



PERFORMANCE CYCLING CONDITIONING

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—Ride or Rest— Managing Injury

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BGN
INT
XTP
MSR
MTB

Arnie Baker is a six-time National Champion and has held six United States Cycling Federation (USCF) time-trial records. He has over 190 career wins and was a Master's World Sprint Champion. He has authored 13 books on cycling including "Bicycling Medicine," and contributed the sections on injuries for the International Olympic Committee Handbook on Cycling and the Textbook of Sports Medicine. He is an elite USCF coach, whose riders have won over 80 national championships, setting over 25 national records. He is national cycling coach for 'Team in Training,' a fund raising program for the Leukemia Society of America, and he heads its certification of coaches. The program boasts over 800 coaches and 35,000 participants, and has raised over \$75,000,000 this past year. He is also a consultant for the International Olympic Committee and USA Cycling. This expert cyclist and sports medicine physician is a graduate of McGill University in Montreal, Canada.

When to ride and when to rest is not always a black and white picture for cyclists. When injury occurs or there's some nagging knee pain or sore back, the decision to rest or ride is usually colored incremental gray. A rider may decide to reduce intensity or volume as part of a reduced riding strategy. Rest may be in the form of cross training. The author provides his medical and coaching expertise in helping cyclists make these important injury-related decisions. [Ed.]

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can say that there are two injury response extremes: all-out riding or complete rest, sitting on the couch watching reruns of favorite bike races. With this in mind, there are two axioms riders should keep in mind:



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- (1) In general, if a cyclist is wondering whether or not to take a day off, then by all means he should take the day off.
 - (2) If a rider knows he needs a day off, then he usually needs two days off.
- Cyclists also have the choice of modifying rest—working for shorter periods of time or working less intensely.

Rider Rest Relative to Injury

IS THE INJURY RELATED TO BICYCLING? This is one important factor in determining the need for rest. Was the injury caused by a non-cycling event, or is it related to bicycling?

For example: Back pain. An athlete may be sore from a series of hard climbs. Continuing to climb the next few days will usually make the situation worse and require a longer period of time until the back feels better. On the other hand, if the athlete lifted heavy boxes a week earlier and the back is getting better, even if there is still some soreness, getting on the bike and climbing is generally okay.

IS THE PROBLEM RELATED (A) TO A CRASH OR (B) TO AN OVERUSE INJURY? Another important factor: If you crash and develop a sore knee this is different than if you have knee pain because of overtraining or improper training where continued training might make the injury worse.

If the injury is non-bike or crash-related and things are on the mend, then riding is more likely to be okay.

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Symbols to Success Articles preceded by

BGN indicates author believes content is for beginning-level athletes with training age of 0 to 2 years.

INT indicates author believes content is for sport (intermediate)-level athletes with training age of 2 to 4 years.

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■ Ride or rest

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Nothing to See

A difficulty that physicians face, especially those that don't know their riders, is when there is nothing obvious to see. If an athlete has a big swollen knee, it's easy for the physician to tell that athlete to cool it for a while until the signs of inflammation go down. For the physician this is an easy call—he may recommend no riding or a half-hour easy ride depending on what is seen.

However, much of the time physicians deal with something they can't see. A rider may have a knee that still hurts a little one or two days after a ride. Upon examining the knee, there is no redness or swelling.

If the knee continues to hurt and is painful before the athlete starts a ride, it is best just to go home and call off the ride. If the pain manifests itself during the second half of a ride, then it may be okay to finish the ride. But if the pain comes on in the first half of a scheduled ride, it might be best to call off the remainder of the ride. These are very general recommendations.

When making these kinds of decisions, coach and rider need to consider the upsides and the downsides. Most of the time rest will not hurt overall fitness. Weigh the pluses and minuses. Most times, the gains that might be made by training aren't worth the risks of making something worse. Riders usually benefit from taking off extra days rather than fewer days.

Measuring Improvement—Coming Back

The most common symptom we deal with is pain. If the pain becomes less intense and is improving, then cyclists are probably fine in what they are doing and may consider increased activity.

In our lifting boxes scenario we discussed earlier, if the rider is training and it doesn't affect the pain one way or the other, he may still have back-ache; but, if it's not worse from riding, especially at the end of the ride, then it's probably okay to continue and even increase the workload. If, however, the pain is due to bicycling overuse and is recurring earlier and earlier in the rides rather than later and later, that's a sign to back off.

