

Fitness and Health in the Canoe

After a hiatus, the AdironDoc column returns! The time seems right to highlight some important fitness and health considerations as the ice on Adirondack lakes starts to give way and recreationists begin to think about canoeing. Problems fall neatly into two categories: devastating and pesky.

The devastating one is easy. In a number of large databases of wilderness fatalities, drowning is one of the top mechanisms. An appropriately fitted approved personal flotation device (PFD) is crucial. Except for the period between November 1 and May 1, New York State law requires only that the PFD be in the boat, not that it be worn. Canoe mishaps are not like those on the *Titanic*—hitting an iceberg and having a few hours to get into the jacket. By the time you need the PFD, there is no time to put

it on. Wear one at all times. Period. Cold water kills quickly.

The pesky problems won't kill you, but can make you uncomfortable.

Sunburn. It seems silly to remind people of this risk, but it is a big one. In fact, some argue that skin cancers are the major cause of death in all of outdoor recreation—they are just delayed. The reflection of sun off the water surface may magnify its effects beyond that which would be expected on land. Slather the sunscreen

(SPF 15 or more) on all exposed surfaces, and on very sunny days consider sun blocks (e.g. zinc dioxide) on exposed prominences such as the nose and tops of the ears. A hat with a brim helps, and don't forget that the cornea of the eye is like skin in its susceptibility to sun damage—wear sunglasses. For more information, visit www.skincancer.org.

Blisters. For the same reason that the backpacker's heel may sprout blisters after a heavy day's hiking, the paddler's hands may be similarly affected. In both cases, it is a matter of skin not roughened by regular friction being damaged by sheering. Hands pre-toughened by shoveling, gardening, and similar toils rarely blister. If you are headed out for a trip of more

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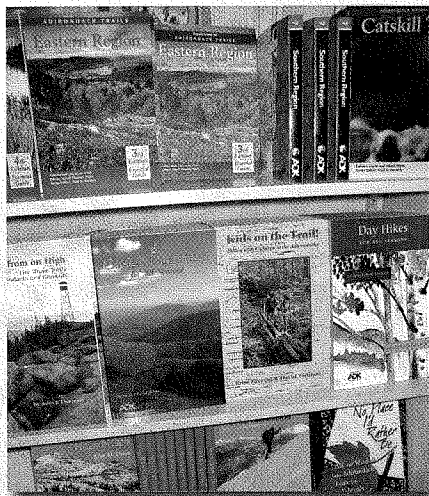
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than a day, and have not had a chance to develop calluses, I strongly suggest the use of fingerless paddling gloves.

In the event that blisters develop, and you are going to need to paddle some more, there are options. Tincture of benzoin, an over-the-counter skin adhesive, will help to toughen the hands somewhat. Benzoin will also help tape adhere well to skin, and can be used preparatory to wrapping the hands with one- or two-inch cloth adhesive tape.

Arm and shoulder overuse injuries. Repetitive motion is the bane of joints, tendons, and ligaments, and canoeing involves a lot of this. The joint most affected, sometimes to the point of making it impossible to continue, is the shoulder. There are various names for this condition, but rotator cuff tendonitis is as good as any. Many folks are susceptible to this injury during everyday activities, especially those that involve lifting the arms overhead.

Anyone can be affected, but incidence increases with age. Non-steroidal anti-inflammatory drugs ("NSAIDS" such as ibuprofen) and ice, if it can be procured or once you return home, can provide short-term relief, but a severe flare can make it impossible to continue.

There are a few things you can do to avoid exacerbating rotator cuff tendonitis if you are susceptible. Watching your technique so that you avoid moving the shoulder joint beyond the limits one would encounter opening a window is one. Alternating movements is another; the American Canoe Association (ACA) even recommends occasional periods of backward paddling. Stretching is a very controversial topic among physical therapists, but there is potential benefit from regular shoulder range-of-motion stretching. Finally, the use of a two-bladed (kayak-style)

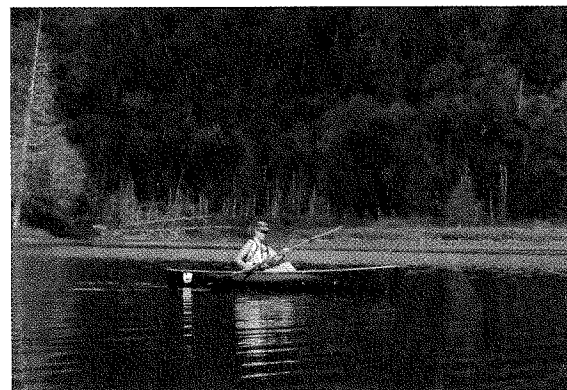
paddle employs sufficiently different movement that it may provide some relief. Sure, it looks a tad silly in a standard canoe, but if it keeps you moving, go for it!

Overuse injuries of the wrist and elbow are also seen with distance canoeing, but these tend to be less disabling than those of the shoulder. Ice, NSAIDS, and changing mechanics are good advice for these injuries as well.

Back injuries. Low back pain is a common complaint among paddlers, especially those with histories of back difficulty. There is really no "quick fix" to this if it becomes disabling on lengthy paddles. Some canoeists swear by position (sitting versus kneeling) or technology (backrests). I find that attention to the "biomechanics" of paddling is more useful. There is a lot of new information on the ways in which all of the muscles of the torso can be incorporated into the stroke; active involvement of the back muscles rather than holding them stiffly may actually lessen pain. For information on these techniques, visit the ACA website, www.americancanoe.org.

—Tom Welch, MD

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