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7. **Other** **Your help is vital! Any donation you can give will help disabled runners participate in our program and is greatly appreciated.** \$ _____
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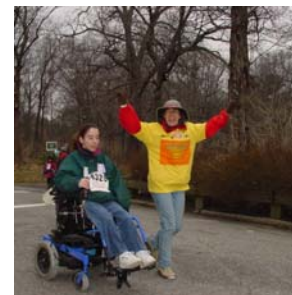


Achilles

**Running—Walking—Wheelchairing
Rehabilitation—Education**

Founded 1983

Volunteer Handbook



Achilles Track Club

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As part of a work in progress, a book concerning motivation, there is a lot of material about volunteers, volunteering, and the New York City Marathon.

The first part provides tips for marathon volunteers. The second describes a number of our Achilles volunteers who have played different roles during the past two decades.

Finally, there is a partially completed section on the history of the New York City Marathon and some of the marathon runners.

Enjoy this rough draft. If you have comments or suggestions, they are most appreciated. My e-mail address is: Dicktraum@aol.com.

*Good luck on Sunday, November 2nd.
Enjoy the New York City Marathon.*

*Cordially,
Dick Traum
October 16, 2003*

Dear Volunteer,

We have signed up over 270 Achilles athletes to compete in the 2003 NYC Marathon. We spent over \$25,000 in race entry fees and will spend an additional \$25,000 plus on hotels and marathon events.

Would you please help us by making a contribution?

Many thanks.

***Cordially,
Dick Traum,***



Achilles is a 501 (c) 3 non-profit organization. All contributions are fully tax-deductible.



Volunteering

I. INTRODUCTION

VOLUNTEERS -THE KEY TO SUCCESS FOR ACHILLES

Without our volunteers there would be no Achilles Track Club - you make it all happen. Most Achilles members would probably not get out and experience the joy of running. Joining as a volunteer with Achilles is more than helping another person, it is also getting exercise and sharing the fun and excitement of participating in running events.

WHO VOLUNTEERS TO RUN WITH ACHILLES?

Our volunteers are people who enjoy running; friendly, considerate men and women who like sharing their own joy of running. Volunteering with Achilles members in regularly scheduled workouts and races is a way to get out and exercise in a low-stress, friendly environment.

Volunteers are not expected to be experts on running, health or nutritional matters. It is a good idea, however, to know something about running with a disabled person. The information and tips in this handbook will help you understand your role as an Achilles volunteer.

II. BACKGROUND

WHAT WE BELIEVE

We believe that running has something good to offer everyone, including the disabled. The Achilles Track Club encourages disabled people to enjoy the pleasures of running and to experience that special feeling of joy and achievement associated with participating in races with the general public.

Our philosophy is that disabled runners are no different from other runners. Sure, they may use a wheelchair or a prosthesis, or can't see



where they're going because they are blind, but that's no reason to avoid running. Studies have shown that a regular running program can do wonders to improve health, energy level and self-esteem.

Achilles is a strong advocate of mainstreaming, that it makes sense to put runners with all capabilities together in races. Seeing a disabled person participate in a race can be very inspiring for other runners as well as spectators. Thus, everyone benefits when disabled people run.

"Doing the most we can." is also our philosophy. We want a world where everyone has the opportunity to run, regardless of their time or speed, because exercising can change your life, can expand your vision of the possible.. Many Achilles runners attest to this.

A SHORT HISTORY OF ACHILLES

The Achilles Track Club (ATC) was established in 1983 to encourage disabled people to participate in long-distance running with the general public. The club was founded by Dick Traum, and Robert Glover. Dick is its current President, and an above the knee amputee marathoner. Robert Glover is his coach and author of the best selling book. *The Runner's Handbook*. We are an international, nonprofit organization that provides support, training, technical expertise and, in a limited way, equipment to runners at all levels and with all sorts of disabilities.

Founded in New York City, the ATC has expanded into 40 chapters in the United States and over 110 chapters on all six continents, including countries like Norway, New Zealand, Mongolia, Dominican Republic, Russia, Vietman, Japan and South Africa.

Achilles is involved in many local and national running events. Every year the ATC sponsors a large number of disabled runners for the New York City Marathon. The 1994 NYC Marathon, for example, had 165 Achilles runners from the around the world competing in the 26.2 mile race. Achilles also organizes special running events for disabled children. In 1994, over 300 children from the New York area participated in a variety of races, receiving T-shirts, running shoes and trophies.



During 1991 and 1992, we had our first runner with a traumatic brain injury, **David Gribben**, participate, while **Tuul**, from the Achilles Track Club of Mongolia, completed the marathon and received a corneal transplant. We kept increasing the number of participants. We were well over 100. Johann Koss, a five time gold Olympic medalist in speed skating, became active with our Norwegian chapter, which sent a large team. **Bob Neumayer**, who uses a wheelchair, began to run competitive times. He became our fastest wheelchair athlete. We also had blind runners from Poland who were completing the marathon in under 3 hours. In December, we began the, "Achilles Handicap." This was a 10 K race in which people were given time handicaps based on their age and sex.

To be continued...

Through the generous support of many organizations, Achilles is expanding its children's running program and increasing membership.

WHY RUNNING?

Achilles is dedicated to running because it is:

- **Accessible** - More people worldwide have access to running than any other athletic activity.
- **Inexpensive** - Requiring only a minimum of training and equipment makes it comparatively inexpensive.
- **Breaks down barriers** - Bringing together the more able-bodied with the disabled, mainstreaming, changes perceptions regarding what a disabled person can achieve.
- **Inspirational** - Inspires and builds confidence among participants, volunteers and observers. Success is applauded at all levels of attainment. Crossing a finish line, no matter the distance, or how long it took to complete, is a life-affirming experience. It says to all involved that the "impossible" just may take a little longer to achieve.

WHAT MAKES ACHILLES SPECIAL?

Achilles is unique because of its emphasis on running. Some Achilles members feel that running has slowed down or reversed the degenerative aspects of their disability. In many cases, running has inspired the confidence to do things that otherwise would have been thought impossible.

Those who volunteer to work out and run with members also see Achilles as something special. Being an Achilles Volunteer can change your life. Not only are our volunteers less likely to take their own abilities for granted, but they come away with a greater appreciation and respect for the disabled person determined to pursue the simplest of dreams -the desire to run.

OUR FOCUS ON SAFETY

Anything that stretches the boundaries of a person's abilities involves some degree of risk. Running is no exception. That's why we pay at-



tention to the risks involved and make it our business to take every reasonable precaution necessary to ensure a safe, enjoyable, healthful experience.

VOLUNTEERING

GETTING STARTED

Your first Achilles workout as a volunteer often seems a bit intimidating. Don't worry. We are nice people. You will be in good company with fan and energetic people who share an interest in exercising.

Disabled people are no different from other groups. Sure they may be missing a leg or two, but they have the essentials: a decent personality and sense of humor.

Are you uncertain what to call a disabled person? "Disabled" is fine as a way to refer to someone who is not considered "able-bodied." Terms like "handicapped" or "crippled" have a negative connotation. "Physically challenged" sounds a bit cute.

SAFETY: KEEPING OUT OF HARM'S WAY

A volunteer's most important role is to make running safe. Not only do disabled people have the usual problems that all runners face — crime, physical assault, injuries from falls- but depending on the disability, each Achilles runner faces his or her own unique safety problems. Thus the issue of safety is paramount for Achilles.

Many safety issues can be avoided by following two simple rules:

- (1) Anticipate potential safety problems, and
- (2) take measures to avoid them *before* they happen.

As a volunteer, be alert to your runner's physical abilities; don't push too much. Keep a nice even pace. Talk during a race and during workouts. Never run so fast that you can't hold a conversation.

During practice runs it's better to stay in groups and avoid uneven

lost an opportunity of a lifetime. These two stories illustrate the importance of a volunteer, a coach, and the motivation process.



Nano Chilmon and *Joe Boutros* were two of many wheelchair athletes from the Achilles Track Club of Lebanon. They would come each year and make a very good showing. After the marathon, they would be hosted for a little celebration dinner by their mentor, *David Rich*, who is an Achilles board member. Nano got sick and remained in New York. He was introduced to the hand crank wheelchair program and has become one of our great wheelchair athletes.

Andre Malachi had a stroke many years ago and runs the marathon on foot. He is typically accompanied by one of our great volunteers, *Bonnie Marks*. It takes him approximately seven hours to complete the distance. During the past few years, he has been living part time in Colorado and also in Guyana. He is responsible for setting up a small chapter in Georgetown. Andre is an example of how someone with a stroke can develop into a marathoner and subsequently a leader.

Laurie Penesis is our fastest below-the-knee amputee. She has completed the marathon a number of times in approximately four hours. Her fulltime job is most interesting. She works with the New York City Outward Bound chapter. It's a fantastic example for someone participating in an Outward Bound program to be led by a program director with one leg who is almost certainly in better shape and probably faster than anyone else in the group. As she leads groups on Outward Bound adventures including hiking and mountain-climbing, she helps change the perceptions of able-bodied people about the disabled. Laurie is the person who helps develop the taste for achievement and passion among Outward Bound participants.

We also had famous volunteers. *Mariel Hemingway* joined Tim Erson and a young man with cerebral palsy from the A. Harry Moore School. At this point we had Vaseline as a major sponsor. Consequently, the front of Mariel's team shirt had the Vaseline logo. She probably did not want to be associated with the product and very neatly pinned a ribbon on top of the Vaseline logo so that it could not be seen. Tim, Mariel, and a young man with Cerebral Palsy started the event and were immediately followed by the media. They finished in under six hours and both Tim and his student had the time of their lives. Mariel was a fantastic volunteer. That same year, Trisha Meili began running at our Gaylord chapter in Wallingford, Connecticut. Zoe Koplowitz, who has multiple sclerosis, was also introduced to running. She became our slowest runner inasmuch as she required almost a full day to complete the 26 miles.



run with Bill Phillips and *Trish Dorff* as volunteers. Tanya wasn't properly trained, and the game plan was for her to go out very slowly and try to navigate the marathon as differentiated from running it. If she completed it, she would become the first female with an above-the-knee amputation to have run a marathon. I saw Tanya at the fourteen-mile mark. She was in tears. Her leg was hurting. She complained of blisters. There was no way that she could complete the last twelve miles. She sat on the curb and removed her artificial leg to show me why it was so painful. My response was, "Tanya, that doesn't look so bad, let's go across the Fifty-Ninth Street Bridge and then we can get your baggage." So the four of us walked across the Fifty-Ninth Street Bridge.

As Tanya saw the crowds on First Avenue, she got a jolt of energy. Everyone was applauding. She was a hero. Not only was she able to walk, but she actually jogged. All of a sudden, we were at the eighteen-mile mark and the crowds became thinner. Tanya's mind returned to the pain. Trisha suggested that we just go into the Bronx and there would be a place where she could get some medical help. We walked a couple of more miles. There was medical tent and she continued to complain but looked somewhat better. Tanya was asking about the bus to the finish line. It was suggested that if we walked back into Manhattan, it might be easier to get the "sweep" bus. She thought that made sense, and before long we were close to Central Park. Where was the bus? We were just a mile away from Central Park, let's go to Central Park. We made the twenty-three mile mark; just three more miles to go. Tanya was still complaining, and Bill explained that we needed to get her bags before we could go home. To make a long story somewhat shorter, Trisha prodded her, I mislead her, and Bill motivated her, and somehow, Tanya completed the marathon. She became the first female in the world with an above-the-knee amputation to finish the marathon. She finished and she was ecstatic. For the rest of her life, she could describe the day.

