



Hughston Health Alert

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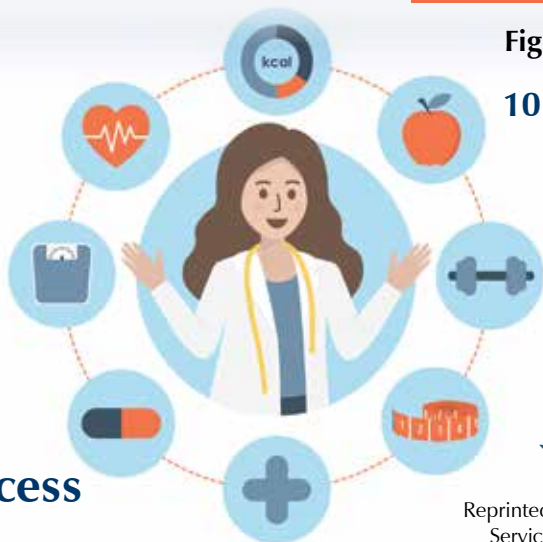


Fig. Health risks and weight loss information

10 Health Risks of Being Overweight

Coronary heart disease
Stroke
Metabolic syndrome
Certain types of cancer
Sleep apnea
Osteoarthritis
Gallbladder disease
Fatty liver disease
Pregnancy complications

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Weight Loss: 7 Strategies for Success

Obesity is a significant health problem that affects millions of people. It happens when the body stores too much fat, which can lead to serious health issues like heart disease, diabetes, high blood pressure, and even some types of cancer. The Centers for Disease Control and Prevention reports that nearly 40% of adults in the US are obese. This statistic means that almost half of all adults have excess body weight that can put their health at risk.

Losing weight and keeping it off can be difficult because many factors affect body weight, including genetics, lifestyle, and daily habits. A healthy weight is not just about looking a certain way—it is about feeling good, having energy, and reducing the chances of developing long-term diseases. To successfully lose weight and keep it off, people need a balanced approach that includes healthy eating, regular physical activity, good sleep, stress management, and, in some cases, medical treatment. By making small, long-term changes rather than following short-term fad diets, you can improve your health, feel better, and lower the risk of obesity-related conditions. Here are 7 strategies to help you lose weight with a balanced approach.

1. Set realistic goals

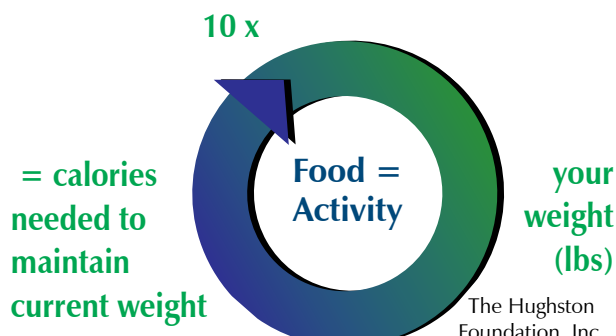
One of the most critical steps in weight loss is setting achievable and sustainable goals. The National Institutes of Health recommends aiming for 5 to 10% weight loss over 6 months, which improves metabolic health and reduces disease risk. You should focus on

The Keys to Weight Loss

Healthy Food Portions
(Consumed Calories) = or < **Physical Activity**
(Burned Calories)

Metabolism

The rate which your body uses calories to support life:



Weight Loss Example

Starting weight: 150 lbs 10 x 150 lbs = 1,500 calories

Goal weight: 120 lbs 10 x 120 lbs = 1,200 calories

Rate of weight loss: This is a difference of 30 lbs and 300 calories per day. Safely reducing your diet by 500 calories per day = 1 lb of weight lost per week.

Therefore, it would take approximately 30 weeks to lose the weight.

To maintain a weight of 120 lbs

Consuming 1,200 calories = **Burning** 1,200 calories

long-term lifestyle changes rather than quick-fix diets that often lead to regaining weight. The key is to set a realistic weight-loss goal and establish a realistic plan for achieving it.

