

How to Handle Even The Most Difficult Sports Injuries (part I)

By William R. Moyal, D.C., C.C.S.P.

Sports Injuries is by far one of the most upcoming niche areas in chiropractic, yet most chiropractors feel uncomfortable and even inadequately trained to really comprehend and handle this rapidly expanding new territory.

The acceptance of chiropractic in the sports arena has become overwhelming as Professional teams, Olympic athletes and their coaches are now demanding to have a sports D.C. on staff or at least available for their athletes, as performance has increased and injuries have decreased with the D.C.'s presence.

What's that you say... how can you - be, do and have that position? The first step is to accept that just because you have the title D.C. doesn't mean that you have the necessary talent or skills (although the desire may exist) to launch a sports injury practice. This is not meant to offend you, but rather to illustrate that sports injuries are a different species to learn to handle, if you want to really stand out in the community. This is also why there are so few offices that thrive and are sought out to care for sports injuries.

As I always say the proof is in the pudding! Prove that you can measure up beyond their expectations, especially with the cases they haven't had any success with and you will become indispensable.

To achieve this shift is the easy part... Know what you're doing and be ready to prove it anywhere, at any time. But... My question to you is this "Can you at any time, on any athlete, find and correct their problem specifically and with massive demonstrable changes instantly, with total confidence that you have done so, with just one single adjustment, no matter that they had several complaints. Can you?"

Before you think I've lost my mind... the answer is: **YES**, it is possible and it can be done, as I have been doing it for over 15 years with athletes from almost every sports and level of competition. All it takes is just a few things in your bag of tricks.

It's a matter of having and owning an analytical program or procedure that tells you everything about the athlete in front of you and being able to use the information he/she just shared with you about how the injury took place, while recreating the mechanism in your mind, so that you can use the next 6 steps, I'm going to share with you in a moment, to analyze their entire spine and extremities in a matter of seconds and determine the area of primary involvement in need to be adjusted (which may be away from the initial site of impact or complaint) in order to correct the problem and get that athlete back to action very quickly.

Every injury follows a specific set of rules. Obviously, you have to know what they are and be able to recognize what stage you're dealing with. Let's get into those rules right now.

Rule # 1 - All injuries contain a certain amount of force that the body is forced to absorb. When this force is met with acceptance the injury is minimal or non-existent. If the body is not ready to accept this force or caught off guard (causes of Joint Dysfunction), it cannot accept it and an injury results. The extent of which is dependent upon the amount of force, the direction, the integrity of the tissues involved, position, alignment, resilience, etc... (Law of Adaptation)

Rule # 2 - The next step in the injury process, to understand, is that the body is always trying to protect itself, therefore, it will share that force throughout the body to minimize the initial site of impact (The Dispersive Factor)!

Rule # 3 - This in turn creates predictable patterns (Patterns of Injuries) that we can follow and solve step by step to resolve their problem.

Rule # 4 - The body will also compensate (Law of Compensatory Mechanism and Torsion/Countertorsion Principle) during this protective phase of the injury process.

Rule # 5 - the body will develop the injury into many different sites (The Dispersive Factor and Law of Compensatory Mechanism), the result is that even one single little injury now affects many other joints, muscles, ligaments and other tissues in and away from the spine or site of initial trauma (Law of Compensatory Mechanism).

Rule # 6 – is critically important to understand. Never, ever stop at where the complaint or where the painful area is, or you'll be missing 90% or more of the remainder of the injury, which is the reason it can keep coming back and often keeps getting aggravated with little or no improvement (a common source of frustration on the part of the patient and the practitioner).

The point to this is that in order to totally assess an injury and properly correct it to the full extent, you must check every major joint in the person you are evaluating.

This is further explained in detail by the following rules and laws “**The Dispersive factor, Torsion/Countertorsion, Law of Compensatory Mechanisms, Patterns of Injuries, Law of Adaptation, Joint Impact and Joint Dysfunction.**” These laws and principles are contained in published articles on the work I've developed over the last 15 years.

When you understand all of these concepts, you will have a literal life-changing event take place before your eyes and you'll look at injuries in a totally different way. They will become a fun, puzzling challenge for you to look forward to solving with enthusiasm and delight, instead of feeling frustrated that you can't always put your finger on it.

In order to do this, you must follow a simple, specific and complete evaluation method and it must take very little time, while yielding a massive amount of information necessary to diagnose, understand and eliminate the present problem while working with the natural laws of healing (time). This process must provide you the plan of action and what to expect with each adjustment you are about to make (even before you make each one) with tremendous accuracy.

By the way, if this doesn't sound right or comfortable to you or even possible... don't feel bad – you are not alone! However, it is possible and you should feel totally like this is the norm when using your knowledge and skills in the proper sequence. After all, even the best athletes have coaches, so do many of the many chiropractors.

Because of the lack of space available in this short article, I will give you two short, quick additional tests that you can add to your arsenal when you check your patients/practice members on each visit.

