

# RUNNING CASE 6

## Initial Clinical Decision

High-risk profile + persistent tibial pain → **immediate stop of all impact activities** (including running) until imaging is obtained.

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## Justification for immediate suspension of running:

- History of stress fracture (metatarsal at age 16)
  - BMI = 18 (underweight)
  - Previous eating disorder → possible low energy availability, osteoporosis ?
  - Very high training load (6x/week)
  - Clear biomechanical risk factors (cross-over gait, bilateral pelvic drop)
  - Wants to run 10K in 1 month → overly ambitious under current conditions
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## Medical Action Plan

- Refer for **MRI(gold standard) of the tibia (right)** → to exclude stress fracture or bone stress reaction.
  - While awaiting results:
    - **No running or impact sports**
    - **Low-impact cross-training:** cycling, elliptical, swimming, rowing
    - **Strength training:** slow, controlled exercises, ideally on machines to avoid tendon overuse (e.g. leg press, hamstring curl, adductors, etc.)
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## If MRI is positive (stress fracture):

- Continue load management
  - Focus on **progressive rehab and return-to-run plan over 8–12 weeks**
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## If MRI is negative:

- Begin classic **MTSS rehab program:**
  - Progressive tendon/bone loading
  - Structured **return-to-run plan**

- **Running gait retraining**
  - Close monitoring of pain, fatigue, nutrition, mood
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### **Multidisciplinary referral suggested:**

- **Sports dietitian** → evaluate energy intake and recovery
  - **Sports psychologist** → explore potential exercise addiction, disordered eating thoughts, overtraining behaviors
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### **Education & Communication**

"You're not stopping to quit — you're stopping to recover, because right now your body is showing signs that it needs protection. If we respect that now, you'll run longer, stronger, and healthier later."