Although SMART (Specific, Measurable, Achievable, Relevant, and Time-bound) goal setting can be applied to any aspect of your life, it is especially helpful for weight loss pursuits. Start with being **Specific** about your weight loss objectives, for example, “I will walk for 30 minutes each day.” Make it **Measurable** by tracking your progress using a food journal or weight-tracking app. A realistic goal is **Achievable** by setting practical targets, like losing 1 to 2 pounds per week. Keep it **Relevant** by aligning your goals with personal motivations, such as “I want to lose weight to improve my energy levels.” Last, make it **Time-bound** by establishing reasonable deadlines, for instance, “I will lose 10 pounds in 3 months.”

2. Adopt a balanced, nutrient-dense diet

Caloric intake and macronutrient distribution are key to losing weight. Weight loss occurs when there is a caloric deficit, which means burning more calories than you consume. A 500 to 750 kcal/day deficit typically results in a loss of 1 to 2 pounds per week. However, the quality of food you eat matters beyond calorie counting.

Recommended dietary guidelines

The United States Department of Agriculture (USDA) recommends increasing protein intake to preserve muscle mass and enhance satiety (physical feeling of fullness). In their pamphlet, Dietary Guidelines for Americans 2025-2030, the USDA recommends reducing processed carbohydrates and instead focusing on high-fiber foods such as vegetables, whole grains, and legumes. Other suggestions include limiting added sugar and incorporating healthy fats from nuts, seeds, olive oil, and fatty fish. Another good suggestion is to stay hydrated by drinking 2 to 3 liters of water daily, as dehydration can sometimes be mistaken for hunger.

Intermittent fasting

Intermittent fasting is an eating pattern that alternates between periods of eating and fasting rather than focusing on what foods to eat. Two common methods are the 16:8 method, where a person eats within an 8-hour window and fasts for 16 hours, and the 5:2 method, where normal eating occurs 5 days a week and calorie intake is significantly reduced on 2 non-consecutive days. This approach can help with weight loss by naturally reducing the total number of calories consumed, as less time is available for eating. Additionally, intermittent fasting can improve insulin sensitivity, meaning the body can use blood sugar more effectively, which may help lower the risk of

type 2 diabetes and improve overall metabolism. However, this strategy may not be suitable for everyone, particularly individuals with diabetes or a history of disordered eating, so it is important to discuss it with a healthcare professional before starting.

3. Engage in regular physical activity

Exercise plays a crucial role in weight loss maintenance and overall metabolic health. The American College of Sports Medicine (ACSM) recommends 150 to 300 minutes of moderate-intensity exercise, such as brisk walking or cycling, per week. You should also engage in strength training at least twice per week to preserve lean muscle mass during weight loss. You can also increase your daily movement by taking the stairs, standing more, and engaging in non-exercise physical activity to help gain strength and stamina (**Box 1**). Consistency is key, and finding enjoyable activities increases adherence and long-term success.

Box 1. Exercise recommendations		
Activity type	Frequency	Activity examples
Brisk aerobic exercise	150 to 300 minutes a week	walking, cycling, swimming
Strength training	2 to 3 times a week	bodyweight exercises, resistance bands, weightlifting
Flexibility and mobility	Daily	yoga, stretching
Lifestyle movement	Daily	taking the stairs, walking during phone calls
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4. Prioritize sleep and stress management

Poor sleep is linked to weight gain and metabolic dysfunction. The National Sleep Foundation recommends 7 to 9 hours of quality sleep per night. Sleep deprivation increases ghrelin (hunger hormone) and decreases leptin (satiety hormone), leading to overeating and cravings for high-calorie foods. Make changes to improve your sleep, such as sleeping in a cooler room, going to sleep at the same time every night, and waking at the same time each morning.

