



Renée Cork says **Listen to Your Body**

by Greg Lilly, Lifestyle Editor

Even college athletes get sore from their workouts. The person they turn to is Renée Cork, the College of William and Mary's Assistant Athletic Director for Sports Medicine. Renée and her team are the first responders for athletic injuries at the college and they help keep the students ready for competition. Her advice can help all of us as the milder weather lures us out of winter hibernation, and knees and elbows need to limber up for some action.

"Walking is extremely easy on the body," Renée says of joint-friendly exercises. "All you need is a good pair of shoes. Walking is safe for almost everybody. It gives the body just a little bit of stress." She adds that the body likes some stress in movement and activity, but not the over-stress that running and pounding the pavement can cause to knees. Along with walking, biking and swimming are good activities for people concerned about

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joint health.

“Although biking and swimming require some equipment like bikes or pools,” Renée explains, “walking lets you just go out the front door and start. If people get hurt walking, it’s usually their choice of footwear. It’s a matter of getting supportive shoes,” she adds, “not wearing flip flops when you go out to walk.”

Another aspect she says people should watch is the amount of activity time. “You don’t have to walk a lot at the beginning,” she says. “It’s a gradual progression. I think that’s the hardest thing for people to do because they feel they need to do a lot all at once.” An example she gives is an athlete working his way back from a stress fracture caused by running. She starts him off by walking. “If he can walk a half hour without pain then he can start back into a walk/jog program,” she explains, “and that leads him back to a running program.” It’s all about a progression. If there is pain one day then drop back to what was done the day before. “If he doesn’t have pain,” she

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says, “we try to add a little more and see how his body reacts.”

Renée was a swimmer in high school and enjoyed the sport. Then at Iowa State as an engineering student, she began to investigate the different branches of engineering like biomedical and chemical. The biomedical engineering exploration took her into a rehabilitation class. “I took it and fell in love,” she says, “and I switched my major after that. I was torn between physical therapy and athletic training, but I found I enjoyed the college age group so I stuck with athletic training.”

After college, she completed her graduate studies at Texas State University in San Marcos, TX and her first job was an athletic trainer position at Drew University in New Jersey. “I was an assistant there,” Renée says, “then moved up to the head athletic trainer before coming to William and Mary.” Drew University is a National Collegiate Athletic Association (NCAA) Division III school and Renée wanted to move to a Division I school. “It’s a little bigger,” she explains, “and I liked that William and Mary offered a variety of sports. The area was a big draw too.”

Renée says she was impressed by William and Mary’s academics/athletics balance. “There’s always that academics portion,” she explains, “but other schools seemed to have a big push on the athletics. Here, the athletes are students who do athletics.” Athletics is not the student’s sole identity at the college and Renée applauds that. “It helps keep them more balanced and true to that student/athlete mentality that they have to get good grades, they have



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to try hard in classes. We're always trying to make them better people in a sense, as well as good athletes. I don't want to take away from our great athletic program, but that balance really helps them."

As the school's assistant athletic director for Sports Medicine, Renée, along with her team, take care of the student athletes in conjunction with various local doctors. "When a kid gets hurt or sick, we're usually the first person they see," she says. "If we can't handle something, we get a referral to a physician. We'll do everything from looking at them for a cold or upset stomach and then sending them over to the student health center or evaluating a sprained ankle or torn ACL (anterior cruciate ligament) in a knee. We'll do the initial evaluation since we're usually the ones on site. We work all their games. We take care of what we can." The Sports Medicine staff conducts rehabilitation programs just as physical therapists do, but with a focus on athletes and on utilizing sports-related exercises.

They also stress the importance of injury prevention. "During pre-season evaluations," Renée adds, "we look at weaknesses and other things for the athlete to help decrease the possibilities of injury."

Although each sport can have its own set of injuries, a sprained ankle is the most common according to Renée. "With that, it's a matter of controlling the swelling, getting the motion back, getting the strength back, then depending on how loose the ligaments are, protecting it so the person can go back to play." Her team's evaluation of a sprain includes the history of the person since sprains are prone to repetition. "You can stretch out the ligament," she explains, "or you can tear the ligament. The extent of how loose your ankle is would help show the extent of the damage." If the ligaments of the ankle are completely ruptured, it will require surgery, and that she says is the extreme end of the spectrum. On the other hand (or ankle), a mild sprain can be treated with a few tips.

"The thing we worry about first is the swelling," Renée says. "If you control the swelling, you control the pain." For her athletes, Renée bandages his or her ankle or, in case of an ACL injury, the knee to help keep the swelling down and applies ice to the injury. Non-competitive athletes may only require ice.

"The non-competitive athletes, the weekend warriors, sometimes develop stress fractures from taking up running," Renée warns. "You start to have medial shin pain that can develop into a stress fracture," she says. "That's very common and can come from a variety of reasons including poor footwear and starting the jogging regimen too fast. It's always an overuse type of thing. There's a stress in one area of the body, a repetitive stress and the bone begins to break down. It's not completely fractured through, but you have a small crack in there. You need to back off and let it heal before starting up again. It's your body telling you that you've done too much, too fast."

In her eighteen years at William and Mary, Renée's experience shows her that people want instant gratification in their exercise routines. "And they just beat themselves up not listening to their body. You have to listen to your body and what it's trying to tell you."

As the warmer weather coaxes us outdoors, that advice to listen to our body may keep our joints safe and healthy. NDN