

BY COLLEEN OAKLEY

I'm always wary of a gimmick—those infomercials promising the perfect “beach body” or “flat abs in 20 days” if you just buy their product for four easy payments of \$39.99. So five years ago, when I was editor of *Women's Health & Fitness* magazine and I first heard about kettlebells—an old Russian weight-training technique that can burn up to 900 calories in 45 minutes—the gimmick warning bell in my head went off and I never dug any deeper.

That's why, when a reader wrote in to gush about Condition, the new kettlebell gym in Atlanta, and challenged me to try it, I knew I had to do it.

Condition is owned and operated by Delaine Ross, the only female certified in kettlebell training in Georgia. That fact impressed me, but what impressed me more (and also made me want to vomit a little bit) was her body—it didn't appear to have an ounce of fat on it. As we were stretching to get ready for class, one of the students whispered to me, “She does fitness competitions and only uses kettlebells to train for them.”

That was all I needed to hear. Gimmick or not—give me some kettlebells. I'm ready to burn calories and look like her.

We all went to the back of the room to grab our kettlebells—cast iron weights in

PHOTOS COURTESY OF CONDITION

Delaine Ross of
Condition Kettlebells



WHAT: Condition Kettlebells

WHERE: 659 Auburn Ave.

HOW MUCH? Classes start at \$85 per month.

CONTACT: 404-380-1111. www.gymcondition.com.

FITNESS FACTOR: ★★★★★

FUN FACTOR: ★★★★★

was a regular patron of the gym.

Delaine then led us through a series of moves with the bells—squats, mountain climbers, rows, lifts—all of them completely different than what you're used to with regular weights. I could feel the different muscles in my body working, and the sweat on my brow confirmed how difficult it was.

The 45-minute class flew by, and during the stretching/recovery portion, I was a believer. If I hadn't burned 900 calories, I was

close to it. I looked around the room at the regular kettlebell users and they all resembled the instructor—defined arms and flat tummies.

If Condition ever did decide to create an infomercial, there are plenty of people that could star in it—and that's no gimmick. **SP**

Colleen Oakley is a freelance writer in Atlanta and the former editor of Women's Health & Fitness magazine. Got a fitness challenge for her?

E-mail her at colleen@sundaypaper.com.



IRON WOMAN

Is an old Russian weight-lifting technique a gimmick or the real deal?

the shape of cannonballs with a handle. I chose an 18-pounder, as it was the same weight Delaine had given me a quick 10-minute lesson on before class (new students are typically asked to take a

beginner's workshop to learn proper form and technique, but Delaine was kind enough to condense it for me), and I partnered up with a man who, judging by his biceps,

Some people with torn tendons forgo surgery and simply wear an ankle brace like this one for as long as they need it.

TREATMENT OPTIONS FOR A TORN TENDON

Q I was recently diagnosed with a torn tendon in my right foot. An orthopedic surgeon has recommended surgery, but I understand the recovery is difficult. As I live alone, I would have to go to a nursing home, and then I would be on crutches for four to six weeks. Another surgeon recommended a brace for four to five months to see if the tendon heals. Do I have options other than surgery if the tendon does not heal?

A Your foot contains many tendons—the thick, fibrous cords that attach muscle to bone. You didn't say which one you've torn, but the tendon that commonly causes problems in a person's foot is the posterior tibial tendon. This tendon begins in your calf, runs down along the inside of your ankle and attaches to bones in the middle of your foot.

It provides the main support for your foot's arch.

A torn posterior tibial tendon can lead

to foot pain and swelling, loss of your arch, weakness in your foot and inability to stand on your toes. If left untreated, eventually it can result in other foot and leg problems, such as inflammation and pain in the ligaments in the soles of your foot (plantar fasciitis), tendonitis in other parts of your foot, shin splints, pain in your ankles, knees and hips and, in severe cases, arthritis in your foot. So, effective treatment is crucial. But there's no simple fix.

In a situation like yours, when managing recovery after surgery would be difficult, the recommendation to try a brace first seems reasonable. A custom-made foot brace that extends above your ankle can take the stress off the tendon, relieving symptoms and making it easier to walk. In some cases, wearing the brace allows for healing, and no further treatment is needed.

If the tendon doesn't heal with the brace, however, surgery is still an option to correct the problem. Several surgical approaches may be considered. Generally, they involve realigning

Medical Edge from Mayo Clinic is an educational resource and doesn't replace regular medical care. E-mail a question to medicaledge@mayo.edu, or write: Medical Edge from Mayo Clinic, c/o TMS, 2225 Kenmore Ave., Suite 114, Buffalo, NY 14207. For more information, visit www.mayoclinic.org.

or fusing bones together to stabilize the foot. The specific type of surgery you would need depends on your condition. All of the surgical treatments for a torn posterior tibial tendon require a period of recovery afterward that includes immobilizing the affected foot and not putting any weight on it.

Keep in mind, though, that surgery isn't required, even if the tendon doesn't heal. Most people can wear a brace long-term without causing complications or further damage to the tendon. If it relieves pain and other symptoms, and you don't mind wearing it, there's no reason you can't use a brace indefinitely. Many people who prefer not to undergo surgery choose this option.

If the tendon does heal with the brace, consider using arch supports in your shoes long-term to help prevent future tendon damage. Also, in some cases, excess weight can make foot problems worse. So if you're overweight, weight loss may help prevent further tendon damage, too. —Norman Turner III, M.D., Orthopedic Surgery, Mayo Clinic, Rochester, Minn. **SP**

FROM
MAYO CLINIC
MEDICALEDGE



BRIAN CHASE