Poor sleep can lead to stress, and there is a clear link between stress and emotional eating. Chronic stress elevates cortisol, which can lead to increased abdominal fat and emotional eating. You can manage stress and reduce emotional eating by implementing a few strategies. For example, mindfulness-based interventions, such as meditation, prayer, and deep breathing, help reduce stress, while mindful eating helps control what you consume. Cognitive-behavioral therapy can also help address emotional eating patterns. Regular exercise reduces cortisol

and improves mood, so not only do you burn calories, but it also helps control stress and emotional eating. Use your journal to track triggers to help you recognize when you are stressed and overeat.

5. Behavioral modifications and support systems

Weight loss success is highly dependent on sustainable behavior changes and social support. Behavioral strategies can include keeping a food diary or using an app on your phone or computer to improve awareness and accountability. Controlling your portions by using smaller plates and mindful eating techniques can help reduce overeating. Habit stacking helps by pairing a new behavior with an existing habit. For example, walking after dinner makes it easier to integrate the habit because you have an automatic trigger and plan to walk after you eat.

Studies show that support from family, friends, or weight loss groups increases adherence and consistency. Patients can benefit from asking a friend or family member to join them on a weight loss journey. Joining a weight loss program, working with a dietitian, working out with a personal trainer, or following a health coach can provide the support you need for successful weight loss. Engaging in online support communities can involve others to help hold you accountable, and they can help provide the support you need during difficult times.

6. Medical interventions when necessary

If weight loss has been difficult to achieve or you can't keep the weight off, you have several pharmacological and surgical options that may help. For individuals with obesity, defined as a body mass index (BMI) greater than 30 or ≥ 27 , who have weight-related health conditions such as diabetes or high blood pressure, medical treatment may be necessary (Box 2).

GLP-1 receptor agonists are FDA-approved weight-loss medications that doctors prescribe, including Semaglutide (Wegovy® and Ozempic®), as a once-weekly injection. Studies report an average body weight loss of 15% over 68 weeks. Additional benefits include lower blood sugar and a reduced risk of heart disease. Doctors also prescribe Liraglutide (Saxenda® and Victoza®) as a daily injection. When paired with a reduced-calorie diet and exercise, patients can lose 8% to 10% of body weight over a year, improve their metabolism, and reduce the risk of diabetes complications. Tirzepatide (Mounjaro®) is a once-weekly injection. When paired with diet and exercise, patients can lose 15% to 22% of body weight, making it one of the most effective weight-loss medications.

Your physician can also prescribe other weight-loss medications, such as Orlistat® (which inhibits

fat absorption) and Phentermine-topiramate or naltrexone-bupropion (which help suppress appetite). Physicians often recommend bariatric surgery, such as gastric bypass or sleeve gastrectomy, for patients who have difficulty losing weight and have a BMI greater than 40 or a BMI ≥ 35 with other health conditions.

Box 2. BMI categories		The Hughston Foundation, Inc. ©2026
Underweight	below 18.5	
Normal weight	18.5 – 24.9	
Overweight	25 – 29.3	
Obesity	30.0 & above	

7. Long-term weight maintenance strategies

Weight maintenance is often more challenging than the weight loss itself. Strategies include: 1) regular weigh-ins once a week, 2) consistent meal planning, 3) avoiding ultra-processed foods, 4) ongoing physical activity, 5) behavioral modifications, and 6) preventing relapse by recognizing and addressing triggers. The National Weight Control Registry has identified common habits among successful maintainers, such as eating breakfast, exercising regularly, and self-monitoring weight using an app or journal.

Your weight loss journey

Achieving and maintaining a healthy weight is a journey that requires consistency, patience, and a personalized approach. Sustainable weight loss is not about restrictive dieting or rapid results. Instead, to be successful, you should make gradual, lasting lifestyle modifications. A combination of realistic goal-setting, nutrient-dense eating, regular physical activity, behavioral changes, and stress management plays a crucial role in long-term success. Additionally, medical interventions, including prescription medications or bariatric surgery, may be appropriate for individuals with significant obesity who have struggled with conventional approaches.

