 2040, as people live longer and stay active in their later years.

From 2012 to 2021, nationwide, there were an estimated 772,973 sports-related injuries in seniors, at an average age 73. Almost half occurred in women.

In 2012, 51% of senior sports injuries were sprains or strains and 49% were fractures. By 2021, 57.3% were fractures and 32% were strains or sprains.

The pickleball factor

Researchers believe older athletes are getting injured more frequently because they’re participating in more sports, or in sports where they’re more likely to get hurt.

“In practice, we are seeing adults in their 80s and 90s participating in activities that weren’t previously of interest to them, such as pickleball,” said Dr. Jay Zaifman, a study author and an orthopedic surgery resident at NYU Grossman School of Medicine.

Pickleball, America’s fastest-growing sport, was invented in 1965 and exploded in popularity after 2000, offering something fun, easy to learn and accessible across the age span. It’s a common cause of injuries that older people don’t anticipate, such as broken wrists from falling and assorted other problems that come from twist-



PROVIDED BY CONCORD ORTHOPAEDICS

Dr. Brendan Higgins, an orthopedic surgeon and sports medicine specialist, demonstrates an exam of a patient’s left shoulder.



Dr. Tom Fortney, an orthopedic surgeon at New Hampshire Orthopaedic Center, tends to an injured player during a football game between Trinity and Campbell high schools in 2023. Sports injuries aren’t limited to younger athletes, Fortney says.

PROVIDED BY DR. TOM FORTNEY

ing, lunging and swinging the racket.

Many older players have switched to pickleball

from tennis or other racket sports. Others are first-timers who have been sitting on the bench or mostly

stationary at home, whose muscles aren’t especially nimble, elastic or primed to perform.

“If you were playing tennis the week before, it’s one thing,” said Bouvier. “But if you’re over 70 and haven’t

been very active, starting a pivoting and twisting sport” can be very demanding.

When told to take a break or find a different activity, Bouvier said, “I’ve had patients in tears because they like it so much.”

“With any racket sport, you’re going to see more shoulder injuries, whether tendinitis, rotator cuff tears or aggravated conditions such as arthritis,” said Dr. Neal Goldenberg, chief of sports medicine at Cheshire Medical Center in Keene.

Goldenberg said that in a single day he sees patients that are 9 or 10 up to seniors in their 60s and 70s. “I think that speaks to people living longer, staying active longer and doing the things they love to do longer.” He says his job is to keep them that way.

Tender tendons

Fractures in the 60s to 80s age group come mainly from tripping and falling, said Higgins. Meniscus tears in knees can arise from pivoting and twisting.

“We see more meniscus tears as we get older,” also from kneeling or squatting, said Goldenberg. Young college athletes usually require surgery, he said, while older patients with underlying osteoarthritis may be able to reduce pain and increase activity without it.

Most tendon breaks occur in rotator cuffs, the Achilles tendon in the heel, or in the elbow’s distal biceps tendon, said Bouvier. Acute tendon injuries have a limited window in which they can be fixed, he said.

“Attritional” tendon tears that result from wear and tear can be repaired most of time through arthroscopic surgery, which reattaches the tendon to

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bone, he added.
“We hope the patient’s biology and tendon quality are enough to heal it there,” Bouvier said.
“Some people, now in their 70s or 80s, have had the problem for decades, and have pain from rotator cuff arthritis, which is not repairable.”

Matters of weight

Weight-bearing exercises are important for post-menopausal women to prevent osteoporosis, or bone density loss, which puts them at greater risks of breaks and fractures.
Sometimes the doctor’s advice is simply to keep moving, or to carefully start moving more.
The same applies to patients with obesity, including seniors who many not be in an exercise program.

Orthopedists and sports medicine doctors report an uptick in patients with obesity, which accelerates the disease process in aging bodies. Osteoarthritis is occurring earlier because of weight bearing and the strain on joints.
“Falls are creating significant trauma because of excess weight and obesity,” said Goldenberg.

Many have problems with their ankles and feet.
For overweight people with knee pain, exercise can be just what the doctor ordered, and not just to burn calories.
“Long term, exercise helps with pain relief and increases pain tolerance,” said Goldenberg. “Motion is good for tissue healing. Doing the right exercise can provide the right environment.”

It can be painful at first, but exercise improves range of motion and decreases muscle scarring, Goldenberg said.
“Almost everyone feels like they go for walks. But sometimes it’s bet-

ter to switch to a bike or pool,” said Bouvier, whose job includes redirecting patients to something safer for them.
Following through with physical therapy is key.
“In sports medicine, physical therapy is hugely important to get better without surgery, and post-operatively, to guide patients and get their joints moving again,” Bouvier said. “The education and guidance (physical therapists) bring is immensely important.”
“I worry about the patient who’s not in physical therapy and is using their pain as a guide. A lot of time we’re sending them to PT to get a home program created.” When they exit physical therapy, maintenance exercises are critical.