The first is the shoulder abduction test, where you are behind the patient and with their arms resting by their side, slowly raise their arms into abduction (holding their elbows from underneath while performing this test) to horizontal or near horizontal or above horizontal, notice if one side feels more restricted than

the other. If so then that restricted side is a faulty shoulder that needs to be adjusted. The importance of checking this – is that the dysfunctional shoulder is a common cause of recurring neck, mid-back and low back pain. Also, if present - the elbow, wrist and especially thumb on that side must be evaluated and released too (this a very common cause of neck pain and potential headache source)!

The next quick tests is to check the feet for extension (dorsiflexion), have your patient lie on their back and while holding both feet at the toes and forefoot with your fingers pointing towards their talus, go ahead and dorsiflex the foot/toes towards their tibias and check for which foot is restricted. Again, if one foot is restricted – then that is the faulty foot, which must be released at the talus, when you recheck, you will instantly see an improvement in the range of motion of the foot. The importance of this - is the common involvement and cause of low back pain and also shoulder involvement and restriction, which will very often release the shoulder and low back even without ever having to adjust those areas at all (if that is the primary cause to begin with). This can be the answer you've been looking for in solving those chronic recurring low back and shoulder cases...

Although, I'm quickly running out of room, I have to mention one of the primary findings involved with almost every single sports injuries in every sport, I've checked in the last 15 years, and why injuries will respond as quickly or not at all, unless you handle this primary holding element... the Psoas Muscle!

The Psoas is perhaps the single most involved muscle and cause of loss of ROM in the low back, neck, shoulders and especially hip joint (often patient will complain of feeling like they have a groin pull) and decreases performance in every athlete and even accident victims, I've ever checked and when released causes the most amount of relief, restoration of ROM, improved function, gait and a sense of freedom, like a heavy weight has been removed from their hip joint and lower back. This release alone has improved the performance of many athletes no matter what sport and because it causes such a quick and dramatic change, it has gotten me into many doors and I know it can do the same for you... Next time we'll cover the hip joint and psoas muscle, as a recurring source of constant decreased performance, ROM and pain in the low back, hip, shoulder and cervical spine.

About the author: William R. Moyal, D.C., C.C.S.P., a 1985 graduate of Life Chiropractic College, who has worked with over 3,150 amateur, professional, Olympic athletes, models and celebrities. He is a noted author and lecturer with expertise in Advanced Motion Palpation and Sports Injury Extremity Adjusting, as well as, the developer of the Dispersive Factor, Patterns of Injuries, Joint Impact, the Law of Adaptation and the Law of Compensatory Mechanisms. The topic of this article has just been released on video and CD-rom with an accompanying manual that demonstrates this entire technique step-by-step for you to learn in the convenience of your home or office. Dr. Moyal can be reached for further information or seminar schedule at 1741 Alton Road, Miami Beach, Florida 33139 USA (305) 531-2933 or E-mail:

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How to Handle Even The Most Difficult Sports Injuries (part II)

By William R. Moyal, D.C., C.C.S.P.

Before I dive into part II, here is a quick review of part I of this series for those of you that may not have read the previous article.

- a) Sports Injuries is by far one of the most upcoming niche areas in chiropractic, yet most Chiropractors feel uncomfortable and even inadequately trained to really comprehend and handle this rapidly expanding new territory.
- b) The acceptance of chiropractic in the sports arena has become overwhelming as Professional Teams, Olympic athletes and their coaches are now demanding to have a sports D.C. on staff or at least available for their athletes, as performance has increased and injuries have decreased with the D.C.'s presence.
- c) Every injury follows a specific set of rules.
- d) You need to have and own an analytical program or procedure, that tells you everything about the athlete in front of you, to analyze their entire spine and extremities in a matter of seconds and determine the area of primary involvement in need to be adjusted (which may be away from the initial site of impact or complaint) in order to correct the problem and get that athlete back to action very quickly.
- e) There are six basic (but very important) rules that the body follows when it suffers an injury. (Described in the last article, which can be received free of charge by contacting our office at the number at the end of this article.)
- f) In order to totally assess an injury and properly correct it to the full extent, you must check every major joint in the person you are evaluating.
- g) The Psoas is perhaps the single most involved muscle, and cause of loss of ROM in the low back, neck, shoulders and especially hip joint (often patient will complain of feeling like they have a groin pull) and decreases performance in every athlete and even accident victims, when released causes the most amount of relief, restoration of ROM, improved function, gait and a sense of freedom, like a heavy weight has been removed from their hip joint and lower back. This release alone has improved the performance of many athletes in every sport and because it causes such a quick and dramatic change.

O.k., you are now caught up. Let's get started with the psoas component of this article. It is by far one of the most commonly involved muscles in any person that will walk into your office. The problem is that most chiro's don't recognize it, don't know how to recognize it or just don't think about it being a major source of their patient's primary cause of their present problem. I'll give you an example that just happened to me yesterday.