Andrez went out at a much too fast ten minute pace. By the time he reached the half marathon spot, he was tired. He walked; he jogged; he got into Manhattan and passed the sixteen mile mark. He wanted to quit. His volunteers said, "Ok," and that was the end of his race. He cut across to the Park and got his baggage.

Over the next decade, Tanya ran in races throughout the former Soviet Union and became a personality. Wherever she went, people would meet her, occasionally ask for an autograph, and compliment her as a great athlete. Andrez returned home with his tail between his legs. We never heard from him again. Tanya had volunteers with her who motivated. They cajoled her; they mislead her; but somehow they got her through the event. It changed her life. Andrez, the more talented athlete, with a below-the-knee artificial leg, could have accomplished it much more easily. He did not complete the race and

roads; this is especially important for wheelchair and blind runners. When running with a blind runner make sure you work out a system in advance to warn about pot holes and hazards. Also keep the runner informed about any potential safety risks, such as cars, other runners, etc. Remember that athletes coming in the opposite direction do not know a runner is blind. A fast and effective way for a volunteer to get people to move out of the path of a blind runner is to yell "blind runner!" It will get their attention and help avoid collisions. Writing "Blind Runner on the member's shirt or on a sign pinned to the shirt is another way of alerting others during races.

Wheelchair athletes must remember to share the road with other runners and cars. Being courteous to others is sportsman-like behavior.

If you are running with a person in a wheelchair, remember to get ahead of the chair going up a hill so you will be in better position to help on the down slope. Wheelchairs can be very fast going downhill.

Alert any runners ahead of you that a chair is about to pass ("Wheelchair passing on the right!" for example). On a level road, run slightly behind the wheelchair and on the traffic side to alert cars to your presence.

THE VOLUNTEER'S ROLE DURING WORKOUTS

Workouts are meant to provide an aerobic experience, exercise that enhances one's physical fitness. That means exercising for a minimum of twenty minutes at an elevated heart rate at least three times a week. One of those three times will be the weekly club workout. Where and when the additional workouts are done should take into account the nature of your partner's disability. Blind runners need a companion. Some weather conditions make running for wheelchair and crutch runners too treacherous (snow and icy conditions, for example). When outdoor workouts are not advisable, you might suggest an indoor alternative, like using an exercise machine, climbing stairs, or stepping on and off a large book. In any event consider your own time requirements and inclinations. After all, the success of our club depends partly on the pleasure volunteers get from running with members, and it should not be an unpleasant obligation.



HEART RATE

All new members, and those who have systemic problems, (e.g. cancer, heart trouble, MS) should have their heart rate monitored regularly. Volunteers should be familiar with how to do this. The target rate for aerobic exercise is around 75% of the maximum rate for each individual. That maximum rate (which you never reach) is 220 minus your age. The average runner who has been with the club for a month or two and has worked up to the 20 minutes-per-week minimum should try to run consistently around the target rate for the full 20 minutes; no stopping and starting. Beginning runners and runners with systemic problems should avoid going above the target rate.

HOW TO MEASURE HEART RATE

Heart rate can be measured by lightly touching the wrist or carotid artery on either side of the front of the neck (just below and behind the glands that swell when you're sick). When you can feel the pulse, count how many pulse beats in 15 seconds then multiply by four.

A simpler method is the "talk test." Aerobic exercise, should never be so exhausting that you can't converse with your partner. If you cannot talk in between pants you are moving too fast. That is one of the great advantages of running for sport; it can be very social.

Aerobic exercise has the effect of gradually changing the body's "set point," or metabolic level. A healthier heart muscle and lungs will thus be attained. A measure of this improved fitness level is that the resting pulse rate slows down. A good practice, for Achilles members and volunteers alike, is to check the pulse in the morning before getting up for signs of progress. If the pulse occasionally rises, that could be taken as a sign of overtraining or fatigue.

Some Achilles members will be held back from exceeding their aerobic rate by the constraint of their disability. It is possible to vary workouts by walking a short distance fast, then once slow. This is a useful technique for beginners who tire easily. The interval could be between trees or lamp posts: running one time, walking the next. It is also OK to rest during workouts or races.

ing at 10:30, the finish would be after dark. He suggested beginning at 7 AM. On October 24, 1976, the world of marathoning changed. The New York City marathon was a smash. Approximately 2,000 people completed the five-borough race. Someone predicted that as many as 5,000 might eventually run the course. I joined the board of the New York Road Runners Club as one of the runners with "business experience" and continued to participate in races and marathons through 1983. At this point, the Achilles fielded its first team of disabled runners. We had a total of six and were very proud. One, Linda Down, had been invited to the White House by **President Reagan** in 1982, and **John Cruz**, another amputee, was invited the following year. Achilles grew very quickly. It increased from six marathoners in 1983 to thirteen in 1984, and twenty-five by 1985. If someone required over six hours, they would start early.



Some of the notable members included **Andre Francis**, who was now famous, in my mind, for, "The Milk Run" at Coler Hospital. **Pat Griskus** was the fastest amputee with a below-the-knee prosthesis. He was faster than the average able-bodied male. **Sandy Davidson**, who worked at the United Nations, became the first person with a stroke to complete the marathon; Al Reyes from our Vermont chapter, became the first person with a multiple disability to compete. He had a quadruple heart bypass and was also legally blind. By 1985, we became international with **Brian Froggatt** joining us. He lived in New Zealand, was coached by telephone, and eventually helped start our New Zealand chapter. We also had experienced wheelchair athletes from our chapter in Toledo, Ohio; **Ann Applewhite**, as well as **Boris Esterkis** from New York also competed with wheelchairs. **Richard Torres** and **Yvonne Myvette**, who had cerebral palsy and were able to run on foot competed. In 1986, **Aaron Schor** completed the marathon with a muscular degeneration disability. We progressed into 1987 with Bill Reilly and **Dan Winchester** competing. Both would kick backwards in their wheelchairs because their arms were paralyzed as a result of cerebral palsy. Linda Down ran the marathon with Al Gordon, who became our oldest volunteer at age 87. In 1988, **Cyril Charles** also participated. He was the first blind runner, coming from Trinidad and Tobago, to receive a corneal transplant. In 1989 and 1990, we had our first group of Russians from Moscow who were running on artificial legs provided by The Helen Hayes Hospital.

Two of the runners were **Tatiana Kuznecova** and **Andrez Kuzmin**. Tanya had lost her leg some years earlier in a car accident while Andrez lost his as a corporal in Afghanistan. Apparently, he stepped on a land mine. At the time, the Russian Army gave corporals an additional \$7.00 per month, which was in "hard currency" if they volunteered for this dangerous duty. The funds could be used to purchase anything from the West. Tanya started her



Andy Ashwell joined us representing New York Cares. This organization specializes in providing volunteers for a wide variety of organizations in New York. Over the past ten years, Andy has probably participated in over 1,000 workouts. He is the epitome of a volunteer. Aside from matching up with the most demanding runners, he keeps a sports wheelchair in his house and brings it to each workout for **Bill Reilly**. Bill has cerebral palsy and has run with us for over 15 years by kicking backwards. He gets to the practice with an electric chair. Andy is also working with John Rand. He has a very severe ambulatory disability and is beginning to walk for the first time in several years with Andy's support. When he arrives, he spells out a few words by pointing to letters with a stick. John is preparing for the New York City Marathon which he will do partly in an electric wheelchair and partly on foot.

Laura Dwork frequently runs with **Elizabeth Salick**. Elizabeth, who is completing her Ph.D. in Clinical Psychology, runs with an above-the-knee amputation. She is running several miles at a time using a, "leg over leg" system. Stated differently, she runs with almost a normal gait. Laura has encouraged Elizabeth to cross-train and has gotten her involved with swimming. This is a great example of how the strong interaction between an athlete and a volunteer has a tremendous impact. Another runner/swimmer is **Eileen McGillicuddy** who is working with **Dan Trush** on swimming.

We also have volunteers who are "famous." One, for example, is **Candice Bergen**. When in town, she joins us on Saturday mornings and accompanies disabled runners. She wears dark glasses and is typically not recognized. Her daughter, **Chloe**, ran the marathon last year with Bill Reilly who competes by kicking his wheelchair backwards. They completed it in 8 hours.



In almost all cases, the volunteers are great. They come out; they accompany a disabled runner; and add value. Sometimes, as with any organization, there are "wash outs." One volunteer, for example, who is gay, insisted that she would only run with a disabled female. Another volunteer acted as if he were going to the ASPCA to take a dog out for a walk. He was interested in accompanying an attractive female between the ages of 20 and 30.



The New York Road Runners was having its first 5 borough marathon to celebrate the Bi-centennial (1776-1976). Having completed the 13.1 mile Hispanic Half-Marathon, my goal was the marathon. Fred Lebow, President, quickly calculated my time as seven to eight hours. He realized that by start-

A FEW SIMPLE RULES FOR VOLUNTEERING

1) *Remember the disability.* Sometimes it's easy to forget that the person running next to you is disabled. He is running well, you are both involved in conversation, when suddenly a rut in the road appears and the trips. Oops! You forgot he was blind. This happens more often than one would think. You have to continually remind yourself of your runner's disability.

Also, what we call "running" varies, depending on the Achilles member's disability. Running could mean hop-skipping for someone on a prosthetic leg; walking with or swinging through crutches; pushing a wheelchair with one's hands or arms, or pushing backwards in a chair for those who do not have the use of their arms for movement. "Running" is, in short, any form of self-propulsion appropriate to a person's disability.

2) *Be direct.* It's OK, in fact it is necessary to talk or ask questions about your runner's disability. For instance, if the runner is blind, how does he or she want to be guided? (Some use a tether, others prefer an arm. Some blind runners may just like to run side by side.) Just ask, "What should I be aware of?" Each member knows better than anyone else what he or she needs from a volunteer. Not all disabilities are apparent -MS, epilepsy, asthma, head injuries, heart problems, diabetes. You won't know how to help unless you ask. Don't worry that you will insult the person by bringing up their disability.

3) *Gear yourself to the disability.* Each disability demands a different type of volunteering. Wheelchair athletes, for instance, need volunteers that can stay with them at differing speeds, someone who can manage the erratic pace of the wheelchair -slow on the uphill and fast on the downhill. If you are accompanying a blind runner, be alert for pot-holes or other obstacles. In short, anticipate the needs of the Achilles runner.

(see later chapters for a more detailed description of disabilities you may encounter among Achilles runners, and each disability's implication for running.)