Preventing injuries

Dr. Kristine Stupay, an orthopedic surgeon at Concord Orthopaedics, specializes in foot and ankle repairs. Most of her patients participate in recreational walking, running, cycling, hiking, skiing, yoga or pickleball. Around 10% are competitive athletes, including older adults. She said injury prevention is a mission.

To avoid Achilles tendon tears, Stupay recommends warming up before activity and adopting a regular stretching program to improve hamstring, calf and Achilles flexibility.

Ankle fractures and breaks are difficult to prevent, she said, because they usually result from accidental twists or falls. “So, all I can say is: Phone down, eyes up, people!” Stupay said by email.

Ankle sprains can be avoided by improving hip, core and ankle strength; balance; and by “proprioceptive” retraining that targets the brain’s connection to the body, “which



Dr. Kristine Stupay, an orthopedic surgeon who specializes in foot and ankle treatment at Concord Orthopaedics, examines an athlete’s ankle strength after an inversion injury.

can significantly affect your ankle and foot responsiveness, reliability and overall function,” Stupay said.

Most ankle and foot conditions that are not related to trauma, such as tendinitis and instability, can benefit from structured physical therapy focused on ankle strength, balance, mobility and proprioceptive retraining, she said.

As an authority on feet

and ankles, she recommends preventive exercises that target core strength in the lower back, hip abductors, deep core and pelvic floor as well as calf and Achilles stretches.

These exercises apply broadly to recreational sports and can support fitness in daily life.

Treating yourself

When you get hurt,

“The age old ‘RICE’ is the first step in almost every sport-related injury,” she said. “This means ‘Rest, Ice, Compression, Elevation,’” which help prevent and reduce swelling and inflammation, which affect pain and recovery time.

Bracing is used to restrict movement and support the injured area during the healing process. Anti-inflammatory medications

such as Advil, Motrin, ibuprofen and Aleve “can decrease pain and swelling and be used liberally in the early days,” Stupay said.
Worldwide records show that declines in sports performance accelerate after age 70, especially in swimming, long-distance running and sprinting.
“I think a lot of patients are hesitant to see the doctor,” said Goldenberg at Cheshire Medical Center, which serves a sizeable number of active older patients. “Our goal is to get them to do the things they want to do safely, pain-free and long-term.”

Sports medicine applies “more broadly than most people realize,” said Dr. Tom Fortney, an orthopedic surgeon and shoulder specialist at New Hampshire Orthopaedic Center in Bedford.
“I think the instinct is it’s for younger athletes, but these injuries occur in all ages. People are playing recreational sports more and more at older ages. We’re here to help them recover from injuries so they can stay physically fit and remain active longer.”

“It doesn’t have to be sports-related injury,” said Dr. David Goumas, an orthopaedic surgeon and sports medicine specialist at New Hampshire Medical Center. “As we get older, we have more issues with arthritis and tendinitis that are exacerbated with sports or activity.”

Goumas recently gave a community lecture on pickleball.

“So many patients are involved in pickleball, including 70-year-old ladies with headbands who had never had an opportunity to play sports before.” Pickleball “is very competitive.” Sometimes, to get them to slow down so they don’t get hurt, “I have to say, ‘Look, your body is still 70.’”

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Dr. Neal Goldenberg, chief of sports medicine at Cheshire Medical Center, also serves as a sports medicine physician for Keene State College and Franklin Pierce University.

Kids

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daughter is amazing and they may have a future here.”

Dreams of college scholarships and professional sports hang in the air like rainbows. Kids may be on two or three teams at one time and playing year-round, and that practice has gained steam.

“In reality,” Goldenberg said, “the better players are the more well-rounded players who play multiple sports” or participate in multiple physical activities over the course of the year. “This allows them not to do the same thing day in and day out. Playing the same sport increases your risk of injury and overuse injury,” he said.

Research bears this out, Goldenberg said, and it bolsters the importance of rest and active rest, which simply means moving your body while letting it recover.

“Early sports specializa-

tion should be avoided,” said Dr. Elana Bannerman, a family doctor at Southern New Hampshire Health in Hudson, who has advanced training in nonsurgical sports medicine. “Not every athlete is set up to run six days a week or what their coach recommends. My job is not to say that you have to rest. My job is to keep athletes in sports.”

“I played three sports growing up. It’s so important to cross-train,” said Dr. David Goumas, an orthopedic surgeon at New Hampshire Orthopaedic Center in Bedford, who sub-specializes in sports medicine.