One of the most critical aspects of successful weight management is recognizing that setbacks are a natural part of the process. Rather than viewing occasional lapses as failures, you should focus on long-term progress and resilience. Engaging in self-monitoring, building a supportive environment, and staying informed about the latest evidence-based strategies can help maintain motivation and adherence to a healthy lifestyle.

Ultimately, the goal of weight loss extends beyond numbers on a scale. A healthy weight supports improved energy levels, reduced risk of chronic disease, enhanced mental wellness, and a higher overall quality of life. By adopting sustainable habits and focusing on lifelong health rather than temporary results, you can achieve lasting success and well-being.

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Plantar Fasciitis

Plantar fasciitis is one of the most common causes of heel pain and can affect individuals of all activity levels. It occurs when the plantar fascia, a thick band of connective tissue that runs along the bottom of the foot from the heel to the toes, becomes irritated (**Fig.**). This tissue plays an important role in supporting the arch of the foot and absorbing shock during walking and running. When exposed to repeated stress, small tears can develop, leading to pain and stiffness. Although the name suggests inflammation, plantar fasciitis often results from long-term wear and degeneration of the tissue rather than acute inflammation.

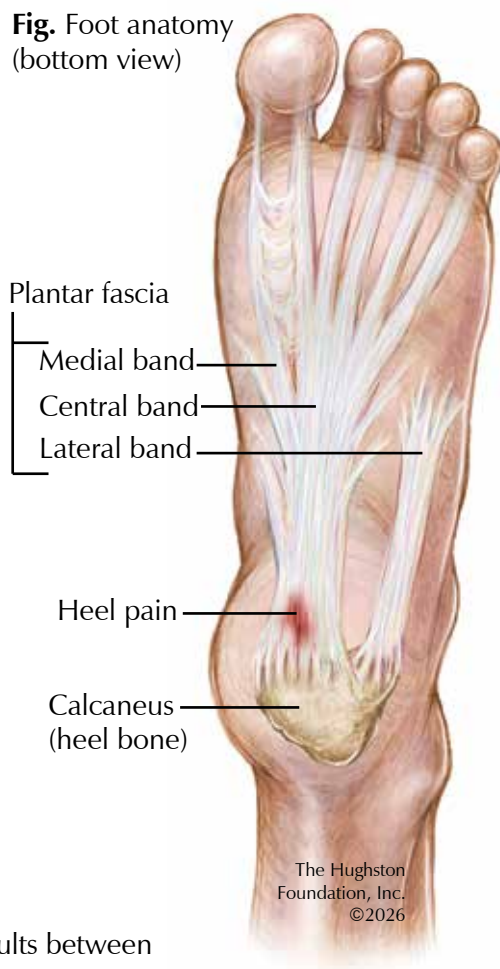
Risk factors

Plantar fasciitis often impacts adults between the ages of 40 and 60, although younger individuals, especially athletes, can also develop the condition (**Box**).¹ People who spend long hours on their feet, such as healthcare workers, teachers, and retail employees, are at a higher risk because of repetitive stress placed on the heel. High-impact activities, like running and jumping, can increase strain on the plantar fascia. Additionally, individuals with certain foot structures, such as flat feet or high arches, experience uneven weight distribution, which places added tension on the tissue. Tight calf muscles can further limit ankle movement and increase stress on the plantar fascia. Obesity is another important risk factor, as excess body weight increases the mechanical load on the foot.^{1,2}

Symptoms

The symptoms of plantar fasciitis typically develop gradually rather than after an injury. Patients complain of a sharp, stabbing pain at the bottom of the heel that occurs during the first steps in the morning or after periods of rest, a phenomenon sometimes called “first-step pain.” As the foot warms up with movement, the pain improves; however, it often returns after prolonged standing or activity. Some patients also report foot stiffness or discomfort that worsens by the end of the day. In most cases, the condition affects only 1 foot, although both feet can be involved.^{2,3}

Fig. Foot anatomy (bottom view)



Diagnosis

Physicians diagnose plantar fasciitis during a clinical visit after discussing the patient's symptoms and performing a physical examination. During the evaluation, an orthopaedist assesses the location of pain and applies pressure on the heel to identify tenderness. The physician may also stretch the foot and ankle to evaluate tightness in the plantar fascia and surrounding structures. In most cases, imaging is not required, but the doctor can order an x-ray or ultrasound to rule out other conditions, such as a stress fracture, heel spurs, or nerve-related pain.

