Here’s information on some common overuse injuries:

**Plantar Fasciitis** – an inflammation of the plantar fascia (tissue that comprises the arch of your foot)

Signs/Symptoms

* Pain on the inside of your heel to base of arch
* Most painful in the morning or after sitting for a long periods of time
* Tender to touch on base of arch
* Pain when running or walking that can come and go depending on activity level
* Common injury for individuals who perform activities in old shoes
* Sharp, stabbing, or burning pain in heel or arch

**IT Band Syndrome** - Inflammation of the IT Band (band of tissue that runs down from the hip to outside of the knee)

Signs/Symptoms

* Pain on the outside of the knee
* Popping or snapping on the outside of the knee
* Pain with walking up or down stairs
* Painful after sitting for a long periods of time or when beginning exercise
* Tender to touch on the lower outside of the knee
* Pain can affect both legs/knees
* Common injury for runners who use old shoes
* Tightness and achy pain in hip and or knee

**Tennis Elbow** - Overuse of forearm muscles from repeating gripping and turning of hand

Sign/Symptoms

* Sharp, burning, or achy pain on the outside of the elbow
* Tender to touch on the outside of the elbow
* Pain with turning, twisting, or gripping objects
* Most common with individuals who work in a setting that involves repetitive motion of the elbow and wrist

If you think you may have any of these injuries please contact your nearest ATI Physical Therapy clinic for a [complimentary injury screening](http://www.atipt.com/node/639).

Ready to Make an Appointment?

# Experience our fnmConcussion Information

Please see our [disclaimer](http://www.atipt.com/node/1284).

ATI GUIDELINES FOR MANAGEMENT OF CONCUSSIONS

As adopted from the National Federation of High School Sports recommendations: If an athlete exhibits any signs, symptoms, or behaviors that make you suspicious that he or she may have had a concussion, that athlete must be removed from all physical activity, including sports and recreation. Continuing to participate in physical activity after a concussion can lead to worsening concussion symptoms, increased risk for further injury, and even death.

**When you suspect that a player has a concussion, follow the “Heads Up” 4-step Action Plan.**

1. Remove the athlete from play.
2. Ensure that the athlete is evaluated by an appropriate health-care professional.
3. Inform the athlete’s parents or guardians about the possible concussion and give them information on concussion.
4. Keep the athlete out of play the day of the injury and until an appropriate health-care professional says he or she is symptom-free and gives the okay to return to activity.

After suffering a concussion, **no athlete should return to play or practice on that same day.** Previously, athletes were allowed to return to play if their symptoms resolved within 15 minutes of the injury. Newer studies have shown us that the young brain does not recover quickly enough for an athlete to return to activity in such a short time.

Once an athlete no longer has signs, symptoms, or behaviors of a concussion and **is cleared to return to activity by a health-care professional (qualifications of a health-care professional vary by state so be sure to follow your state guidelines)**, he or she should proceed in a step-wise fashion to allow the brain to re-adjust to exercise. In most cases, the athlete will progress one step each day.The return to activity program schedule may proceed as below following medical clearance:

**Progressive Rehabilitation Protocol: *The 3rd International Conference on Concussion in Sport (Zurich 2008)***

1. No activity - Complete physical and cognitive rest
2. Light aerobic exercise - Walking, swimming or stationary cycling keeping intensity <70% MPHR. No resistance training. Increase heart rate.
3. Sport-speciﬁc exercise - Skating drills in ice hockey, running drills in soccer. No head impact activities. Add movement
4. Non-contact training drills - Progression to more complex training drills (e.g. passing drills in football and ice hockey). May start progressive resistance training). Exercise, coordination, cognitive load.
5. Full contact practice - Following medical clearance, participate in normal training activities. Restore conﬁdence, assessment of functional skills by coaching staff 6.

Return to play Concussion Links:

[National Federation of High School Sports](http://www.nfhs.org/uploadedFiles/2011%20NFHS%20SMAC%20Suggested%20Guidelines%20for%20Management%20of%20Concussion%20in%20Sports.pdf)

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