4) *Be a Buffer.* Always place yourself between your runner and any oncoming traffic. This can be difficult-at times, if not dangerous, especially when accompanying a wheelchair athlete. Such runners prefer to race close to the center of the road, where the incline isn't so great. If the road is open to traffic, this can create a hazard to both the runner and the volunteer. It is best to run when there is no traffic (Central Park, for instance, closes its road to cars during certain hours) or make sure that you're clear of moving vehicles. Again, the first rule is safety.

5) *Don't be Saccharine.* There is such a thing as reverse discrimination, bending over backwards to be extra nice because you feel sorry for a person. It comes across as patronizing. If you are unsure about how to react in a situation, the best rule is to act natural and treat Achilles members like anyone else.

6) *You can say NO.* As a volunteer, you are there to help an Achilles runner while, at the same time, having a pleasant experience for yourself. If asked to do anything that would spoil the fun, like doing an extra long workout, or taking the person home, you can say no; you are not an indentured servant. Also, Achilles runners, like everyone else, are trying to meet that special someone. When they see someone they like, they can often be very direct. If you are not interested, say so. Don't be mean, but don't feel obligated to go out.

TIPS FOR VOLUNTEERS REGARDING DISABILITIES

Blind Runners:

- Before starting a run, agree on how to communicate essential warnings and instructions. Words such as "toward me," or "away," are easier to understand than, "bear left," or "bear right." Short words are always better than long words or phrases (e.g., "Stop!" "Hole!", "Bump.") Sometimes a light push or pull is the fastest and most direct way of helping a blind runner around a road hazard.
- It can be easy to forget that your partner is blind when involved in conversation and running easily. That's why an extra effort must be made to keep alert to any potential problems.
- When necessary to avoid a collision or sudden change in road condition, the fastest, most effective response is to grab the runner.

board member; and *Steve Rattner*, the head of a large construction firm. They raced along the marathon course at full speed, barely keeping up with Helene.

One of my favorite descriptions of a marathon volunteer, describing the marathon, comes from *Bill Phillips*, who has been an Achilles board member for many years and was the CEO of Ogilvy & Mather. On one occasion, he describes accompanying a wheelchair athlete up the 59th Street Bridge and walking with her at a slow pace. At the top of the bridge, she picks up her speed and he can no longer keep up. As they enter Manhattan and run down First Avenue, she is a couple of blocks ahead. The first runners on foot have not passed so everyone is applauding the brave wheelchair athlete, and then a minute later, Bill Phillips, whose disability is not quite as obvious. No one realizes that he is a volunteer. The crowd roars its approval as Bill races down First Avenue.

"Way to go; great going; go Achilles; looking good." Bill shouts, "I am a volunteer." He tries to pantomime that he is trying to catch the wheelchair athlete. Of course, no one understands. They are applauding this great Achilles athlete with the red Ogilvy & Mather cap.

Bill tells a second story. Two years later, he is teamed up with a paraplegic Bulgarian. As is typical in every marathon, a number of volunteers do not show. Consequently, we switched him to run with a blind Mongolian. She spoke no English, and Bill speaks very little Mongolian. So there they are at the starting line with almost nothing to say. She strikes up a conversation in Mongolian, and he doesn't understand. Consequently, she speaks louder. Sometimes this works. Bill still doesn't understand, so with a few trials and errors, he finally goes, "SSSS??" which some people would describe as an international expression for the need to urinate. She smiles; he understands Mongolian, and he promptly takes her to a Port-O-San. Eventually, they take off. Bill holds the tether, and the two runners enjoy the day. Bill completes the description by saying, "Paraplegic Bulgarian, blind Mongolian; what's the difference."



Over the years, we have had a couple of thousand marathon volunteers. Many describe the day as one of their all time favorites.

Each Tuesday and Saturday, the Achilles chapter in Manhattan meets for workouts. There are also races, typically on Sundays, which members participate in once or twice a month. The workouts begin with stretching. Subsequently, the volunteers and members are divided and go in different directions at different speeds for a variety of distances. We have several New York City volunteers.



sports wheelchair to take home. From the perspective of the runners, this was better than getting a car. One of the supporters of the program is the **Allan T. Brown Foundation**. Each year, they contribute five wheelchairs for our members. The foundation is named after Allan, who is quadriplegic. He became the first person with quadriplegia to complete the New York City Marathon. Eventually, he married, had a couple of kids, and settled in Florida with his family.

We also had groups which contributed chairs. One was Poly Prep, a private high school in Brooklyn. In conjunction with Zoe Koplowitz, an Achilles member with multiple sclerosis, they raised funds for two chairs. In a wonderful ceremony, one was given to **Michael Inglese** from an Upstate New York Achilles chapter. Michael had multiple disabilities requiring a chair. He had been adopted by a church in Upstate New York and began working out. Eventually, he completed the marathon. It was a wonderful experience for the high school kids at Poly Prep and for Michael.

Recently, we started the hand crank wheelchair program. One day, out of the blue, a check for \$50,000 arrived from an anonymous donor to be used for, "The Hand Crank Wheelchair Program." It generated the purchase of approximately thirty-five hand crank wheelchairs and began a new program with a critical mass.

Many, many other individuals and companies have volunteered product and services. They have ranged from a **Dr. Joe Boodin**, a gynecologist, who completed surgery on a young lady from Siberia who had cysts, to a **Dr. Joe Fetto** and Dr. Tom Einhorn who have helped Achilles runners with different orthopaedic problems. One medical doctor, **Nina Cerfolio**, provided psychiatric help as a volunteer. The **Weisenfeld family**, including **Murray**, who recently passed away, his wife, **Shirley**, and his daughter, **Laurie**, have helped Achilles members for over twenty years with foot problems. You could say that Achilles volunteers have provided help from head to toe.



The largest number of Achilles volunteers help us each year for the New York City Marathon. While this topic will be discussed in more detail in a later chapter, there are a couple of stories which provide some idea of what it takes. The fastest Achilles member is **Helene Hines**. She completes the marathon by using a hand crank wheelchair in approximately an hour and 50 minutes. That is almost a minute per mile faster than the top athletes on foot. Unfortunately, because of her MS, her eyesight is poor. Consequently, one year she was accompanied by three rollerbladers. It was a special crew whom she had trained with and included, **Arthur Sulzberger, Jr.**, who publishes The New York Times; his cousin, **Dan Cohen**, a New York Times

- Most blind Achilles runners have some eyesight. Before starting out, ask your Achilles partner about their visual condition and what degree of help is desirable, e.g. "Can you see the white lines on the road?"

Amputee Runners:

- **Crutches:** Watch out for the paper cups at water stations. They're slippery and can cause falls for someone on crutches. In the same way, watch out for oil on the road and any obstacles that may cause tripping. Crutch runners should also have spare crutch tips with them during a long race.
- Amputees on either crutches or prostheses run slower than most runners. They thus are usually given an early start. When the front runners in the main pack begin to catch up with you, move to the side of the road until the fast front runners go by.
- Avoid touching the runner during the race. Similarly, block other runners from touching your Achilles partner.
- Volunteers should be aware that an amputee runner tends to favor the side of the road where the "good" leg is on the higher side.

Wheelchair Runners:

- Do not touch a wheelchair during a race.
- Be alert to a wheelchair runner's favoring of the center crest, the "sweet" part of the road. That's where it feels more balanced - comfortable- for the wheelchair athlete than on the sides. But the sides are safer from traffic. It may be necessary to pick roads or times with no traffic. Still, a volunteer should position him/herself to alert traffic to the wheelchair's presence, and to signal the runner to move over to avoid oncoming traffic.
- On hills a volunteer should get ahead of the chair on the uphill run, in order to be in position to alert the chair runner to potential hazards (like going too fast) on the downhill side.

VOLUNTEERING IN YOUR FIRST RACE

Volunteering for a race is different than for a workout. There are a lot more people involved in a race, and the more people in the race, the greater the potential for accidents. It's also true, that the more people, the more fan -the New York City Marathon is a case in point. Running



in a pack of people is different than running alone or with another person - all these runners passing by, or challenging to surge ahead. A volunteer's job during a race is to help the runner complete the course without complications.

Some runners take longer to compete in races, so we often have early starts. These can range in time from 4 hours (for marathons) to 15 minutes for shorter races; it depends on the distance. An early start means you won't be swamped by the crowd of runners leaving the starting line. However, once the race starts, be on the alert for when the front runners begin to pass you by. These runners are exceptionally fast, and need to pass without any interference. When you see the lead pack approaching, clear off the main road and let them through. In fact, take the opportunity to cheer them on, just like by-standers have been cheering you on up to now. Another way to avoid the crowds at the starting line is to start at the back of the pack.

To ensure a smooth race, volunteers should first attend workouts, thus becoming familiar with running with different disabled people. Then when you get into the race you can concentrate on safety and having a good time.

VOLUNTEERING FOR THE BIG ONE: The New York City Marathon

Everyone wants to volunteer for the New York City Marathon, and it's no wonder. Nothing compares with running or walking through the streets of New York, being cheered by and feeling the support of millions of New Yorkers. There is an added benefit to volunteering -- you are under no pressure to finish the race in a certain time. In other words, you get to participate in the world's most famous marathon without stress!

This is not to say that running the New York City Marathon as a volunteer is easy. 26.2 miles is still 26.2 miles, whether you run, walk, or dance the entire way. It's a long distance, and preparations are essential.

TIPS FOR VOLUNTEERING IN A MARATHON:

per article discussing my running with an artificial leg, a reporter quoted me as saying, "Every marathoner should have a good artificial leg." Imagine the 30,000 people lining up at the New York City Marathon carrying 30,000 "good" artificial legs. The article did, however, serve as the beginning of a program in which disabled runners who were members of Achilles, typically from poor countries, being fitted for and given prostheses. The goal was to have a level playing field. It wasn't appropriate for me with a good artificial leg to beat someone from a poor country because of my superior equipment. The folks at Helen Hayes Hospital made several, as did **Carlos Morano**, **John Eschen**, and **Roger Chin** who has a shop in Chinatown. There was an organization in Michigan that provided eight artificial legs for seven members of our amputee team in Poland. One member is a double amputee. It was magnificent. Each amputee was given an artificial leg and they went home with the best equipment that was available. During the past few years, Hanger, a prosthetics manufacturer, has provided many legs on a regular basis. The two most recent recipients have come from Trinidad and Tobago and Sri Lanka.

The World Rehabilitation Fund received a large amount of prosthetic equipment which had been part of a New York University program in prosthetics that was closed. We shipped it to **Dr. Gambold**, our amputee in Mongolia. He set up a small prosthetics factory in Ulan Bator. We came close to setting up a program to manufacture artificial legs by computer in Moscow. The only missing ingredient was several tons of chromium steel that Carl Landegger had agreed to purchase from the Russian Armed Forces. These hard dollars were to be used to set up a prosthetics facility in Moscow to provide legs for amputees returning from Afghanistan. We didn't pull it off. Everybody in the United States volunteers. This is probably one of the greatest things about the United States and yet it goes unnoticed. On the other end of the spectrum, when the Russians began running the marathon as members of Achilles, they would continuously ask the volunteers accompanying them how much they got paid. They would not believe that a person would go out and run 26.2 miles without compensation. Think of the difference.