Treatment

The majority of patients improve with conservative, nonsurgical treatments. Initial management focuses on reducing stress on the plantar fascia and allowing the tissue to heal. Physicians often advise patients to rest and limit activities that worsen the pain. Applying ice and taking over-the-counter medications, such as ibuprofen, can relieve symptoms and help reduce discomfort. Stretching exercises targeting the plantar fascia and calf muscles are especially important, as they improve flexibility and reduce tension on the heel. Wearing

supportive footwear is essential, and some patients benefit from orthotics, which are shoe inserts designed to support the arch and improve foot alignment. In certain cases, the doctor may recommend night splints to keep the foot in a stretched position during sleep.¹

If symptoms do not improve with initial treatment, additional options may be considered. Physical therapy can help strengthen the muscles of the foot and lower leg while improving flexibility. Corticosteroid injections can treat inflammation and reduce pain in more severe cases. Another option is extracorporeal shockwave therapy, which uses sound waves to stimulate healing of the affected tissue. Most patients do not require surgery; however, if symptoms persist despite months of conservative treatment, the physician may recommend surgery.^{1,2}

Take the first step toward relief

The overall outlook for plantar fasciitis is very positive. Approximately 80% to 90% of patients experience significant improvement within 12 months of starting treatment, though recovery can take time.¹ Symptoms may fluctuate during the healing process, and patients are often encouraged to modify their activities during this period, particularly avoiding high-impact exercise that may worsen symptoms.

Box. Plantar Fasciitis Risk Factors

Anatomic:

- Obesity
- Pes planus (flatfeet)
- Pes cavus (high-arched feet)
- Leg length discrepancy
- Shortened Achilles tendon
- Poor biomechanics or alignment

Biomechanics:

- Overpronation (inward roll)
- Limited ankle dorsiflexion (difficulty lifting toes up while the heel is on the ground)
- Weak intrinsic muscles of the foot (weak muscles that move toes)
- Weak plantar flexor muscles on the bottom of the foot

Environmental:

- Deconditioning
- New or increase in activity
- Hard surface
- Walking barefoot
- Repetitive impact activity, such as running or with sports
- Prolonged weight bearing
- Inadequate stretching
- Poor footwear

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Preventing plantar fasciitis involves reducing stress on the feet and maintaining overall foot health. Wearing supportive, well-fitting shoes during exercise or prolonged standing is essential. Regular stretching of the calf muscles and plantar fascia can improve flexibility and reduce strain. Maintaining a healthy weight can also reduce pressure on the feet, and gradually increasing activity can help prevent overuse injuries.¹

Although plantar fasciitis can be painful and frustrating, it often improves with time and proper care. Recognizing the symptoms early and reducing strain on the plantar fascia can help prevent the condition from worsening. With appropriate treatment and lifestyle adjustments, most patients can return to their normal activity and remain pain free.

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Cubital Tunnel Syndrome

Have you had a persistent tingling sensation in your ring and pinky fingers, along with a dull ache on the inside of your elbow? If so, you may be suffering from cubital tunnel syndrome. The condition results from increased pressure on or compression of the ulnar nerve at the elbow. It affects about 30 in every 100,000 people each year, making it the second most common nerve compression problem in the upper arm. Fortunately, with an early diagnosis, your doctor can help ease your symptoms and restore normal nerve function using activity modifications, medications, physical therapy, or surgery.

