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VOLUME 3 ISSUE 3

Restless Leg Syndrome (RLS)

Chester J. Zelasko, Ph.D. | August 1, 2006 Health News: Newsletters: 2006 Issues

RLS is a disorder of the nervous system. The characteristic sensations of the disorder are described in many ways: burning, creeping, itching, pulling, creepy-crawly, tugging, gnawing, or (my favorite description) like insects crawling inside the legs. Not everyone feels all of them, and the symptoms are worse for some than others, but the net effect is an uncontrollable urge to move the legs--hence the name restless leg syndrome. The problem is that this primarily occurs when at rest. The solution is movement, which often alleviates the sensations, but that causes another problem: inability to get to sleep and stay asleep.

As you might expect, if the condition is untreated, it yields a very exhausted person. And probably an exhausted spouse, too--who can sleep with all that movement going on? RLS can affect relationships, jobs, and other activities as well. What can you do when you're exhausted? People with RLS are often unable to concentrate, have impaired memory, or fail to accomplish daily tasks.

Both men and women are affected by RLS, women slightly more often. It primarily occurs in people over 50, but it can happen as early as infancy. Researchers estimate that up to 10% of the U.S. population has RLS, but it could be more. Some people don't feel it's important enough to visit a doctor about, or they fear they may be viewed as complainers or hypochondriacs because it doesn't seem that serious. Many people don't realize anything can be done about it. That's not the Better Life way of taking care of your health. If something is happening that affects your ability to rest, it's also affecting your immune system, and that can cause bigger problems.

There's no cure for RLS, but that doesn't meant nothing can be done. While the symptoms often get worse as we get older, there are a variety of things that can help quiet restless legs so you can get some rest.

Lifestyle Recommendations

First and foremost, get a diagnosis from your physician or neurological specialist; RLS shares some symptoms with neuropathy and shingles, so eliminating other possibilities can lead to an accurate diagnosis. Once you have a diagnosis, these suggestions may help the condition:

- Limit the use of caffeine from coffee, teas, and sodas; caffeine is a central nervous system (CNS) stimulant.

- Decrease the use of alcohol. Although it's a CNS depressant, alcohol consumption has been associated with RLS symptoms.

- Quit smoking--it's also a CNS stimulant. That's another good reason to finally quit smoking.

- Take a hot bath or use heating pads or ice packs on the affected legs. Ice packs seem counter-intuitive, but circulation increases after using an ice pack for 20 minutes. In both cases, be sure to protect the skin--you don't need burns or frostbite on top of the RLS. Massage sometimes helps as well because it increases circulation in the legs.

Continued on next page

Conventional Treatment
There are some medications that your physician may recommend to treat the symptoms of RLS, including classes of drugs such as dopaminergics, CNS depressants, opioids (pain relievers), and anticonvulsants. Ropinirole is the only USFDA-approved drug to treat RLS. Talk to your physician about which option is best for you, keeping in mind that all these medications have side effects of some kind.

Physicians may also recommend minerals such as iron, magnesium, and folate: iron is involved in energy production, magnesium in nerve transmission, and folate in many functions in the body. If your physician prescribes them, take them consistently in order to get the desired results.

Dietary Supplements
There are two ways to approach RLS with supplements: helping the nervous system and helping the body get enough sleep.
For better functioning of the nervous system:

- Omega-3 fatty acids (fish oil with DHA)--3-5 grams/day. DHA is essential to proper functioning of the nervous system.

- Ginkgo biloba--50-150 mg/day. This herb increases blood flow to the periphery (arms and legs).

Magnesium--300 mg/day. Take with calcium in a ratio of 2:1--twice as much calcium as magnesium. Caution: magnesium can have a laxative effect.
For sleep and CNS relaxers:

- Valerian--150-450 mg

- Passionflower--200-400 mg. People with ragweed allergies may not be able to use this herb.

- Melatonin--1-3 mg. Take 15-30 minutes before bedtime.