I was called to a local hotel by one of its concierge. I got to the person's room and took a history which included the fact that because of her travel schedule all over the U.S., she sought the help of many, many chiropractors but, none had been as thorough or sought to figure out a commonality to all the things that were going on at the same time... there was a history of stomach disorder, constipation, shoulder and

neck pain that kept recurring from time to time, which caused her to seek out chiropractic care. Just from the history of recurring episodes and that this time *her right shoulder (lower) and torqued hip wasn't as bad as usual*, I already knew what was going to be found, yes, a psoas muscle contracture! She confirmed the heavy feeling and sometimes-tight lower back upon waking up and that this had been chronic.

The first thing that was explained was that - before going after her points of pain (neck and right shoulder) and discomfort for which I had been called to handle, we had to stabilize and balance the lower body first, just like having a strong foundation in a house, otherwise nothing would hold long term. After asking her to lay down on her back, I went to the head of the table and asked to borrow her hands and extended them above her head and pulled them away from her body, holding one hand in each of my hands with a thumb to thumb connection. (All of these steps are also explained and demonstrated in a step-by-step manner in a new product, I recently developed which contains a 30 minute video, a complete manual with over four dozen pictures and text and a slide presentation which you can run in your computer as a 3-4 minute review of the entire technique from A to Z until you commit this technique to memory.)

The purpose of this is to discover which arm is going to appear shorter, which signifies which side the psoas muscle is contracted on. So, if the left side (when you try to approximate the knuckles together) is closer to the patient's body than to yours – then this is the side of the shortened muscle. The next step is to release this contracture, which is accomplished in the following manner: determine the midway point between the umbilicus and the ASIS. Then place two fingers (index and middle finger together at this point of reference) and you are now going to apply pressure, which will be either clockwise or counterclockwise depending on the side of involvement.

If you find a left sided contracture, you would stand on the patient left side, with them supine and place the two fingers of your right hand on that reference point, then have the patient bend their knee and with your left hand on their knee you are going to ask them to take a deep breath in (you also want to mention that this will probably not feel too good but the results will be astonishing and well worth the temporary discomfort). As they take in the deep breath and release it nice and slow – you are going to do two things simultaneously, one - your left hand is going to diagonally abduct and push down their leg using the knee as a leverage point, while using the two fingers of your right hand – you are going to push into the reference point from anterior to posterior (into the psoas) while rotating your fingers clockwise and using the left hand to push their knee down to create a stretching and elongation of the psoas muscle, all the while releasing the involved contracted psoas muscle. Yes, there is some discomfort involved, however, after you finish the next procedure and then have the patient/practice member walk around the room you will typically hear how much better it already feels and that a lot of the old pressure is gone from their hip, low back, mid and upper back, neck and shoulders!

The next step is to release the 3rd and 4th lumbar in lateral flexion and rotation minimally (there may also be some flexion and extension fixation involvement) because of their part in the involvement of the affected psoas muscle. The last step is to release the superior tib/fib joint on the same side as the involved psoas (because of the torque and pressure exerted by the Tensor Fascia Lata, which disappears upon releasing that joint). This is accomplished by placing the top part of your proximal thumb right under the person's knee (lateral side) fibula on the involved psoas side, then flexing their knee into your thumb while, with your other hand on their ankle, applying a posterior force against your right thumb causing a counter pressure and that joint to release and further releasing the tensed TFL. Now have the person walk around and notice the changes.

This appears very simplistic (and it is), yet almost no chiro ever bothers to check the psoas and as a result, the patient is left with a recurring chronic problem, which by the way, also mimics the appearance of a

scoliosis upon physical and x-ray examinations. I think that as you begin to experiment and release the psoas muscle in your patients – you will personally see some amazing results, as well as, the disappearance of many so called scoliotic lumbar curvatures.

Back to the end of the story with the patient I was called to see yesterday... she got off the table and felt free, and wonderful - the neck and shoulder discomfort had pretty much disappeared without even touching her cervical spine yet. She was impressed and stated that she felt like I was connected to her and really had figured her out and seem to know and understand exactly where her primary problem was that was causing all the other discomforts she had been feeling, which had been missed by other people that had worked on her, she thanked me and referred me back to her (what I now figured out) road manager, who handled the bill and explained that it wasn't Ms. Xxxx, (unfortunately, I haven't cleared it with the patient to use her name so I cannot put it in print – but it is someone well known with an incredible signature voice) but rather, XYZ and that she was going to be giving two concerts over the next two nights and would I like to come to see her perform... I said yes, and she was simply awesome! Practice this well and who knows whom you'll get to work with in your neck of the woods!

Like I said the proof is in the pudding, and the Psoas muscle is part of the success formula. Check it on everyone until you get a feel for the history and pattern of appearance and watch the results unfold.

In the next article, we'll cover the hip joint as a recurring source of constant decreased performance and ROM, pain in the low back, hip, shoulder and cervical spine.

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