“You’re working with different muscles groups and developing different skills. A lot of kids end up with surgery with constant competitive use with one sport. They also burn out from playing one sport all the time.”

In some team sports that young kids play, sometimes

year-round or close to it, “if you take a break, you can’t get back in,” said Goumas.

Along with football and boys wrestling, girls soccer has emerged as a top source of sports injuries, sports medicine data shows. It’s also a popular girls’ sport for early specialization.

Females are more prone than males to ACL injuries, explained Bouvier at New Hampshire Orthopaedic Center, because their wider hips mean the thigh bone or femur joins the hip at a larger angle. Inside the knee, females have a narrower space for the critical knee ligament to travel through.

Women and girls are “more prone to ACL injuries because of their skeletal makeup,” said Bouvier. “The female pelvis is shaped differently.”

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By Lindsey Bever
The Washington Post

The question

Is it true that static stretching improves performance and prevents injury?

The science

We see it all the time — people lacing their fingers and pulling their arms behind their bodies to stretch their biceps or sitting on the ground and reaching for their toes to stretch their hamstrings before a workout or sports competition. While stretching can help prepare the body for exercise and athletics, the type and duration are key, experts said. Static stretching — holding a specific pose typically for a period of seconds to stretch the muscles — has been under debate for a long time, as some research has suggested that under certain circumstances, it may have negative effects, including reducing maximal strength and power.

Performance effect: Static stretching is not really intended to enhance strength or power, and in recent years, there have been studies suggesting the opposite, leading to widespread debate over whether it should be incorporated into warm-up routines. A 2019 literature review reported, however, that while static stretches of a single muscle group lasting longer than 60 seconds may negatively affect strength and power performance, stretching for less than 60 seconds has little such risk. Similarly, a 2021 review noted that appropriate durations of static stretching as part of a warm-up, which includes aerobic activities, for in-



While stretching may not boost strength or power, experts say it can help improve flexibility and potentially reduce the risk of muscle injuries when done properly.

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stance, have “trivial effects” on performance. At the same time, static stretching can help increase range of motion, and for athletes who rely heavily on their flexibility, such as gymnasts, dancers and martial artists, static stretching may improve their overall performance, experts said. “If you come out of the locker room and go straight onto the track and try to clear hurdles, you’re going to be clipping a lot of hurdles because you haven’t got the range of motion yet to clear that height,” said Malachy McHugh, director of research at the Nicholas Institute of Sports Medicine and Athletic Trauma at Northwell Health. “In many sports, you need to do some stretching before you take the field of play so that you have the range of motion required to perform effectively.” **Injury prevention:** There is not a clear consensus on whether stretching reduces injury risk, possibly because different sports have different physical requirements, some researchers

have suggested. Many experts believe that while stretching does not prevent all types of injuries, it may help prevent muscle injuries by shifting the muscle to a longer operating length, McHugh said. “That in itself is probably beneficial for preventing muscle strains because it means when your muscle is out in a lengthened position where it might be at risk of tearing, you’re actually stronger and you’re able to resist the forces and protect the muscles from getting torn,” he said. Stretching should be incorporated into a comprehensive warm-up routine not only for physical preparedness but also for mental readiness, some experts said. Tony Kay, professor of biomechanics at the University of Northampton, said he would recommend a warm-up that also includes cardiovascular work and task-specific drills, “as this can prepare the body but also the mind for the athletic task ahead,” making the athlete feel better prepared.

What else you should know

Stretching needs vary, depending on the person and activity, but the American College of Sports Medicine (ACSM) and sports medicine experts offer some general guidelines:

- Perform flexibility exercises or stretches daily, or at least two to three times per week, the ACSM recommends.
- Stretch muscles until they feel tight or slightly uncomfortable, but not painful, and hold for 10 to 30 seconds. Older adults may achieve greater flexibility with longer stretches lasting 30 to 60 seconds, the ACSM said. The activity is also important. If your performance is strength-dependent, short-duration stretches are OK to include, but do not stretch a single muscle more than 60 seconds, as this longer duration can impair maximal strength performance, Kay said.
- Be consistent. If stretching is part of your normal warm-up routine, continue. Likewise, if you do not usually stretch before a workout or a run, then don’t. “Inconsistent warm-ups can lead to greater injury risk,” Kay said.
- Never stretch an injured muscle.

The bottom line

While static stretching is not likely to improve strength or power performance, it may improve range of motion, which is key for many athletes. Also, there is no clear evidence that static stretching prevents overall injuries, but many experts believe it may reduce the risk of muscle injuries.

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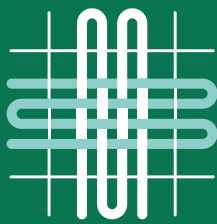
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