One year, at the beginning of the marathon, an Achilles member from the Dominican Republic, appeared at the starting line on a skateboard. The question was, "why aren't you using a wheelchair?" He responded that his chair could not make 26 miles. We got him a chair and also initiated a program called, "Endow a Chair." For \$1,000, an individual could provide a chair for an Achilles member. We purchased these chairs, typically from Quickie, in a special way. They were slightly used wheelchairs which Quickie placed in hospitals to demonstrate a product. As soon as they began to look shopworn, they were replaced and we purchased them at approximately one-quarter of their value. As the program progressed, we were able to provide each Achilles member from a third world country doing their first marathon with a good



a school for the blind to New York for the marathon. It is interesting inasmuch as during Paul's travels, people asked about his suitcase. Paul brought all of his belongings which were not quite enough to fill a small overnight bag.

A couple of years later, Rick and his wife spent three months in Bhutan, where we are setting up a chapter. The goal is to bring approximately fifty computers to the school next year. This will probably be one of the largest concentrations of computers in the entire country. Years from now, if you want a good computer programmer, or professional, it is more than likely that the individual will be visually impaired or blind. The project is being made possible through the work of Rick Lipsey, along with *Adrienne Cooney-Kenny* and her brother, *Mike*. Adrienne, who completed this project with zest and skill in South Africa, is providing, as a volunteer, the expertise and Rick knows the people and the language in Bhutan. We will also be bringing one or two visually impaired members of Achilles to the country in order to set up the program. Finally, we may attempt an Achilles hike to the base camp of Mt. Everest. Rick is the epitome of an Achilles volunteer.



As Achilles began to set up international chapters, some of our members were found to be visually impaired primarily because the country did not have the technology or the disabled runner did not have the resources for surgery. One of my running associates was *Dr. Richard Koplín*. He is an eye surgeon with a practice at The New York Eye & Ear Infirmary. One day, when we were discussing this situation, he said, without blinking, "Anyone who is a member of Achilles that can benefit from eye surgery will be treated." Over the past fifteen years, well over 100 Achilles members have been checked by Dr. Koplín. Many have been helped. He has literally changed the lives of dozens of our members. The problems have varied from people requiring corneal transplants to people with who could be helped by cataract surgery. Others have been helped with special glasses and lenses and equipment which can be used for people with low vision to read. The success in this area has been one of the most rewarding activities that has taken place with Achilles. A television piece on *Cyril Charles* was shown in conjunction with the marathon. It began with him playing a piano and the keys were very, very fuzzy. The piano keys were shown as if they were being seen by someone who is blind. Subsequently, the keys came into focus as the announcer stated that Cyril Charles could see again. It brought tears to my eyes.



Frequently, people are quoted but the quotes are out of context. In a newspa-

Here are a few things to think about prior to the marathon. Additional information regarding volunteering in a marathon will be provided at an appropriate time.

? Train for volunteering in a marathon as you would for running the marathon. If your expectations are low — that you and your Achilles partner won't reach the finish line — chances are you won't train hard enough and not finishing will become a self-fulfilling prophecy.

? An important part of volunteering is to make sure your Achilles runner gets home safely after the race. Don't abandon him or her at the finish line. If someone is meeting the runner after the race, help them to find each other. When necessary, help the Achilles member find his or her way home.

? Be prepared with the taxi fare, just in case your runner needs to stop.

? When volunteering with a foreign runner it's a good idea to prepare some handy phrases to use in the runner's language to make communicating easier.

? Be prepared for any kind of weather. The weather in early November is highly unpredictable. Carrying a few things in a backpack for changes in weather is a wise precaution.

IV. HOW TO RUN WITH A DISABLED PERSON — by Tim Erson

People with a variety of different disabilities and different levels of athletic ability, fitness, and experience in sports arrive at Achilles Track Club workouts. Many have never participated in sports before, but they are willing to try, inspired by seeing or hearing about other Achilles athletes.

Volunteers are often the first link in a new member's venture into the world of running. That contact is crucial and can provide an athlete with the confidence he or she needs to come back, improve, and eventually enter races. A volunteer who makes the first experience of running positive is playing a significant role in this process.

Volunteers are helpful by just being friendly co-runners. But a better



understanding of an athlete's particular disability, combined with your sensitivity and creativity, will help the Achilles athlete have a safe, enjoyable and beneficial experience. This section provides general descriptions of disabilities encountered among Achilles athletes, along with the implications for running.

Physical Disability

A physical disability is defined as the loss of physical power as a result of injury, disease, or congenital anomaly. The key phrase is "loss of power." Loss of power in one area of the body requires additional effort by other parts to compensate. Ultimately a greater demand is placed on the cardiopulmonary system (heart and lungs). Fatigue and labored breathing are often related to how hard the heart is working and to how much oxygen is being delivered to working muscles.

Training Aerobically

Training aerobically strengthens the cardiopulmonary system and helps to improve the rate at which oxygen gets to the muscles. It means working at an intensity that raises the heart rate for a sustained period of time, but without causing breathing to become labored due to too high a demand for oxygen. When an athlete overtaxes the cardiopulmonary system, making breathing difficult, it also becomes hard to hold a conversation. That's why the talk test is a good way to monitor the aerobic process. Taking the pulse is more accurate, and necessary in cases of heart or other systemic disease. Aerobic workouts offer very positive results for disabled people. They are safe, recommended, and reduce risk of injury.

DISABILITIES

AMPUTATION

Refers to the absence-of a limb or limb segment due to injury, disease, or congenital abnormality.

Implications for running: Many people with amputations do well at running. Leg amputations are classified as AK (above the knee) or BK (below the knee). With the new prosthetic technology some BK amputees can walk and run almost as well as they did before, whereas an AK will have less power and speed. Ability to run fast and efficiently is also related to the length of the residual limb; the athletes

every one.



Herb Thornhill, M.D., is a physiatrist and Director of Rehabilitation Medicine at Harlem Hospital. Herb and his family are a volunteer clan. Herb became involved with Achilles many years ago and was responsible for setting up an Achilles Kids program which was run by **Jacqueline Rome** at the Harlem Hospital. He also joined Achilles as part of the experimental Achilles Plus program. The objective is to encourage people who are overweight to increase their exercise, join others, and train for the marathon. Herb, who has completed the marathon several times, has three children, **Marsha, Herb, Jr.**, and **Debby**. While Debby occasionally works out with Achilles as a volunteer, Herb, Jr. runs it almost every year. Herb, Jr. is one of our few volunteers who speaks Japanese and is a fantastic help with our Japanese chapters.

Marsha is the star. She would volunteer on many occasions, both during the Saturday morning workouts and for the marathon. One year, she volunteered to travel to Kenya. As a medical doctor, she participated on a large series of surgeries for Kenyan children. A typical surgery would be on a child who had been severely burned. While in Kenya, she set up the Achilles Track Club. Kenya, over the last 15 years, has grown, running-wise. First, obviously, was the development of the finest men's running program in the world. Typically, in a major marathon in the United States, the Kenyans will represent at least half of the top ten finishers. About ten years ago, females from Kenya began to compete, the first being **Tegla LaRoupe**. Subsequently, we had our disabled Kenyan program. Disabled runners from Kenya, who are typically blind, join Achilles and run the marathon. Recently, Dr. Marsha Thornhill became sick with sarcoidosis. As she fights it, she is in the process of setting up a foundation for people with this disability. While attending a conference at the National Institutes of Health, she pointed out that no research was being conducted in this area. As a result of her efforts, four million dollars will be spent in the near future to help cure people with this affliction. The Thornhills are our first Achilles clan.



Rick Lipsey, who had been volunteering with Achilles for many years, started working with Chris Stewart, who set up our chapter in Myanmar. The chapter was working but it was very difficult getting a visually impaired runner out of the country. There is no embassy in Myanmar and all transactions are done in India. The fee for a visa is \$300, which is more than the average Burmese makes in a year. The process also requires about three days of travel. Rick picked up the ball; he went to Myanmar; and lo and behold, he brought **Paul Mung**, a visually impaired priest, who is part of our chapter in



given the proper wheelchair. During the past few years, Chris has given his entire life to Achilles and has done as much for people throughout the world as anyone anywhere.



Mr. Suinaga and **Irene Draesel** worked together at the Long Term Credit Bank of Japan and helped found the Achilles chapters in Japan. Over a period of years, they made the contacts and the chapter prospered. Unfortunately, like other banks in Japan, the Long Term Credit Bank had some tough times and eventually closed its office here. As Mr. Suinaga returned to Japan, there was joking about how the bank may change its name to the Short Term Credit Bank of Japan. Anyway, upon returning, he helped increase the membership, and generally improved the chapter. Each year, ten to twenty members and volunteers from the chapter complete the marathon. One runner, who has cerebral palsy, pushes his wheelchair with his feet and covers a good deal of the event going backwards. Each year, **Mary Bryant**, **Jim Rooney** and his wife, and I join the Japanese team for a special lunch before the marathon. Mrs. Rooney is Japanese and Jim speaks the language fluently. In 2001, they began by apologizing to me for doing poorly during the registration and pick-up of numbers. I couldn't understand what was going on. Apparently, they got in line to pick up their numbers but were told to wait for over two hours. Although the marathon was open for registration, the official responsible for registering Achilles people was not available. No one could register without this official supervising. So the entire Japanese team spent over forty man hours waiting for the proper person to come. They believed they must have done something wrong and were being punished. In the Japanese tradition, anything that goes wrong, they assume is their fault. The Japanese continue to run the New York City Marathon. At our last luncheon, **Mr. Itoh** and **Michiko Tabata** put on their wedding suit and gown, and we had a wedding celebration. **Joshiko Jo**, one of our great volunteers, helped with the translation.

Daniella Zahner set up the Achilles Track Club of Switzerland. She was a national class skier who, during the ski season, was in a car accident which resulted in multiple breaks of her legs. She currently walks with the use of crutches. She can also use them to run and has completed a marathon in under five hours. Daniella emphasizes the Ultra-marathons, meaning races of over 26 miles. In one, while running on crutches, she came in as second female. The mindset of disabled people running in Switzerland is a little different. They wanted to disqualify her and suggested that the crutches gave her an advantage over the other participants. People look at her and notice she is disabled. They ask, "Why should she bother competing in the sport?" Daniella's first love is mountain climbing. There are 42 peaks in Switzerland of over 4,000 meters. Her goal, which has almost been reached, is to climb

with particularly high level amputations, or hip dislocations, may not tolerate wearing a prosthesis. They may choose to run with crutches and swing-through gait, rather than a prosthesis.

Prosthetic fit and residual limb sensitivity. Amputee athletes may need to monitor skin breakdown, blistering and swelling in their residual limb when beginning to run. They will often know best how to treat the blister, and may need to carry additional stump socks so they can change them and wear the prosthesis comfortably. If swelling is present the athlete should elevate the limb and apply ice and a compression bandage.

ARTHRITIS

Osteoarthritis: Degeneration of bony joints due to a chronic inflammatory process that may be related to a variety of different causes. Arthritis may manifest itself in one or many joints throughout the body, and is painful.