Causes

Physicians cannot always determine the exact cause of cubital tunnel syndrome; however, the ulnar nerve is vulnerable to compression at the elbow. When you bend your elbow, you compress and stretch the nerve, reducing its blood supply; thus, your symptoms worsen during the movement. Compressing the ulnar nerve can also result from a fracture, tumor, osteophyte (bony growths that occur as part of degenerative arthritis), ganglion cyst (fluid-filled lumps appearing near joints and tendons), or heterotopic ossification (bone forming in muscles or other soft tissues). You can also compress the nerve by leaning on your elbow for long periods or from a direct impact to the elbow, also known as hitting your funny bone.

Risk factors

Risk factors for cubital tunnel syndrome include activities that require bending the elbow for long periods, such as using a computer or playing a musical instrument. Other factors can include age, previous elbow fractures or dislocations, bone spurs, arthritis, and sports that require the use of the elbow, such as baseball, football, and tennis. The condition affects males more than females; however, it often affects females at an earlier age.

Symptoms

With cubital tunnel syndrome, patients often experience numbness and tingling in the ring and pinky fingers, and difficulty with bending and extending their fingers. In severe cases, you can experience difficulty with grip strength and/or finger coordination, and if it has been going on for some time, you can suffer muscle loss in the hand that treatment cannot reverse. Most symptoms affect the hands and are accompanied by a dull pain in the elbow. If the symptoms are severe, or less severe but have been present for more than 6 weeks, then you should see your doctor.

Screening and Diagnosis

When a patient first presents to clinic with symptoms of cubital tunnel syndrome, the physician often begins

with performing a physical exam. The doctor can perform the Tinel's Sign test that detects irritated or injured nerves by tapping over the nerve, which can cause a shocking sensation in the ring and pinky finger. During the exam, the physician can determine whether the ulnar nerve slides out of the normal position when you bend your elbow, move your neck, shoulder, elbow, or wrist, and can check the strength in your hands and fingers. The physician can also order x-rays of the elbow to see if bone spurs or arthritis are causing ulnar nerve compression, as well as a nerve conduction study, also known as electromyography (EMG), which measures the muscle response to nerve stimulation.

Complications

If left untreated, cubital tunnel syndrome can lead to permanent nerve damage, which can cause ongoing pain and numbness in the hands and fingers. The syndrome can also cause muscle weakness, making it hard to perform day-to-day tasks. Over time, the muscles in the hand can shrink and waste away, a process that may not be reversible. In severe cases, the ring and pinky fingers may curl into a claw position, making it impossible to open the hand and use it properly. There can also be recurrence and neuroma formation (a ball-shaped mass at the site of a nerve injury). Effective and early treatment is key to maintaining normal hand functions and avoiding long-term complications.

Treatment

Treatment options vary from person-to-person depending on the severity of the problem. There are nonsurgical and surgical treatment options. Nonsurgical treatment involves avoiding pressure on the affected elbow and keeping the

elbow straight. Your physician can recommend a brace or splint to stabilize the elbow and prevent bending. Other nonsurgical options include nonsteroidal anti-inflammatory medications (NSAIDs), such as ibuprofen or naproxen, which reduce inflammation, swelling, and pain around the nerve. Your doctor can prescribe physical therapy to strengthen the muscles around the nerve and improve flexibility.

Your physician may recommend surgery if the nonsurgical options have not shown improvement (**Fig.**), if the ulnar nerve compression is severe, or if the nerve compression has caused muscle weakness and damage. In a cubital tunnel release, the surgeon releases the tight tissues that are pressing on the ulnar nerve, giving it more space and reducing the pressure. Even simply moving the nerve over the medial epicondyle of the elbow eases its compression and stretching during bending. This is called nerve transposition." Another surgical option, medial epicondylectomy, involves the surgeon removing part or all of the medial epicondyle (a bony prominence of the elbow), thereby creating more space for the nerve. This procedure prevents the nerve from being pinched, resulting in reduced pain and improved movement.