For all herbs, be sure to choose a product that uses a standardized extract.

There's no miracle cure from conventional or alternative medicine for RLS, but if you can manage the symptoms, it can dramatically improve your quality of life. Use a systematic approach to find out which combination of lifestyle habits, medications, and/or supplements will help the most, and stick with the regimen.

The ATC'S Corner

Tips from the Athletic Trainer

Return to Play : *A Common Sense Guide for Coaches*

Injuries are a common occurrence for those who exercise. Whether it be an overuse problem (tendonitis) or an acute traumatic injury (fracture or sprain), many injuries require restriction of and/or change in your exercise program. The amount of time away from exercise varies according to the type of injury, severity of injury, and other body part involved, situational factors. Although there are steps to promote healing, it still takes time.

Injuries involve dysfunction or disruption of some component of the musculoskeletal system. Depending on the type and severity of the injury, these may cause pain, swelling, stiffness, weakness, or decreased range of motion. Improvement in these symptoms occurs with the healing process, but this does not necessarily mean the injury is completely healed.

Actions You Can Take to Decrease or Control the Initial Symptoms

Protect: Protect the affected area from further injury.

Rest: Initially resting and protecting the injured part will result in less swelling and a more rapid recovery.

Ice: Ice packs on the affected area decrease swelling and help control pain. This is especially helpful in the first 48 to 72 hours after injury, but can continue to be used to minimize discomfort.

Compression: Wrapping or bracing of the injured part allows for control of initial swelling and decreases motion.

Elevation: Elevation of the injured part, especially if it is kept above the heart, helps decrease swelling and pain.

Healing Time
As stated before, healing time depends on site, severity and type of injury. For example, a mild ankle sprain may heal in two to four weeks, while a fracture of the leg may take eight to 12 weeks. However, healing usually proceeds in certain stages.

- Swelling and pain decreases or disappears in the first 24 to 72 hours.
- Discoloration (bruising) usually subsides within ten to 14 days.
- Range of motion increases over seven to 14 days, although stiffness and weakness may persist.

When an injury occurs, it may result in weakness due to tissue damage and disuse, in addition to decreased control over the damaged body part. Regaining strength and coordination of the injured body part should be considered part of the rehabilitation and healing process, and an injury should not be considered healed until this process is accomplished.

Attempting to return to an activity before proper healing of the injury puts you at risk for re-injury or an additional injury. Consultation with a sports medicine professional may aid in the initial treatment and rehabilitation, and the determination of when to return to play.

Guidelines for Return to Play

- Pain-free full range of motion: the injured body part should have full movement and flexibility with little or no discomfort.
- Return of strength: the injured body part should be approximately equal (90-95 percent) to the opposite side before returning to full activity.
- Minimal pain or swelling: some mild discomfort, stiffness and/or swelling during or after exercise is to be expected during the initial return to activity. This responds well to ice therapy.
- Functional retraining: you should be able to perform the specific motions and actions required for your sport effectively before returning to activity. For example, retraining a lower-extremity injury in basketball should involve the ability to run, stop, change directions, and jump.
- Progressive return to activity: consider starting at 50 percent of normal activity and progress up as tolerated. An informal guideline you can use is to progress activity 10-15 percent increase per week if the previous level of activity does not result in increased symptoms during exercise or the day after exercise.
- Continue general conditioning with cross-training: using an alternative exercise allows maintenance of general cardiovascular fitness while not interfering with the healing of an injury. For example, ankle or knee injuries may do well with bicycling or swimming.
- Mental confidence in ability to do exercise: you must feel that you and your injury are ready to perform at the level required for your particular activity.

If you have any questions about how the above guidelines apply to your particular injury, consultation with a sports medicine professional would be advisable.
"Reprinted with the permission of the American College of Sports Medicine, *Return to Play: A Common Sense Guide for Coaches*, written by Lawrence M. Magee, M.D., FACSM

THOUGHT FOR THE DAY:
Good things come to those who wait, if they work like heck while they're waiting