

Training for the osteopathic athlete

By Matt Wallden
For Osteopathy Today, February 2003

Imagine going to see a beautician whose face was covered with acne and had grubby, cracked finger nails... Or perhaps, a financial adviser whose house was repossessed and had been declared bankrupt.

As their client, how would you feel? Would you even go to their office if you knew their personal situation?

Well, it may come as a surprise to you (though to most it won't), that 95.8% of you suffer, or will suffer, with back pain... (Nopper 2002).

Embarrassing, isn't it? An osteopath suffering with back pain.

Well, it needn't be.

This figure is made all the more humiliating by the fact that the general population have lifetime incidence of around 80%; less than us osteopaths (O'Sullivan 2000).

At the elite end of the exercise and conditioning profession, most specialists could tell you exactly why you're likely to suffer back pain. In fact, they could confidently tell you how to prevent any embarrassing bouts of back pain through simple and effective protocols. Yet despite this knowledge being available to us, the osteopathic institutions (including the AOA), who are still mainly focused on "the osteopathic lesion" (Kappler 2002) – which is something of an out-dated concept – are turning out perhaps the most ironically precarious bunch of low back pain victims to practice osteopathy on the general public!

I say this with my tongue firmly placed in my cheek – mainly because I know the answer to the riddle!

Having trained for 3 years as a C.H.E.K. Practitioner, and written two theses and a number of articles on sports injuries, I feel well placed to fall into the 4.2% of us who will not suffer with the dreaded LBP.

I bet you're now thinking just how amusing it would be if I did end up with a disc herniation... but the truth is, I've already had one (that's been corrected since doing my C.H.E.K. training). This I believe was as a result of me slipping into poor treatment habits – perhaps in tandem with a laterality pattern developed through playing too much football! According to Gracovetsky (2003), 86% of those of us without symptoms have a disc herniation on MRI anyway!

I remember as a student, going to one of the BOA conferences and standing (at the urinals) alongside a group of senior gentlemen osteopaths who had the most extraordinary range of thoracic kyphoses. I recall thinking to myself that, "If this is what osteopathy does to you, then I'm not sure I want to be involved"! I was also surprised that experts in the field of biomechanics, posture and back-pain – as we surely are - were such appalling examples of the human frame.

Once again, this was until I embarked on my corrective exercise training and realised that I too, at the age of only 26, was hyperkyphotic by 15 degrees over the reference range, restricted in thoracic extension, had a cranial protraction or "forward head posture" of 5.6 cm (normal range 0-3cm) and had a transversus abdominis that wasn't functioning effectively (hence the disc injury). In other words, like the senior colleagues I had seen a few years previously, I was not a particularly good example of "function" for my patients to follow. Luckily for me, I found out what to do about these things before they became true pain

issues for me and, in the learning process, have been able to help a lot of my patients with similar problems.

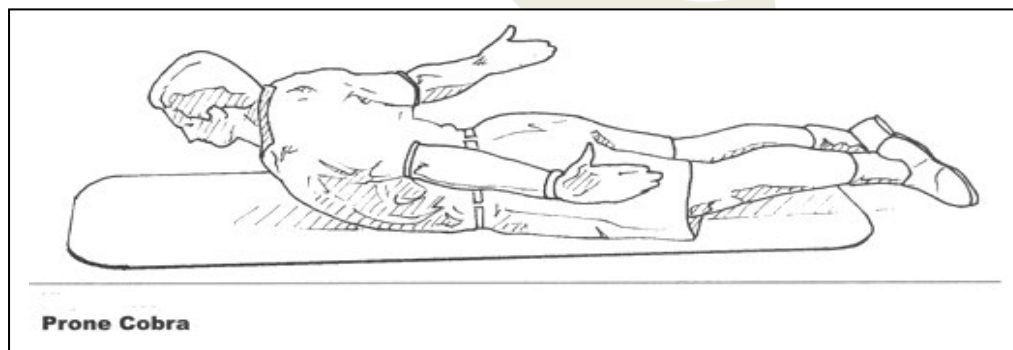
Much of what I learnt, I could apply directly to the osteopathic environment – issues such as assessing inner unit versus outer unit dominance, teaching hip-back dissociation, correcting length-tension relationships, identifying and correcting faulty movement sequencing, all applied to me as well as to my patients.

So for the last 3 years I have teasing my brain with the idea of running a course on *training for the osteopathic athlete*; which as manual handling professionals is, after all, what we are. I proposed this to Eyal Lederman who liked the idea of talking about corrective exercise but felt that the market may be limited for a course which focused primarily on posture...

Of course, this supported my case for the need for training – as even having the understanding of the body and nervous system that Eyal possesses doesn't necessarily mean you have a knowledge of how to be athletically conditioned to practice osteopathy! But then, Eyal's the smart one, as he gets to learn this stuff for free!!

You may be reading this thinking, "I'm no athlete, I just practice cranial", but this is a serious misconception. The single greatest cumulative force that affects your body is gravity - and it's relentless. If you have poor hip-back dissociation skills, a dysfunctional core, an upper crossed syndrome or deconditioning of your scapula retractors, then even seated practice will render you equally as likely to suffer with disc injury, headache, TMJ dysfunction, shoulder impingement and an array of other common sequela.

An example of an exercise to help correct aberrant postures associate with osteopathic practice is the prone cobra.



The Prone Cobra is used to condition the thoracic extensor and scapular retractor musculature. This helps to counteract gravitational strain patterns often associated with osteopathic practice.

What my business partner (Andrew Jackson, a sport scientist) and I have put together, is a course that embraces the latest in exercise rehabilitation research, incorporating both nutritional and emotional factors, and we've applied it to the osteopath as if they were one of the athletes we see in the clinic. This is what we do with all of our patients – treat them as athletes. Industrial athletes, maternal athletes, even academic athletes and, of course, osteopathic athletes.

The great advantage of the course is it teaches you first and foremost, how to look after the most important person in your business - you. However, the course material applies to any of the genus *homo sapien*; therefore you will not only learn how to look after yourself, but also how to more effectively look after your patients. Hence the name of the course "*From treatment to exercise*" (Eyal's preferred title)!

This implies and represents exactly what you will gain – an understanding of how to take yourself from treating your patients to exercising effectively for you. And secondly, how to

move your patients from the rehabilitative stage to the sports-specific, or work-specific stage of rehabilitation.

Matthew Wallden and Andrew Jackson are discussing this topic, including a large practical component, at the CPDO on June 10th and 17th. For further information please see www.cpdo.net, www.chekclinic.com, or call 0207 263 8551 for bookings.

References:

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