Rheumatoid arthritis: Refers to the disease process, and can be very disabling, causing several bony alterations and deformities. It typically has periods of exacerbation (which may last for days or weeks) and remission, and affects many joints in the body.

Implications for Running: Inactivity associated with arthritis often leads to decreased muscle strength, which leads to further disintegration of joint integrity.

In general, athletes with arthritis are encouraged to run or race-walk within the limits of pain-free range of joint motion and activity duration. If athletes experience pain running up or down hills, they should be encouraged to slow down and gradually develop a tolerance for a higher activity level. The principle is: keep their running pain-free.

Weather conditions can affect how people with arthritis feel on a particular day. Generally they experience more pain and discomfort on cold and rainy days.

Athletes and coaches can investigate the use of a cane or crutches for longer distances as a means of decreasing the amount of weight borne



on an arthritic leg.

There is evidence that running and weight-bearing activities help maintain bone integrity, and this may help a person with arthritis.

Achilles athletes with severe arthritis have experienced some remarkable reductions in pain level after some months of running.

Many Achilles athletes with severe arthritis have been race walking and running for several years and appear to be substantially improved.

ASTHMA

There are two types:

- 1) **Extrinsic:** A condition in which a person with hypersensitive airways suffers a widespread narrowing of the airways in the presence of an allergen, making it difficult to breathe.
- 2) **Exercise-induced Asthma (EIA):** Symptoms as noted above appear about ten minutes after exercise and can last up to an hour.

Implications for Running: Research and experience is showing that athletes with asthma, particularly EIA, can do very well and even excel in sports. In the 1984 Olympics 67 U.S. athletes who had a history of EIA ended up winning 41 medals in 14 sports.

Aerobic training seems to be the key to improving tolerance and decreasing the severity of EIA attacks. It is recommended that athletes who run check with their doctor regarding use of medication in their workout. They may need to take it 15 to 30 minutes before exercise, and should keep a bronchodilator on hand while they are running.

Cold or dry air may exacerbate attacks and athletes should keep a scarf or mask over their nose and mouth to warm the air being breathed in.

BLINDNESS (The partial or total loss of vision)

Implications for running: A volunteer running with a blind athlete will need to concentrate fully on the task. Keep your eyes on the road ahead for curbs and uneven ground. Be aware of oncoming runners,

Brian and his staff of volunteers have developed one of the finest programs in the world. Brian is another great example of the motivation process. He runs and becomes a more successful athlete. People see him in a better light. The support helps him develop the Toronto chapter into one of the best in the world.



Chris Stewart is the Johnny Appleseed of Achilles. He ran the 1976 New York City Marathon in 2 hours and 13 minutes. While he began at 10:30, my start was at 7 A.M. Probably being somewhat naive, when catching up to me at Mile 19, he assumed I had gone out too fast and ran out of energy. It didn't occur to him that someone with an above-the-knee artificial leg cannot move at a sub-five minute pace. Over the years, we became friends and he began volunteering with Achilles. During the past few years, as a volunteer, Chris has set up many great Achilles chapters throughout the world. They range from places like Bosnia, where amputees were invited to the United States to run, to Mozambique, Namibia, Sri Lanka, the Philippines, Myanmar, Bhutan, Thailand, Cambodia, and Hong Kong. Chris will typically go to a country and coach at a school for the blind or physically disabled in exchange for food and a place to stay. Over a period of months, he sets up a chapter, some kind of a running event, which is typically a race, and invites one or more members to come to New York for the marathon. When they arrive, we check them for possible eye surgery, or provide artificial legs and wheelchairs. The most recent recipient is an Army captain from Sri Lanka who has received an artificial leg. Chris is currently in the process of setting up a chapter in Iraq. Each year, he returns to New York to help us with the marathon.

One year, Chris joined us for a "Terry Fox" race. This is a fun run of approximately three miles, which is focused on raising money for cancer research. Although Chris is in his late 50's, he still is fast enough to outrun virtually any person who isn't a national class runner. He's at the two-mile mark and tied for first place with a good local runner who is in his late 20's. Within the framework of a fun run, they are speeding along together to the finish line. Chris assumes that this young man and he will finish together in a dead heat. His competitor, however, sees Chris as the age of his father. Within a half a mile of the finish line, this young man picks up his pace to 5 minutes in order to leave Chris in the dust. Chris, a gentleman from England in the finest sense, is surprised. He picks up his pace and finishes the last quarter of a mile at a 4 ½ minute speed and leaves this stunned individual far behind. Later on, Chris explains that he had been a world class athlete. While in New York, Chris takes on the responsibility of making sure that each of our Achilles runners from different countries is properly fitted for the artificial leg; gets there at the right time for an eye exam or surgery; and is



began to run on his above-the-knee artificial leg. He is a superb athlete. His aerobic workout consisted of running two miles by hopping around a quarter mile track eight times. He joined Achilles and was coached by phone. He came to New York in 1985 and set a record for an above-the-knee amputee of under five hours. It still stands today. The New Zealand chapter evolved and another volunteer, **Peter Loft**, took it to a new level. The Achilles Track Club of New Zealand typically brings a dozen or more members to participate in the New York City Marathon.

Another volunteer with tremendous talent is **Denis Tabakin** from South Africa. Denis had been working with blind athletes; he heard about Achilles; and we bonded in Johannesburg. Not only has Achilles become a household name in South Africa, but it has also become involved in equally important activities. Well over 100 computers and associated equipment have been donated to different chapters in South Africa where they are used to teach disabled people computer skills and to provide jobs. Denis personally has run over 200 marathons and Ultra-marathons. Twenty-one of the Ultra-Marathons are the famous Comrades, a 56 miles race over mountains. He and another South African volunteer, **Bruce Fordyce**, make an interesting pair. Bruce has also promoted Achilles and has run with blind members in the New York City Marathon three times.

Denis has the nickname, "Tombstone." It sounds weird, but makes sense once explained. Denis is very slow. If he passes you in a race, you must be dead. So much for South African humor. Denis is a fantastic volunteer and innovator, but not a spirited runner. If you finish in the top ten at Comrades', the award is a one-ounce Gold medal. Denis was honored for the work he has done with a platinum medal, perhaps the highest runner's award one can receive in South Africa. A few years ago, by chance, the price of gold exceeded platinum. I called Denis and suggested that he contact the Comrades' Committee and see if they would replace his platinum medal with a Gold one. He did not, and the price of Platinum quickly rose. Good move on his part.

Brian McLain co-founded the Achilles Track Club of Canada. After many starts, we have a great chapter moving in Toronto. I joined them one year for the St. Patrick's Day Five Kilometer, which is an Achilles fundraiser. On a cold, windy early spring morning, 2,000 runners came out to participate. St. Patrick's Day is heartily celebrated in Toronto. It falls roughly around the period of Good Friday, Holy Saturday, and Palm Sunday. The question was whether people in Canada celebrated Cold Monday. No one understood or had ever heard of that holiday. Apparently, when St. Patrick's Day falls on a Sunday, many employees call in the following morning with colds. Thus it is called, "Cold Monday." Achilles has spread throughout Canada and is especially dear to me as a result of my relationship with the **Terry Fox** group.

cyclists, and drivers who have no way of knowing the athlete is blind. Blind athletes may be guided by your voice, or by a shirt, tie, or other flexible tether you both hold-on to. Some more experienced blind runners may prefer voice "commands" such as "hole," "bump" or "stop."

There is a wide spectrum of partial blindness, and you should ask the individual athletes what they can see and what they have trouble seeing. Ask if they have tunnel vision; if they can see to the sides (or one side) but not the front, etc. Often partially sighted runners will see enough to run without a tether, but for safety's sake they still need a volunteer to apprise them of sudden problems.

CANCER (and LEUKEMIA)

There are a variety of cancers and many people are surviving today for longer periods. A notable example was Fred Lebow, the founder of the New York City Marathon. The disease itself has disabling effects as do many forms of treatment, including radiation and chemotherapy. Cancer patients may become inactive for long periods, and if confined to a bed, will experience further decreases in their muscular strength, endurance, and overall fitness level.

Implications for running: Recent studies indicate that fitness levels of cancer patients can improve with exercise, however, they may have difficulty maintaining an exercise program due to easy fatigability, possible remission, and the effects of therapy.

Cancer patients should be encouraged to exercise moderately when they can, to help them maintain and improve functional ability and psychological status. They should consult their doctor before starting a running program and allow the doctor to monitor metabolic changes and irregularities which may be related to the disease. Some cancer drugs can affect the heart. Make sure to have a doctor's clearance and recommendation for maximum heart rate.

Remember that cancer patients receiving therapy may have declining periods and occasional setbacks in their physical performance even with regular training. Chemotherapy can make people extraordinarily weak. An athlete's training program may need to be reevaluated from time to time to reflect functional status.



CEREBRAL PALSY (CP)

CP is a condition in which there are problems with voluntary muscle action. It is attributed to central nervous system damage resulting from lack of oxygen or infectious disease before, during, or shortly after birth. Speech muscles as well as motor, muscles may be affected. The condition is non-progressive and much can be done to help a person with CP gain control of posture and movement.

Implications for running: People with CP usually respond very well to running. They can achieve improved coordination and posture, more effective breathing patterns, and increased fitness levels.

Some CP athletes use wheelchairs. If their arms are severely affected, they may have to push backwards with their feet (except on down-hills). You will need to use more caution on hills with these athletes. Those who are on foot can often be treated like an able-bodied runner, though they may be a little slower.

Some CP athletes use crutches; questions about height adjustment should be posed to the physical therapist. Many CP athletes run with a wide base of support, leaning over more than necessary and running in a crouched position. This may be due to prior surgeries that have weakened muscle groups, and/or poor balance reactions and a fear of falling backwards. By body retraining, people with CP can change some deformities that have developed through bad habits.

SEIZURE DISORDERS

Disorders of the central nervous system that cause brief episodes of altered consciousness or possible convulsion, due to a sudden release of energy in the brain. Attacks are generally classified as "grand mal" -loss of consciousness and uncontrolled tremors lasting 2 to 5 minutes; "petit mal" ~ brief seizure lasting 10 to 30 seconds, which includes loss of consciousness with rapid eye and/or muscle fluttering; and "psychomotor" -loss of contact mentally with surroundings lasting 1 to 2 minutes, in which the person may be confused, stagger, speak unintelligibly, and not understand what is being said to him or her. Psychomotor type is uncommon.

Implications for running: The condition itself may not appear dis-

at the A. Harry Moore School in New Jersey and started our first children's program. Kids at the school ran. Some of the students, now 20 years older, continue to run marathons. One is **Donald Dominguez**, who runs despite having cerebral palsy. One day, Tim, who joined us as a volunteer at the Moscow Marathon, was standing near the registration line for the race. The person behind him, probably from Malaysia, was speaking in Malay. Tim, a former Peace Corps volunteer in Malaysia, turned around, and with a great Malay accent, entered the conversation. The Malaysian was astounded. How could an American speak Malay so fluently? Tim retorted, "Well, you know, everyone in the United States speaks Malay." He was exaggerating.

