

Check out your flexibility, core strength and if your bicycle fits you before going on challenging rides. Ng Wan Ching reports

So you are watching the Tour de France and you want to join these cyclists on their punishing rides through the beautiful French countryside and scale the Alps and Pyrenees.

Not so fast. Before you start a cycling regimen, you should consider having a sports physical to evaluate any existing injuries or illnesses, and to identify potential risks of injuries, say doctors and physiotherapists.

To cycle, you need flexibility in your spine, hips and knees, as well as be aware of good posture and have trunk control or core strength, said Ms Liang Zhiq, a senior physiotherapist at Singapore General Hospital (SGH).

This is especially important when you are using a bike designed for road races or triathlons, as you have to assume a hunched-over body position for a long period of time to be aerodynamic, she said.

If you do not have flexibility and core strength, you would be risking musculoskeletal strains in the neck and back, and even nerve irritations.

Sports medicine clinics can do cycling-specific assessments for people who spend so much time



Are you fit to cycle?

PHOTO: ISTOCKPHOTO

seated at work that they may have lost this much-needed flexibility and core strength, she added.

Several studies have shown that cyclists with lower back pain also tend to ride with their lower backs excessively stretched or curved backwards, or with the tail bone tucked too far down, which will contribute to more pain.

A more ideal posture is somewhere in the middle: with the tailbone not tucked too far under, and with the lower back not arched too much either.

Though cycling has become a popular activity, it is not without risks, especially if one lacks awareness of one's own body or the surroundings, says Dr Poh Sing Yew, a consultant at the department of orthopaedic surgery at SGH.

Falls, collisions or road traffic accidents all pose potential hazards.

More common, however, are overuse injuries in the knee, hip, ankle and foot because of the repetitive nature of the sport, he said.

Then, there is the pain that can occur in the neck and shoulders because of the need to hunch over the handlebars, and even compression neuropathy, which occurs when the ulnar nerve in the hand is compressed from gripping the handlebars. This results in numbness or tingling of the ring and little fingers, said Dr Poh.

The same goes for those with a family history of heart disease or who intend to take on a cycling regimen of moderate to high intensity.

A physician will take the person's medical history, perform a physical examination and order an electrocardiogram or exercise stress test where necessary.

Sudden cardiac deaths among athletes in general are rare, with about an incidence of one in 50,000 a year, he said.

If you are intent on taking up cycling as a long-term activity, invest in your own bicycle and have the frame size, seat position, handlebar height and position, and foot pedal position tailored according to your needs, said Dr Poh.

If the bicycle has been set up correctly, the next important thing to

know is the correct cycling posture.

Enrol in a training programme to learn the proper rider position, pedalling mechanics, how to strengthen the core lower limb muscle groups, and how to gradually increase the duration and intensity of the cycling regimen, said Dr Poh.

Heart risks are rare, especially for healthy people with no personal or family history of heart disease and who have taken up low-intensity cycling as a leisure activity, he added.

However, those aged 35 and above, with symptoms such as chest pain, shortness of breath, dizziness or fainting spells, history of hypertension, diabetes and heart disease, may benefit from a cardiac evaluation, said Dr Poh.

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These tend to be due to silent heart artery disease, cardiomyopathy or an unnatural enlargement of the heart muscle and arrhythmia (irregular heartbeat).

The incidence increases with age and is more common in men.

In most cases, just one detailed session should be enough to identify

the potential pitfalls for someone taking up cycling, said Ms Liang.

When these are addressed, risks of developing aches and pains are greatly reduced, she said.

The physician would record the patient's medical history, including past or existing musculoskeletal injuries or problems such as neck pain, back pain and knee pain.

The person's plans for cycling – short or long distances, type of bicycle he will be using, training intensity and previous riding experience – are also noted.

A physical examination will then look at the person's flexibility, endurance, power, muscle imbalance and joint stiffness, including an assessment of his posture.

Some of the above factors can be modified with exercises or physiotherapy but not everything can be helped.

If that is the case, then the bicycle needs to be set up to accommodate these limitations.

Sometimes, the rider may aim to be in an aerodynamic posture but is too inflexible or weak to do it.

Exercises are then prescribed to rectify these issues. In the meantime, the bicycle should be adjusted to his current abilities.

As the person's flexibility or

strength improves, the bicycle can be re-adjusted back to the "ideal" aerodynamic position, said Ms Liang.

The physiotherapist can also perform a bicycle assessment to determine if it is set up to properly accommodate the rider. The person can then be observed while cycling on his bicycle on a stationary trainer.

This service is available at SGH and it examines the person's cycling technique, posture and the muscles being used.

Any issues will be corrected. The person can also modify his posture and cycling technique by observing himself cycling in a mirror or by recording a video while he is cycling," said Ms Liang.

Sometimes, a repeat visit to the clinic or another assessment and to make further adjustments may be necessary, she added.

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Get Physical

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Ms Liang Zhiq, a senior physiotherapist at Singapore General Hospital

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