



HEALTHY OBSESSION

Lisbet Sunshine

Age: 44

Occupation: Government and community relations for San Francisco State University

Town: San Francisco

Sport: Distance running

Why: Because in the daily juggle of work, kids, etc., running is my time to spend with an incredible group of women — the Impala Racing Team. For at least an hour each day there are no phones, no computer, not even an iPod.

Greatest accomplishment: Finishing in the top half in the Women's Olympic Marathon Trials in Boston last April. I ran a 2:47. Not my fastest time, but I got to run a few miles with my hero Joan Benoit. Five out of my six Impala teammates finished the race in under 2:50.

Gear you can't live without: Nike Air Structure Triax running shoes — I've worn them for 25 years.

Where you train: The Presidio and Golden Gate Park on weekdays, Mount Tam on weekends.

Best time to train: I meet a group of my Impala teammates at 5:30 a.m.

Biggest misperception about your sport: That it's lonely.

Advice you'd give a rookie: Join one of the many running/coaching groups out there for support, like Team in Training or the Nike Women's Marathon training group, and get fitted for the right shoes at an experienced running store.



HEALING A TORN MENISCUS

< By A. Shabi Khan, M.D. >

A middle-aged priest came to my orthopedic office last month after obtaining an MRI. Unfortunately, I had to give him the news that a tear in his meniscus was causing his knee pain and swelling. He then referenced a study from England, which had found that excessive kneeling strains the knee and can increase wear of the cartilage. A bit bemused, he asked, "Could this be a job-related injury?"

A meniscus tear is one of the most common diagnoses in orthopedic surgery, and indeed, is the most likely reason for an orthopedic patient to need surgery. However, other than the term, which is derived from Latin meaning moon, many have yet to learn the nuances of this important structure. The meniscus is a crescent-shaped soft cartilage on both sides of the knee. It helps the knee joint carry weight, as well as providing stability and strength.

Athletes in contact and non-contact sports may tear the meniscus by twisting the knee, pivoting, cutting or decelerating. In athletes, meniscal tears often happen in combination with other injuries such as a torn anterior cruciate ligament. However, people can injure the meniscus without any trauma, as the cartilage weakens and wears thin over time, setting the stage for a degenerative tear.

When one tears the meniscus, a "popping" sensation might be felt. Most people can still walk on the injured knee and many athletes keep playing with a torn meniscus. When symptoms of inflammation set in, the knee typically feels painful and tight. During the early days, one might feel stiffness, swelling, catching or buckling. Even without treatment, most knees will feel some relief after a few weeks, as the inflammation decreases.

Even though every meniscus tear does not need repair, the current recommendation is still to be evaluated by a specialist. Mainly this is to prevent further damage to the knee. Recent research has discovered that the

shape and location of a meniscus tear is closely associated with how much damage the surrounding cartilage will undergo. In the right hands, a diagnosis can usually be made in the office. However, with current MRI technology, the true extent and severity of a tear can be beautifully visualized. At that time, an informed decision can be made with regards to treatment.

Initial treatment of a meniscal tear is typically non-surgical. This usually follows the basic RICE formula: rest, ice, compression and elevation, combined with non-steroidal anti-inflammatory medications, such as ibuprofen, for pain. If the knee is stable and does not lock, this non-surgical treatment may be all that is needed.

In many cases, the meniscus does not heal. This in turn leads to the possibility of arthroscopic repair. As minimally invasive arthroscopic techniques have blossomed, the treatment or repair of the meniscus has become a routine procedure. A surgery that 20 years ago was nearly impossible has now become the standard of care. Specialized scopes and instruments, including lasers, radiofrequency probes and all-inside stitching devices, have led the way in allowing patients significant to full recovery in four to eight weeks.

Back in the office, as we made plans for repair of the father's torn meniscus, I assured him that his type of tear would respond quite nicely to a repair. He could certainly plan in returning to his "high risk" job in a couple of weeks.

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.

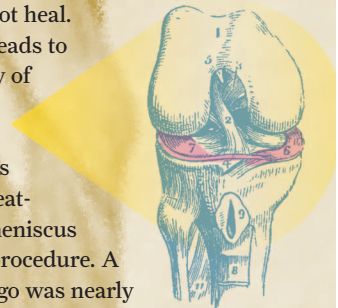


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