As the base of chapters in the United States expanded, our international program followed suit. **Leszek Sibilski**, a reporter and Olympic athlete from Poland, was interviewing Fred Lebow for an article in Poland's version of "Sports Illustrated." By chance, I popped into Fred's office, was introduced, and was also asked for an interview. The story about Achilles generated tremendous interest in Poland. Shortly thereafter, Leszek, **Eddie Pazarecki**, a Polish amputee from Brooklyn, Ted Rogers and myself arrived in Warsaw for a marathon. We met a number of disabled runners, a few appropriate organizations, and we had a chapter. Poland in the mid-80's was not politically correct. The male winner of the Warsaw Marathon received a color television set. This was an exceptional prize inasmuch as someone, even with sufficient money, could not purchase it in a store. The female winner received what, according to the marathon officials, was a comparable prize. It was a clothes washer.

A different version occurred a year later during the Kalish 100 Kilometer Super Marathon in Poland. The male winner received a car and the female winner received a rug. We thought of the rug as a carpet. Thus the male got a car and the female got a car pet. We invited a few of the Polish athletes to New York for the marathon, and we were international. Leszek and I traveled over 100,000 miles together on complimentary tickets from LOT Airlines. That permitted us to open up chapters throughout Russia, China, Thailand, Mongolia, Vietnam, and South Africa. A Polish joke concerns a few trips from Moscow to Poland. The time difference is 2 hours. The trip, however, takes approximately an hour and 50 minutes. As a result, we would leave Moscow at 8 P.M. and arrive in Warsaw at 7:50 P.M. It took us less than no time to go from Moscow to Poland. Most of these chapters prospered and are very successful today. Leszek eventually got permission to live and work in the United States, where he and his wife and two children reside today as United States citizens. My wife, Betsy, is his son's god-mother.



Brian Froggatt, an amputee from New Zealand, heard about Achilles and



his favorite marathon was the one with **Trisha Meili**. Our oldest volunteer is **Al Gordon**. My fondest memory is of his running with **Linda Down** at age 87. He carried a knapsack with food and water as well as an extra crutch in case one of hers broke. **Fred Cook** also spends Sunday mornings marathoning with Achilles athletes. On one occasion, he accompanied **Anthony Phillip** over the 26.2 miles. It was being filmed as part of an IMAX documentary. After he completed the 26.2 miles, he and Anthony, an above-the-knee amputee from Trinidad and Tobago, went back to the 26 mile mark and did the last quarter of a mile several more times for the movie. **Fred Lebow** helped us get Achilles started and also became a member of our Board. He was the president of the New York Road Runners Club. **Karen Gale** has been managing all the information associated with the club as Dick's associate. Carl, Tom, Ted, Al, Fred, and Karen and Linda Down become the core of the founding Board members. The best pictures of these fun times were taken by **Larry Sillen**, who, for over 20 years, has been our official volunteer photographer. It is estimated that Larry has taken over 50,000 Achilles Track Club pictures.



As we progressed, a number of other volunteers began new chapters. One is **Alan Roth**. He is the twin brother of **Peter Roth**. Peter is the fitness instructor at the West Side YMCA who started my running career. In June of 1975, after signing up at the Y for a fitness program, Peter asked if I could run. The translation was that a "No" would result in my not being permitted into the program. Without knowing, the answer was, "Of course." Alan set up our chapter in Washington.

Al Reyes contacted us from Burlington, Vermont, and shortly thereafter, we had a chapter. Al, at the time, was legally blind and going through heart by-pass surgery. It did not stop him from setting up a chapter which included his daughter and himself. At the first race we sponsored, called, "The Achilles Handicap 10K," Al won. The race was set up where able-bodied people were given time handicaps based on their age and sex. Disabled people were given additional handicaps based on their disability and the world record for comparable individuals. Al, being legally blind, in his sixties, and having had heart by-pass surgery, had many points.

Jon Ross eventually took charge of our Los Angeles chapter and developed it into the largest one in the United States outside of New York. He joined us as a volunteer in New York and moved to California. All of a sudden, we were national.

And then there was **Tim Erson** and his sister, **Susan**. Tim is a physical therapist and was able to answer lots of technical questions. He also worked

abling, and an epileptic can run as fast as the fastest. In the past it has been thought that people who are seizure-prone should restrict their physical activity; however, today they are being encouraged to participate and lead active lives. Some doctors are even convinced that aerobic exercise decreases the incidence of seizures. Achilles athletes report this as well.

If a person has a seizure do not attempt to restrain movement, open the mouth, or force anything between the teeth. A person cannot swallow the tongue. The seizure itself is not a serious problem, though there is danger from falling and greater danger from misunderstanding by onlookers or police. The best thing to do is keep the person out of danger, provide something soft to cushion the head, and let the seizure run its course while the person rests. You can turn the head to the side for excess saliva to drain out. It is not necessary to call medical help or go to a hospital. As one of our runners says, "Just get me off to the side and don't let them arrest me because they think I'm on drugs!" If a wheelchair athlete has an attack, tilt his or her chair back 45°, cradle the head, and wait for the seizure to stop. When the seizure appears to be over, you can help memory come back by asking the person's name and other facts; help slow down breathing if there is hyperventilation. Let the person sit, then walk, and eventually help him or her get home.

HEART DISEASE

Cardiac patients may have a history of heart-attacks, coronary-artery disease, hypertension, angina, or surgery. They may have had a heart valve replacement, angioplasty, heart bypass surgery, or even a heart transplant. People with heart disease should be treated very cautiously, observing all guidelines suggested by the runner's doctor regarding their running activities.

Implications for running: Candidates with cardiac problems should work out aerobically at a "target heart rate" formulated for them by their doctor and a trained exercise physiologist. Many factors including age, weight, medications, and stress-test result will help determine a safe target heart rate.

The athlete always needs to be aware of how hard he or she is working. Some athletes will be able to measure their own pulse with a wrist watch but some may need a volunteer's help or they should pur-



chase and carry a digital pulse monitor. They should not exceed their target heart rate and may have to lean to relax while exercising.

Some cardiac athletes suffer from exercise induced anginal or chest pain. They often carry nitroglycerin tablets with them to help open heart vessels in case of emergency. Volunteers should be aware this can cause an immediate drop in blood pressure and possibly fainting or headache.

MULTIPLE SCLEROSIS (MS)

A chronic, slowly progressive neurologic disease whose onset occurs most commonly in young adults age 20-40. There are multiple symptoms and fluctuating periods of remission and exacerbation, and occasional complete recovery. Its course is unpredictable and there is often residual weakness after periods of relapse. Symptoms may be diffuse and include weakness, sensory impairments, lack of coordination, and muscle spasticity.

Implications for running: Persons with MS enjoy exercise and remaining, as active as possible. They tend to perform best when temperatures are cool, and react adversely to heat. Be aware that the onset of symptoms can develop in the course of minutes, hours, or over a period of several weeks or months.

When working with someone with MS, be especially sensitive to the need for rest. As the body heats up increasing symptoms will require frequent walking or stopping. This apparently doesn't cause any damage, but it is disorienting and discouraging for the athlete, so it is better to avoid onset of symptoms by resting early. A cold pack applied to the back of the neck on a hot day can really help bring strength or relief to an athlete with MS.

Changes in the course of the illness may necessitate the use of crutches, canes or wheelchairs for a while.

MYESTSHENIA GRAVIS (MG)

A chronic disorder in which there is a chemical defect in the transmitting messages between the nerves and corresponding muscles. Repetitive use of a muscle causes rapid fatigue and the person requires frequent periods of rest while exercising. There may be involvement of

ficial legs. We will highlight the volunteers who help us with the New York City Marathon and some of our current volunteers in New York City **Jim Beckford** was helping **Marty Ball** stretch at the conclusion of the 1982 New York City Marathon. As soon as we introduced ourselves, Jim indicated that he would be happy to volunteer with Marty Ball, a wheelchair athlete who has polio, became our first Achilles member. Jim knew as much as anyone. He was the expert on wheelchair athletes. Marty had been racing in a wheelchair for several years. They provided us with credibility and ideas for development and expansion. Jim went to Coler Hospital and started coaching a group of athletes. My favorite is **Andre Francis**, a quadriplegic, who became famous as a result of the "Milk Run." He became motivated to push his chair after he had built up to completing a mile. Now, he was able to push to the liquor store, add a pint of rye into his urine bag, and smuggle it back to the hospital for an evening of fun.



Carl and Renee Landegger became two of our earliest volunteers. Carl and I had worked together on securing the New York Road Runners Club building. In 1981, our committee found, got financing for, and co-signed for a building at 9 East 89th Street in New York City. He and he loved the idea of Achilles. He was responsible for running with Andre in his first marathon, an activity which changed Andre's life. Carl and his wife, Renee, frequently run with a couple from the Czech Republic, **Peter** and **Jolana Skala**. Renee was born in Czechoslovakia.

Tom Einhorn is another early volunteer. He is the Director of Orthopaedics at the Boston Medical Center, an orthopaedic surgeon and a runner. Shortly after Achilles became international, Tom ran the 100 Kilometer Race in Kalish, Poland as my volunteer. Fifteen years later, he continues on the Achilles Board as a tremendous resource. He has also completed a great knee replacement on my left and only knee.



Ted Rogers was the CEO of NL Industries and a proficient runner. I met him at a pre-marathon kick-off party for YPO – the Young President's Organization. He wanted to become involved. His company became our first major sponsor. He also joined us for marathons in Poland and Russia. Before the Moscow Marathon in the mid-80's, he arrived with an ugly blister underneath his nose. As a warm-up for the Moscow Marathon, he decided to climb Mt. Elbrus, the highest peak in Russia. The climbers were warned to put sunscreen all over because of the bright sunlight reflecting off the ice. Ted paid attention, but forgot the spot underneath his nose. Ted has run as a volunteer with many Achilles athletes. The first was **Linda Down**. I believe



be in good shape. He wants to run the first mile with me. We shake hands and I say, “Mr. President, let’s go.”

President Clinton takes off at my pace, and we chat a bit. He runs several times a week. He hasn’t, but would love to do a marathon, and he is excited about running as an Achilles volunteer. As we approach a 12-minute pace, I suggest that he and **Jeff Pledger** run together. Jeff is blind and a fine athlete. He is President Clinton’s size and the two, holding a tether, make a great picture. As they run, a few secret service men surround them, and there are several cars on the course which follow. He is holding Jeff Pledger’s tether comfortably, and they start to pick up the pace to nine minutes per mile. Jeff and President Clinton talk about running; the mild hamstring pull the President has; and issues of stretching. The President is a good runner who is in decent shape. He likes to start off slowly and increase his pace. He runs frequently with people he wishes to meet and delights in gradually increasing the pace so that those accompanying him cannot keep up. It’s his game. He likes to pretend he is a slow runner and is going out for a jog. The game is to get the other runner going at 100%. At this point, President Clinton speeds up and leaves him. He is very, very competitive and loves the game. That is the reason for the cars which follow. They pick up those he left in the dust. He pushes Jeff on. Jeff intuitively picks up on the game and also increases the pace. They are now at a 7 ½ minute run, and both are having problems talking. Jeff is listening. The President is red in the face and having trouble speaking. Jeff asks, “Mr. President, how much longer are we running?” Bill replies, “About a mile.” Jeff has a great baritone voice, and at his best, he says, “Mr. President, perhaps we should go faster.” The two crazed runners are zipping off at 6 ½ minute miles. Both are very flushed, and they finish what was probably one of the best fun runs for both. The President wasn’t able to upstage Jeff. They bonded. We returned to the White House. President Clinton took a quick shower and appeared in the Rose Garden for a chat and pictures. It is after 9:30, and we have been with the President of the United States for almost two hours. Someone remarked, “Mr. President, are we taking up too much of your time?” “No,” he replied, “it is not a busy day. All I have to do is make a trip to Chicago.” President Clinton is our most famous volunteer.