Another consideration might be that you have modified something in your training. Take for example, a rider with knee pain on the lateral (outside of the) knee. The rider or coach may modify his or her cleat position. Although the pain may still there, if it's occurring later in the ride as the days go on, or the athlete is able to ride harder and harder, then those are signs the situation is getting better.

Dealing with Reduced Training Psychology

As a physician or a coach, helping a rider deal with the anxiety, guilt, or depression that may come with inactivity must be individualized.

There are some riders who seek advice and do what they are told. They don't argue or worry about it—they know you are right and move on.

However, there are many others who have non-training anxiety, guilt, or depression—they fret over potential loss of fitness.

Many cyclists are "cycleholics." As enforced rest often ends up improving long-term fitness, I sometimes provide the riders with examples of athletes who after inactivity actually performed at higher levels than before the inactivity. Just in my own racing club there have been several master riders who were nationally ranked and finally took time off due to injuries. Following this period of rest, they won national championships that eluded them for over a decade. Communicating this information to the cyclists is vitally important.

Sometimes not training can lead to depression. Depression is an extremely common medical illness characterized by fatigue and irritability. Although emotional lows or sadness may be present, many people with medical depression do not report these feelings. Interrupted sleep, change in sex drive, pain, lack of enjoyment, change in bowel habits, difficulty with concentration, and feeling of worthlessness also characterize depression. Just as most of us don't appreciate how common depression is in the general population, relatively few realize how many athletes suffer from depression. Depression is very effectively treated with medication—antidepressant medications not only can improve and lengthen athletic careers, they can improve overall quality of life.

Another approach is using an outside activity to get around the inactivity period.

Cross Training and Alternate Training

Cross training or alternative activities can be a very important tool in the coach's arsenal when dealing with athletes that have non-training anxiety, guilt, or depression. Just the act of doing something that is physically active is therapy for many riders. Cross training can be used to bridge the inactivity gap.

The training activity may be cycling-specific or non-specific. Generally, the more cycling-specific, the better. Here are just two examples of alternative activity, one cycling-specific, one less so.

Isolated Leg-Training (One-Leg Riding)

In the case of injury rehabilitation, an athlete can train without stressing the injured area. For example, USPS Pro Floyd Landis broke his hip and this put him off the road for an extended period

of time, but it didn't mean that he couldn't exercise. One example of alternate training activity for Floyd was riding on a stationary bike pushing with his good side. Pushing with one leg helped Floyd maintain strength in his good leg and range of motion in his injured leg.

Running on Land or in a Pool


If alternate training on a bike involves the injured area, then another form of cross training may be effective. There are some injuries that make it impossible for athletes to ride a bike, but they can run. For example, a buttock injury may make it impossible to sit. If they can't run on pavement, running in the pool may be a good substitute.

Aqua-jogging with a flotation device or aqua aerobics allows athletes to get their heart rates up quite high in the pool even if they have no swimming ability.

Summary: How to Decide

Below is a review of the aspects of rest or ride that can be used as a handy reference.

The following types of problems are challenging for those of us who love to be active and for the physicians and other health care providers who look after us. Usually there are no absolutes, no "right" answer, but here are some guidelines I use in my own practice to help my athletes decide.

- If the problem is not related to specific sport overuse and you are improving, it's probably okay to be active.
- If examining the injured area shows something wrong—for example swelling, redness, or other objective signs—rest is almost always wise until the swelling, redness, or other problems return to normal.
- If the problem is worse after exercise, rest is probably a better idea than exercising. If exercise-related problems are still present before the next workout begins, rest is usually mandatory. If problems occur halfway through a workout, it's often a good idea to stop exercising. Only if a problem occurs near the end of a workout is it sometimes okay to try training again without modifying your workout plans. And even then, rest or modified rest, is frequently the best course of action.
- If the exercise won't change overall fitness—the activity will be of low volume or intensity—why not rest? 

More Information Please!

For more information about cycling and its medical aspects contact the author through his website <http://arniebakercycling.com> or, alternatively, contact him at his e-mail address: arniebaker@arniebakercycling.com.