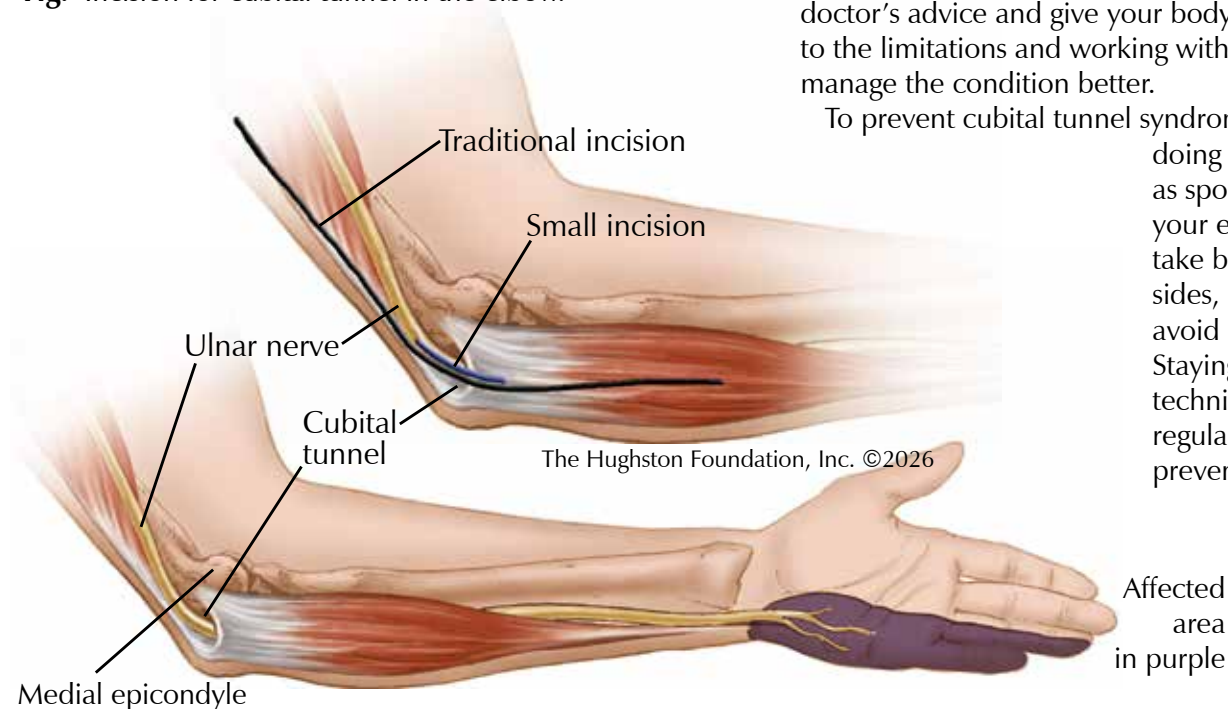
Among the many options, your doctor will discuss which procedure best suits you, given the severity of your condition. Depending on the type of surgery, you may wear a splint for a few days or weeks, then begin physical therapy to regain strength and range of motion in the arm.

Outcomes

Most patients report improvement immediately after surgery; however, recovery can take time, and not all symptoms may resolve. Not everyone responds the same way, and while most patients do improve, follow your doctor's advice and give your body time to heal. Adapting to the limitations and working with your doctors can help manage the condition better.

To prevent cubital tunnel syndrome, stretch before doing intensive activities such as sports, avoid compressing your elbow for long periods, take breaks if you do, switch sides, change positions, and avoid repetitive movements. Staying active, using good techniques, and taking regular breaks can help prevent the condition.

Fig. Incision for cubital tunnel in the elbow.



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Common Dance Injuries: What Dancers Need to Know

Dance is a demanding aerobic form that combines athleticism, strength, flexibility, and artistry; however, this physical rigor places dancers at a high risk for injury, especially in the lower extremities. From polished ballerinas to professional cheerleaders, understanding common dance injuries can aid in prevention and timely treatment.

Who is at risk?