Other volunteers come in all shapes and sizes. We have celebrity volunteers such as **Candice Bergen**, **Marjorie Hemingway**, and **Jane Fonda**. We have Olympians and world record holders in the marathon such as **Lisa Ondracki**, **Alison Rowe**, **Grete Waitz**, and **Johann Koss**. But most of all, we have thousands of unsung heroes who are responsible for making Achilles work. This chapter will describe some of the earliest volunteers who began with Achilles and started new chapters. It will also tell the stories of others who developed our international presence and provided wheelchairs, eye surgeries, and arti-

the facial muscles, so that the face sometimes appears to sag.

Implications for running: The degree of severity will vary among persons with MG. They respond well to exercise, demonstrating increased endurance in running and walking. They should be allowed to sit and rest as necessary. Persons with MG respond best to exercise early in the day as they tend to fatigue more later on.

POLIO

An acute viral infection that can cause paralysis if it reaches the central nervous system. It is now rare in the United States since the use of the Salk vaccine in 1955.

Implications for running: Runners who had polio in their childhood may be confined to a wheelchair, and some of the comments on wheelchair runners and spinal cord injuries apply to those with polio as well.

SPINAL CORD INJURIES

Traumatic injury in which transection or compression of the spinal cord results in loss of muscle function (paralysis) and sensation due to interrupted neural connections at or below the level of injury. If the injury occurs in the cervical spine the result is paraplegia (paralysis of the legs). Occasionally there may be some muscle function and sensation below the level of the injury and the athlete may in fact be able to walk or run with or without assistive devices.

Implications for running: (These remarks apply to wheelchair runners in general)

Muscles that have their nerve roots above the site of the lesion are generally unaffected and function normally.

Training injuries in wheelchair athletes commonly occur at the shoulder, elbow, wrist and fingers, since these are the active joints through which the work is being done. Everything a runner should do for the legs, a wheeler has to do for the arms: ice, stretch, rest, massage, or pamper any incipient injury.

Athletes with spinal cord injuries will require special consideration in hot or cold weather.-In the cold the lack of muscle mass in the legs,



and an inability to generate heat by shivering, can make the athlete susceptible to hypothermia. Wet clothing and weather conditions further compound the problem. Dry clothes with wool next to the skin, and wrapping the feet in heavy socks or even a blanket, and the legs in plastic can help prevent heat loss. Good warm leather gloves are especially important, with dry replacement in wet weather. In rainy weather the wheelchair runner must be careful about heat loss (and also reduced traction); in snowy or icy weather it is very difficult to use a wheelchair. An indoor exercise system (such as mounting the chair on rollers) could be substituted.

In hot weather athletes with spinal cord injury may have problems sweating and thereby cooling paralyzed body parts; this can lead to hyperthermia. They should be reminded to increase fluid intake, remove heavy clothing, and pour water over the affected trunk and legs.

Quadriplegics especially have problems with body temperature regulation mechanisms, due to damage of the sympathetic nervous system.

SPINA BIFIDA (MYELOYDYSPLASIA)

This is a congenital malformation of the spine. It can occur at different levels of the spine and generally presents symptoms similar to those found in the spinal cord injury athlete.

STROKE (CEREBRO VASCULAR ACCIDENT)

A stroke is a massive destruction of brain cells caused by an interruption of blood flow to the brain. The result may include any or all of the following: paralysis, sensory and perceptual deficits, and communication problems (both in understanding and being understood).

Implications for running: Although it is a long and slow process, people can make remarkable gains following the incapacitation of a stroke. Exercise such as running is particularly effective at improving fitness and in reeducating muscles. Several severely affected stroke patients have been Achilles athletes and are counted among the marathon finishers. Improved ambulatory status has even helped some athletes to put away their canes and ambulate independently. For some people, however, a cane will save energy and maintain safety; only experimentation can tell.

it. There are also other gait and technical problems. For the above-the-knee amputee, there are basically two methods of jogging. One is the hop, skip, and the other is the leg over leg. The hop, skip does not require as much talent or energy and is my preference. The leg over leg more accurately mimics the way an able-bodied person runs.

In addition, most amputees will have problems with chafing. They are frequently corrected with the use of moleskin and Vaseline. Amputees will also lose weight which results in an uncomfortable fit. Extra socks or the placing of material inside the socket helps. For the amputee, the fit becomes an art form. Amputees typically should not run more than three or four times per week. They can, however, cross train if a higher level of fitness is desired. Too much training with the artificial leg will damage the residual limb.

Running with new Achilles members

For new Achilles members, there are a number of considerations. The first concerns how quickly and how far to go. For a beginner, the process of moving for approximately a half hour with rest periods is a good start. This might be jogging for 2 or 3 minutes at a time with a minute or two of resting; it may be walking and stopping; or it may be moving for the entire thirty minutes. As people progress, the goal is to go a little bit longer and/or a little bit faster. The runner should think of working out three times per week with a longer run once per week. Stress distance rather than speed for the beginner.

Some information on clothing: In the wintertime, multiple layers of clothing are recommended. Gloves and hats are quite helpful. The runner should select a brand name shoe to ensure a reasonable piece of equipment. If the feet are unusual, there are certain brands which address specific issues. Most running shoe stores can provide expertise. The new member should be encouraged to drink water on a regular basis. This is particularly important in the summertime. Above all, the new member should have fun.



During the past twenty years, literally thousands of people have volunteered with Achilles. The following are several stories of Achilles volunteers.

It is after 7:30 in the morning, and we are ready to run. The three-mile route in the park just outside of Washington, D.C. is flat and beautiful. Our last volunteer is expected to show up in a few minutes. He arrives; we exchange "hello's;" and I ask him to put on our Achilles Track Club T-shirt. He removes his shirt and looks more like an overage football player than a runner. His legs are not runner's legs. They are big and beefy, but he is supposed to



People with traumatic brain injuries frequently have an issue with pacing. In general, they tend to start off at a normal gait and begin racing. It is followed by a need to walk. If you run with a person who has a TBI, it is important to pace the person, to maintain a conversation, and to be somewhat aggressive at maintaining the pace.

Multiple Sclerosis

People who have multiple sclerosis frequently have difficulty with the heat. It is recommended that members with MS have very light workouts in the heat or just avoid them. Wheelchair athletes, on the other hand, should be very careful of extreme cold. Paraplegics can get frostbite.

Organ transplants

Runners with organ transplants should be watched for a pulse rate. The medicine taken to fight organ rejection frequently raises the pulse. The trick is to encourage the organ transplant runner to walk or slow down when the pulse goes too high.

Diabetes

If someone is diabetic, it is very important to develop a running plan. The diabetic person almost always knows exactly what to do. Typically, the diabetic needs to take nourishment every 30 to 45 minutes. A diabetic whose blood sugar is in a danger zone is not aware of it. It's like asking a person who is drunk if they feel qualified to drive home. Of course they do, (but of course they're not).

Mobility Impairments

People with cerebral palsy and similar disabilities, such as a stroke, in which the foot does not properly or comfortably hit the pavement, are frequently helped by high basketball type shoes. **Andrea DeMello**, who had a stroke, looks like she is going off to a basketball game in basketball shoes. Also, be aware that in some cases, the sneakers wear out very quickly. For example, **Linda Down**, who has cerebral palsy, requires two pairs of running shoes to get through a marathon. Be aware of possible pain if someone with a stroke has a poor gait which provides extra stress on the foot.

Amputees

Amputees frequently have problems with the fit of their leg and the sweat building up in the artificial limb. It typically requires them to stop and adjust

Someone who has had a stroke should consult his or her doctor before beginning an exercise program, to rule out any imminent danger. Generally these athletes do well and make gains in strength, coordination, and even use of atrophied muscles over long periods of time.

TRAUMATIC BRAIN INJURY (TBI)

Head injuries can result in reduced functionality in an area of the brain that controls balance, reflexes and pacing (sense of timing). Running for TBI members sometimes leads to substantial improvements. Unfortunately, that is not true for everyone.

Implications for running: A volunteer with a TBI runner must be alert to balance problems that can result in falls, as well as slow reflexes, that may result in collisions. Give cars and bicycles lots of clearance room. It is also important to set a slow steady pace for a TBI runner, guarding against inadvertently accelerating more than is safe or comfortable for the runner.

EQUIPMENT

Disabled runners use many types of mechanical aids: braces, canes, crutches, prostheses, wheelchairs. They may carry such things *as*: medication (for heart conditions); sprays for asthma, and diabetic kits, including blood-sugar test equipment. Volunteers should find out what their partner's special requirements may be and how they might be called upon to help.

EQUIPMENT USED IN RUNNING:

Braces - Leg braces are common for runners with multiple sclerosis (ms), spina bifida, arthritis, and various orthopedic disabilities. Types of braces vary from hard castes to bandages. Vaseline is used to prevent chafing.

Crutches - Both wrist models (Canadian type) and underarm models are used; it is a matter of preference.

Tips:

- Carry spare crutch tips during longer races, they wear out. (Note: Crutch tip life can be extended by turning the tip 180°)



- Wear gloves to avoid blisters.
- For beginners, experiment with position of crutch height and grips until a comfortable setting and running style is worked out.
- Watch out for street drain covers (sewers), crutches can get caught in open grids, throwing runner off balance.

Canes - The same suggestions apply for canes as for crutches.

Wheelchairs - A regular (hospital) model wheelchair is OK to start with, to begin getting in shape, but a sports wheelchair is much better. A racing wheelchair is lighter and more stable and maneuverable for road racing. It typically has three wheels rather than four as on a regular wheelchair. Good racing wheelchairs are expensive, costing from \$2,000 to \$5,000 each, but it may be possible to find a used racing chair at a more modest cost.

The best wheelchair athletes set a very fast pace during races. The world record for a wheelchair in the marathon is 1 hour, 20 minutes (compared with over 2 hours for foot racers).

Special arrangements are made for wheelchair runners who do not have the use of their arms for propelling the chair. The running technique employed then is to sit backwards and move by kicking with the feet. A rear-view mirror, such as bicycle riders use, helps a backward-moving runner see what's ahead, but the volunteer has the important role of watching the road ahead and giving verbal directions to the wheelchair runner to help avoid hazards; to "see" for the runner.

