



HEALTHY OBSESSION

Michael Hicks

Age: 65

Occupation: Advanced Placement U.S. History Teacher at Archbishop Mitty High School

Town: San Jose

Sport: Running

Why: It relieves stress, clears my mind and helps me to prepare for my day.

Greatest accomplishment: I haven't missed a day of running since my daughter's birth on May 21, 1988, averaging between 6 and 10 miles a day.

Gear you can't live without: My Adidas Response running shoes. For some reason, Adidas shoes fit me the best, and I have never been injured wearing them. For that reason, I have never switched shoes and probably never will.

Where you train: Montgomery Hill Park, a half-mile from my house in the area bordering Evergreen Valley College. It is the signature cross-country course for most of the high schools in the South San Jose area.

Best time to train: 4:30 a.m.

Biggest misperception about your sport: It's boring. To me, running is life. I have told my wife that I want my obituary to start, "There is no excuse for missing a day of running except for your own death. Michael Hicks didn't run today."

Advice you'd give a rookie: Start slowly, don't cross train and stay consistent, and you will be injury free. Focusing on a single training regimen gives your body consistency and prevents the problems that come from straining so many different muscles at once.

Know someone hooked on a sport? E-mail healthyobsession@sfchronicle.com.



WHEN SHOULDERS DON'T SHRUG

< By Shabi Kahn, M.D. >

Florence, one of my favorite patients, came to see me a couple of months after her rotator cuff surgery. When I asked her how she was holding up, she said she felt young again, and smiled. "I was sitting in your waiting room giving advice to John, the college pitcher who is having his surgery tomorrow. It's not often this grandmother gets a chance to show the ropes to a young buck."

Florence (66 years old) and John (28) are certainly not alone in sharing shoulder pain. Shoulder problems in general, and rotator cuff tears specifically, can affect any age group. For the young, the problems usually begin with a single traumatic event or injury. For people older than 40, it is typically wear and tear. The actual injury is to a set of muscles that attach to the shoulder blade and tendons that end on the shoulder, together known as the rotator cuff.

It is estimated that every year in the United States more than 3 million people seek advice and care from a physician for rotator cuff problems. When someone like Florence tears her tendon, there are usually certain telltale signs. The main one includes pain when lifting the arm away from the body. Sometimes this pain is accompanied by weakness. Many patients will complain of difficulty in sleeping on the injured side. A patient usually seeks help when even basic overhead or repetitive activities cause pain.

Prevention of rotator cuff injury has been a challenge for orthopedic surgeons. Thus far, the research is not clear on whether strengthening the rotator cuff itself tends to prevent eventual injury. The best tool then is awareness. When overhead and athletic activities become uncomfortable, changing technique and reducing the activity are paramount. Seek medical advice if the problem does not go away with simple rest and anti-in-

flammatory medication.

People with shoulder pain need a thorough evaluation, usually by a specialist. A good examination will evaluate not just the rotator cuff but also the possibility of adjacent bone spurs. These are best diagnosed by an X-ray and an MRI. A certain type of bone spur, especially common around the shoulder, can place a person at higher risk for a tear.

If the diagnosis is a tear of the rotator cuff, the treatment doesn't always have to include surgery. Even though tendon tears have little capacity to repair themselves, rest, physical therapy and injections can be quite effective with partial tears. Once the tear, or the accompanying weakness and pain, becomes significant, then surgical treatment can be considered.

Treatment strategies for rotator cuff repair have gone through a significant evolution over the past five to seven years. A decade ago, a rotator cuff repair meant an open incision, adding trauma to the muscles and

extending the healing time. Virtually all tears can now be repaired arthroscopically. This minimally invasive approach allows the rotator cuff to be visualized and repaired through two to three tiny incisions. As a result, the healing times are shorter, rehabilitation is faster and the pain control is better. In certain cases, a partial tear caused by a bone spur can even be successfully treated by a laser. All of these surgeries can also be performed on an outpatient basis, many even with the patient awake.

Florence had benefited from the technology and expertise that are now available. As she left her appointment, she asked me whether she could resume throwing her slider once her rotator cuff had healed. I smiled back and said, "Definitely, but you might have to lay off the fastball for a while."

Dr. A. Shabi Khan is an orthopedic surgeon who consults with San Francisco State University, City College of San Francisco and Skyline College. He is the team physician for the San Francisco Stingrays, as well as many local high schools in the area, and consults with many amateur league sports teams in the area.

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