

Injuries—What to Do about Them?

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How many athletes have a nagging pain and limited motion in some body part? How many of you have that tight hamstring that gets better with a long warm-up but will not let you move freely when you are cold? Or have some joints that hurt only when you do certain movements—a shoulder that hurts when you raise your arm in a certain way, for example, or a knee that will not let you do a deep squat or a side lunge, or elbows that bother you when you are punching.

All these problems are usually attributed to doing too much of the movement that causes the pain, to doing the movement in a wrong way, or both. (That second explanation really does not bear up to examination—how come someone with several years of training suddenly starts doing the movements wrong?)

I heard the above ways of explaining away or dismissing the problems from all the orthopedic surgeons and sports medicine specialists that I have ever met.

They would follow their diagnosis with advice to put some ice or heat on the joint or the muscle, refrain from activity, and take some painkiller or a muscle relaxant.

The best orthopedic surgeon, who has ever treated me, was a sports medicine specialist who worked with the Polish National and Olympic teams. He could accurately determine the exact spot where one of my muscles was damaged, tell exactly what was the extent of the damage, what stage of healing it was in, and when exactly I would be able to start training again. But it never occurred to him to ask why I had an injury on one side of my body only, even though I always do my exercises symmetrically. Why with the same load was one side weaker than the other?

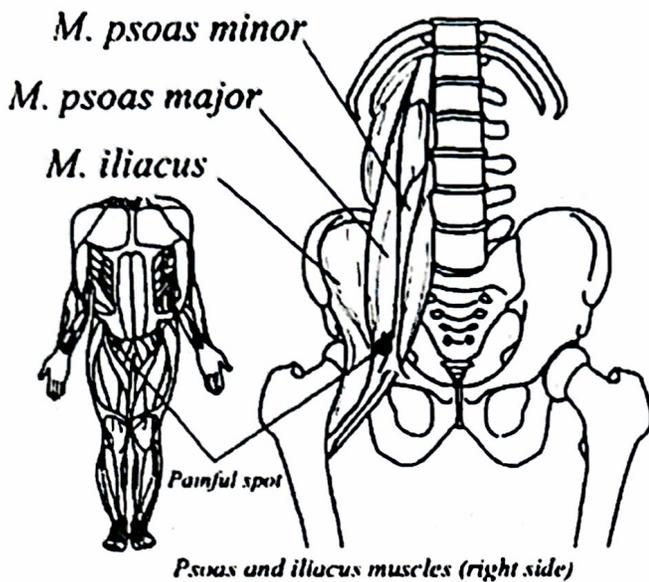
Another orthopedic surgeon, also a sports medicine specialist, in California, misdiagnosed my lower back pain to be a result of back injury when in fact the pain was caused by strain of the psoas muscle.

(continued on page two)

Stadion is the original publishing company where Dr. Larsen first learned about Applied Kinesiology. It was the late 1990's after suffering a career ending hamstring injury in track & field.

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This muscle—often called a “runner’s muscle”—originates in front of the spinal column and attaches to the thigh bone. It moves your thigh forward and up if you stand and raises your trunk if you lie down.

Sports medicine specialists and orthopedic surgeons may not be your best first choice when you are dealing with these nagging pains. There is a method, however, of telling precisely which muscle is hurt and why, why a joint aches, and what to do to fix that problem permanently and sometimes even very quickly. That method is called Applied Kinesiology, and it is used mainly by chiropractors who did postgraduate study in this speciality.

How does it work? Suppose you have a lower back pain that gets worse during or after kicking. You find it difficult or impossible to bend backward, but you can easily bend forward when standing. In that case try this: touch yourself in front of your pelvis and hip joints. (See diagram.) If you find sensitive, painful spots where the psoas and iliacus muscles come close to the skin as they cross over the *eminentia iliopectinea* and under the *ligamentum inguinale*, most likely it is the “runner’s muscle” that is causing your lower back pain and not the back muscles (no matter how much pain you feel in your lower back).

There are several other simple tests to confirm that or any other diagnosis. Applied kinesiologists also know simple ways

of restoring the proper function of weak or even strained muscles without having you take drugs or subjecting you to prolonged and ineffective treatments with various fancy devices.

Applied kinesiology is a science of human movement, human structure, and the biochemistry of nutrition. An applied kinesiologist can tell, even without asking you, where you hurt. He or she can tell if weakness of certain muscles affects the way you move and if that causes you problems (joint pain, headaches and other aches, strain of other muscles) in places seemingly unrelated to the weak muscle. An applied kinesiologist can quickly find out if you have a nutritional imbalance that may prolong healing of injuries. For example, if you do not drink enough water but drink coffee, tea, or sodas, and eat sweets and lots of carbohydrates, then some of your muscles will either get injured easily or will not heal quickly. It turns out that some muscles get weaker with certain foods and stronger with others.

Now you understand why, when someone asks me if our stretching exercises would help in recovery from an injury, or if there are any other exercises I would recommend, I say no. To treat an injury one has to know exactly a) what caused it, b) what prevented it from healing (in case of chronic, nagging problems), and c) how to restore the function of all systems involved

(muscles, joints, and nerves). Stretches can bring a temporary relief and thus mask a problem without solving it, just like a painkiller. This is why, when I am asked what to do with an injury, I tell people to see an applied kinesiologist.

The first applied kinesiologist I met was Dr. Andrew Specht in Encinitas, California. I went to him with what an orthopedic surgeon and some “regular” chiropractors diagnosed as a lower back strain and a disc inflammation. They had treated it without success for several months and at the cost of many hundreds of my dollars.

When I went to Dr. Specht I could hardly walk, and forget about kicking! Within three visits he restored my normal function. I could sprint full speed, run uphill, kick, and lift weights again.

Apart from treating injuries that have already happened, applied kinesiology is useful to prevent future injuries by detecting early signs of problems and by making sure that all systems of your body work at their best.

Many athletes who know about applied kinesiology go for a visit every few weeks just to get a “tune-up.” For the past several years Dr. Kurt Vreeland of Norwich, Vermont, has helped the U.S. Olympic Ski Team (jumpers, biathlon, and downhill) to do their best. He can find out why some athletes may have a tendency to lean or twist toward one side (very bad for ski jumpers), and then he can correct it on the spot. He can tell why an athlete’s technique suddenly worsens, and he can quickly fix the problem.

If you want to find an applied kinesiologist in your area, please call (802) 723-6175, or write to Stadion Publishing Co., Inc., P.O. Box 447, Island Pond, VT 05846-0447, U.S.A., or send e-mail to stadion@together.net.