



Photos, Tim Fraser, Calgary Herald

Kath Boyer sought Reed Ferber's help when she was no longer able to enjoy her daily run. "My foot still bothers me every once in awhile, but there's not usually any pain," says the 25-year-old university student.

# Tied soles keep moving with therapist's advice

## Running clinic only one of its kind in Canada

TRENT EDWARDS  
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Reed Ferber doesn't mind people running out of his office. In fact, he sees it as the mark of a job well done.

The certified athletic therapist — who holds a PhD from the University of Oregon in sports medicine and gait biomechanics — has started a new kind of injury clinic in Calgary for the thousands of winter runners and walkers who slip on icy sidewalks or pull a muscle while bounding along on a frigid day.

Late in October, the Running Injury Clinic opened, operating out of the EnCana Wellness Centre's athletic therapy offices at Mount Royal College's main campus.

The clinic is the only one of its kind in Canada, and one of just four in North America. Ferber opened the clinic just in time to prepare runners for their injury high season. As 14-week clinics begin for spring marathons, there's still plenty of days of slippery sidewalks ahead for local runners.

Ferber estimates about 7,500 to 10,000 Calgarians suffer a running-related injury every year.

"With the combination of this city's vibrant running community and the fact that 50 to 60 per cent of runners experience an injury each year, it was clear that Calgary could use a service like this," said Ferber. "There are runners out there who consider aches and pains part of the drill. They don't consider themselves injured until they can't run anymore. I do."

Kath Boyer is one of those run-until-you-drop folk.

The 25-year-old biomechanics student at the University of Calgary was chronically injured for six months before becoming one of Ferber's first patients in the fall.



Reed Ferber, examining Kath Boyer's leg, estimates up to 10,000 Calgarians suffer running-related injuries each year.

She became hurt while trying to run about 10 kilometres a day. Unable to walk without pain, she thought she had a stress fracture in her right foot. She was actually suffering from peroneal tendonitis.

Ferber diagnosed tightness in her hips and weaknesses in some leg muscles. He developed a strength and flexibility improvement program for her and recommended she increase the space between her knees while running. In three weeks, Boyer was running daily.

"My foot still bothers me every once in awhile, but there's not usually any pain," said Boyer during a recent follow-up visit.

Co-workers tease Ferber he's like Gil Grissom, the slightly geeky scientist who is a lead crime scene investigator on the television show CSI.

"My specialty is understanding how the clinical and the mechanical come together," says Ferber.

Ferber offers two services to runners and walkers. A one-time injury prevention evaluation (\$50) is aimed at uninjured runners and walkers prone to injuries or worried their pavement-slapping ways could lead to injuries.

A full clinical gait analysis, which includes follow-up visits (\$300), is designed for injured run-

ners and walkers.

The half-hour injury prevention evaluation helps a runner or walker avoid potential chronic injuries by figuring out which of the muscles and tendons in the lower body are weak or tight and prescribing basic flexibility and strength exercises to correct any potential problems.

During an injury prevention evaluation, Ferber analyses a patient's range of movement and strength for several muscles and tendons in the lower body. He then examines a patient's feet to see where they have developed calluses, the placement of which give him clues to a patient's running and walking motion.

The full clinical gait analysis includes an initial hour-long visit similar to the injury prevention evaluation, but including videotaping of their walking and running gait.

Ferber then analyses the video and data from the initial visit for three to four hours before meeting them again and recommending a rehabilitation program that may include physiotherapy, massage, visits to the chiropractor, new running shoes and/or orthotic aids. A follow-up visit is also included to follow the patient's progress.