Dancers of all ages and skill levels are susceptible to injury. Dance and gymnastic-related injuries often affect the knee, ankle, and foot. A dancer's ankle and foot movements place high demands on the lower extremity ligaments (tissue connecting 2 bones) and tendons (tissue connecting muscles to bones), which provide stability and control during activity. Female dancers, especially in ballet, face unique challenges due to pointe work (on the tip of the toes) and hypermobility (joints that move beyond the normal range of motion), while cheerleaders endure high-impact landings, stunts, and repetitive routines. The en pointe (placing the body's weight on the toes) in ballet, for example, involves maximal ankle and tarsal joint plantar flexion, which increases forces through the foot up to 12 times the normal body weight. Regardless of style, dancers and cheerleaders can experience sprains (stretching or tearing of ligaments), strains (stretching or tearing of tendons), fractures (broken bones), and other injuries during routines.

Dance injuries

Ankle sprains and instability

Lateral ankle sprains (stretching or tearing the ligament on the outside of the ankle) are the most common acute injury in dancers due to jumping and landing in plantar flexed (foot points down) positions. Chronic ankle instability (ankle feels loose, weak, and turns inward) can result from repeated sprains if the patient does not undergo proper rehabilitation after an initial injury. Footwear is also an important factor in ankle injuries, since most dance shoes lack adequate ankle support. For cheerleaders, the risk of ankle injuries increases during preseason training camps, when the environment is high-intensity, with long hours and little time for recovery.

Stress fractures

Dancers often suffer from stress fractures (tiny cracks in the bone) in the metatarsals (long bones in the midfoot), tibia (shinbone), and fibula (smaller bone of the lower leg) due to repetitive loading and inadequate recovery. Professional ballerinas and cheerleaders are prone to these injuries due to the constant impact and loading during dance and routines.

Achilles tendinopathy

Pain in the Achilles tendon (the tissue that connects the calf muscle to the heel bone) from overuse is common,

especially in ballet dancers who perform repeated relevés and jumps. Without treatment, the injury can progress to partial or full tendon ruptures, which require a substantial amount of time to recover.

Patellofemoral pain syndrome

Also known as "runner's or dancer's knee," patellofemoral pain syndrome is common in dancers after repetitive knee bending and improper biomechanics during turnout or landing. It is more common in female dancers due to hip anatomy and the dominance of the quadriceps (4 large muscles on the front of the thigh), but the injury can be mitigated with proper strength training and technique.

Hip labral tears

Turnout and extreme hip flexion in ballet can lead to femoroacetabular (hip) impingement and labral tears. Hip impingement occurs when bone grows on the femoral head (ball) or acetabulum (socket) of the hip, causing the bones to rub against each other during movement. The friction damages the joint, resulting in groin and hip pain and potentially leading to labral tears (the ring of fibrous cartilage around the edge of the joint surface). Hip pain with clicking or locking suggests this diagnosis, leading doctors to order magnetic resonance imaging, a test that shows the bones, muscles, tendons, and ligaments, to diagnose the injury. Depending on the injury progression, doctors can treat hip impingement and labral tears nonsurgically with medication and physical therapy or with minimally invasive arthroscopic surgery.

Lumbar strain and spondylolysis

Hyperextension of the lumbar spine (lower back) in dance and cheerleading increases risk for low back pain and conditions like spondylolysis (forward slippage of the disc and vertebra). Core weakness and high training volume are common contributing factors.

Preventing dance injuries

Preventive strategies to avoid these dance injuries include proper warm-up and cool-down routines, cross-training for strength and endurance, adequate rest, and attention to nutrition. Biomechanical assessment and technique correction are essential components of injury prevention.

Staying on your feet

Whether you're a high school student, a professional ballerina, or part of the cheerleading squad, dance injuries can affect performance and long-term joint health. Early recognition, rest, and rehabilitation are key to staying on your feet. Dancers should work with sports medicine healthcare professionals, such as team physicians and athletic trainers, to ensure a safe and sustainable dance career.

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