Blind Runners - Depending both on the degree of visual impairment and the personal preference of the runner, a blind Achilles runner and volunteer need some way to maintain contact and communicate with each other.

A tether is the most common arrangement. The tether should be long enough to provide a comfortable distance between runner and volunteer while guiding the runner around curves and hazards in the road. A tether may be a piece of string or rope, a T shirt, a belt, or a cane. Some runners prefer a harness worn by the volunteer that they can

be made aware of the water stop situation. Frequently, the paper cups can create a slippery, dangerous situation. They must also be aware of obstacles that are placed on the course below their line of vision. For example, many athletes with certain types of blindness trip over cones placed on the course during a race.

If you accompany a visually impaired runner, a small vocabulary of four-letter words is important. The four letter words include "stop," "bump," "hole," and "slow." Avoid using terms like, "Bear to your left," or "Bear to your right," inasmuch as these require translation and are sometimes given incorrectly. If you wish for someone to bear to the left, just say, "Move to your side," or give the person a gentle push. On the other hand, one might say, "Come over to me," or, "To me." Occasionally, there is a dangerous situation. When this occurs, grab the visually impaired runner rather than trying to describe what to do in a verbal manner. Dangerous situations are frequently bikes coming in the opposite direction. Tom O'Connor, who is blind, tells a story about being told to turn left. It didn't sound right, and he stopped. Had he turned left, he would have hit a tree.

The sport for someone with a visual impairment is absolutely fantastic inasmuch as there is no serious ambulatory issue. Frequently, the blind runners have not exercised properly prior to running and the participation in the sport has a very, very fast learning curve. Finally, many visually impaired people have limited social interaction. The running provides an immensely rich opportunity for friendship and is thus most valuable. Finally, it is very important not to forget that the disabled athlete is blind. Many volunteers, after jogging for a while, tend to forget and all of a sudden, a blind runner trips in a hole.

Ambulatory athletes with crutches

Runners with ambulatory disabilities who use crutches need to be aware of the dangers of water stops. The crutches slip on cups. If there are runners in the race, it is suggested that the crutch user pull around to the side of the table to drink. In road races, the crutch users should also be aware of oil slicks and leaves in the street which are not readily apparent but will cause someone to fall. Another obstacle is the water drain. Some have wide enough openings that a crutch will fall through. It happened to me once, and a lesson was learned. Third, be aware of worn out crutch tips. People on crutches tend to use them beyond their design. Finally, people who use crutches are typically much slower than the average disabled athlete. In a race, it may be wise for them to start early in order to complete the event while the finish line is still up.

Traumatic brain injury



best analogy is to describe it as being similar to driving a car. One doesn't shift from one lane to another on a random basis. Fifth, the wheelchair athletes should be made aware of the great difficulty going up a hill and the surprising ease on descending. A beginner should be encouraged to stop and rest if the up hill is too arduous. At the same time, the beginner needs to have a hand on the brake as he or she descends. Sixth, the wheelchair should be maintained on a regular basis. The brakes must be working; the gears should be working; and the machine needs to be kept clean. Seventh, as one becomes comfortable with the wheelchair, the individual is ready to find the "sweet" part of the roadway. This is typically the center of the path, but it is that slant which is most comfortable for the user. Eighth, a knowledgeable person needs to make sure that the user fits properly into the chair. This means that the distance between the back of the seat and the extension of the person's arms when moving the chair is appropriate for maximum power. Finally, as with a bicycle, the helmet rules apply.

For push rim and sports chairs, be aware that gloves are typically appropriate and that the learning curve, or improvement, with these two types of chairs is substantially slower than with the hand crank. Transportation of the hand crank chairs is very difficult inasmuch as they will not fit into many forms of public transportation, such as a bus. We have large vans pick up the hand crank wheelchairs and bring them to workouts. All things considered, in New York, we very strongly emphasize the hand crank. The volunteers need to understand that wheelchair athletes are slower going up hills and faster on the descent. Consequently, the volunteer needs to go ahead of the athlete on the uphill with the anticipation of the wheelchair athlete catching him or her on the other side. Faster hand crank users can be accompanied by people on bikes or rollerblades.

Visually impaired athletes

There are a number of points concerning running with someone who is visually impaired. First, to the surprise of most, the large majority of people who are "blind" have some sight. If a person is totally blind, or if a person can only differentiate between light and dark, a tether is recommended. This is a rope, string, or even a T-shirt, which is held by the volunteer and the member. The tether is used to guide the blind Achilles athlete. If the individual has some sight, the typical way of running is by standing next to the Achilles member and rubbing arms. A different version is carrying on a continuing conversation. One experiments and finds what is most comfortable. Many visually impaired runners can see a double white line in the roadway and can typically follow it. They can also use their feet to identify the white line. By running beside it, which is felt by either the right or left foot, the runner can run in a normal manner. Many blind runners can also participate in a race by seeing the shadows or movement of people ahead. The blind athletes need to

touch or hold on to while running. Achilles runners with limited sight sometimes prefer no physical contact at all, just verbal warnings of road conditions and someone to alert the other runners (and other traffic) that the runner is blind.

This is a working draft. Any thoughts you have about the contents and presentation are valuable to us. We thus welcome your comments and suggestions.

Some suggestions on volunteering:

When the Achilles Track Club members from Moscow and St. Petersburg first came to New York and entered the marathon, each was provided with one or two volunteers. The first question to the volunteer was, "How much are you getting paid?" The volunteers indicated that they received no pay and in some cases, make a contribution to Achilles to help cover expenses of the race. The Russians did not believe it. There was no concept of one helping someone else without remuneration. Why would someone spend a day with a disabled person without being paid? The cultures are very different. During the years, rarely has there been a lack of volunteers. The purpose here is to provide a summary of some of the duties and expectations of a volunteer who participates in the weekly or bi-weekly workouts throughout the year.

The volunteer's general role is to accompany a disabled runner for a distance of anywhere from a block to fifty miles. **John Rand**, an Achilles member who is working with **Andy Ashwell** as a volunteer, is severely paralyzed, has recently built up to where he can complete five blocks. This is fantastic and both he and Andy are very proud. On the other hand, **Melissa Holden**, a volunteer, decided to run with **Helene Hines**, who was training for Comrades – a race between Durban and Pietermaritzburg in South Africa of approximately 56 miles. Because Helene was running at a relatively slow pace of ten minutes per mile, Melissa offered to accompany her for the first twenty-five of a fifty mile workout. They were running so smoothly that Melissa, without hesitation, decided to complete the fifty. This is **not** expected from the average volunteer.

The volunteers for Achilles workouts typically join a disabled runner and accompany that person for anywhere from 30 minutes to an hour and a half. During that period, the volunteer is expected to ensure that the disabled member is running or wheeling in a safe environment. The volunteer needs



to know where they are going and what the hazards are. Is the member protected from bikes and cars? Is the running area safe, is there a chance of getting lost? Is the person sufficiently dressed and is water available? The most important part of the volunteer's role is to ensure a safe workout. Also, make sure the person has a means of returning home.

A second duty of the volunteer is to help ensure a comfortable and positive experience. Stated differently, it means that the volunteer should be conversing with the Achilles member; the volunteer should not, under normal circumstances, begin to coach with the objective of increasing endurance or speed. The volunteer should be providing generally positive feedback. If there is a hill which one completes with some difficulty, the volunteer is there with a bit of encouragement.

In some cases, the Achilles members may request more from the volunteer than is appropriate. For example, it is not the volunteer's role to provide funds to a member. It is not appropriate for the volunteer, particularly when she is female and the member is male, to feel obliged to go on a date. An often-used response can be, "I would love to, but I am going out with someone." It is also not appropriate for the volunteers to stay with the member for an inordinate amount of time or to join the person at a time suitable only to him or her. The volunteer is not a servant. It is also important, when possible, for volunteers and members to run with many different partners. Sometimes, when two individuals run together exclusively, they reduce their role as members of the club.

Marathon volunteers need additional information. Here are five important tips: first, the most frequent mistake the Achilles marathon runner makes is going out too fast. You need to slow down the runner's pace. Your objective should be to reach the ten-mile point with the member feeling totally warmed up, but not the least bit tired. Second, as a marathon volunteer, a very important issue is safety. This is particularly true if you start out early in the morning before the main pack. Watch for cars either coming from behind or crossing the road. When there are two volunteers, one should go out ahead and hold off traffic going across the street. Watch out for oil slicks for those using crutches. The oil slicks are typically from cars which have been parked and are close to the curb. Make sure the runner gets water early in the race. In addition, if the person will be out there over five hours, make sure the athlete gets some calories, possibly from a nutritional drink along the way. Third, the marathon volunteer occasionally needs to be a motivator, particularly towards the end. If the Achilles runner becomes tired, make sure that there is more walking and less running. Have the Achilles athlete walk up hills. The athlete can also stop at each water station and take a break. It is also permissible to cajole, exaggerate, or whatever is necessary so that the

runner finishes. For example, you might suggest that once you get to the park, the luggage can be picked up. Then the athlete is thinking of the 23 mile mark rather than the 26. Think up another excuse when you get into the park. Fourth, as a marathon volunteer, you should be prepared for "unkunks" or unknown unknowns. Anticipate problems. Carry a portable phone; carry some money; and a few candy bars. If you know the runner, anticipate some other issues such as having additional clothing and perhaps an extra pair of crutch tips. Fifth, although it sounds funny, be careful not to lose the Achilles athlete. This can frequently happen at water stops, when one uses the bathroom, or when a wheelchair athlete gets too far ahead on the down hill. These are certainly not all of the issues, but they are a good start.

In summary, the volunteer is a person who runs with Achilles members during the workout and is there to provide a supportive, fun, and safe experience. As volunteers become more experienced, they frequently take on some of the coaching responsibilities.

The following pages provide some information on running with people who have a variety of disabilities.

Let's begin with people who use wheelchairs.

There are basically four types of wheelchairs available. The sports chair, which is frequently an everyday chair; the push rim, which is a racing wheelchair; and the hand crank, which is a combination of a bicycle and chair. There is also a battery-operated wheelchair. The following paragraphs will emphasize the hand crank. The member uses his or her arms on pedals in much the same way as someone who can ambulate uses their feet on bike pedals. There are a few general rules for those using the hand crank chair. Make sure the beginner knows where the brake is. Let the person practice on level ground. If the person is not comfortable using the brake, do not proceed. Also, practice with the beginner at making turns and U-turns. As people get faster, they need to understand that the chairs tip over. Falling out is dangerous and usually occurs when the chair is going fast and making a turn. Watch out for pot holes. They are very dangerous and can result in the bike turning over. This is particularly true if you are going down a hill. Finally, the new member has to understand that, like learning how to use a car, the beginner can go faster than is safe. Have someone accompany the wheelchair athlete as they learn the sport.

A second important issue is teaching the beginner how to shift gears, particularly as they go up hill. It is similar to a bike. Third, it is important to teach signaling before turning the chair. Frequently, people will make a turn without being cognizant of others, particularly bicycles that may be on the road. Fourth, the wheelchair athlete needs to understand how to keep a line. The