

# How to Handle Even the Most Difficult Sports Injuries

William Moyal, DC,CCSP

Sports injuries provide a promising niche for chiropractic, yet most chiropractors feel uncomfortable and even inadequately trained to really comprehend and explore this rapidly expanding new territory.

The acceptance of chiropractic in the sports arena has become overwhelming. Professional teams, Olympic athletes, and their coaches are now demanding to have DCs on staff, or at least available for their athletes. They've seen that the performance of the athletes has increased and their injuries have decreased with chiropractic care.

How can a DC launch a sports injury practice? The first step is to accept that just because you have the title "DC" doesn't mean that you have the necessary talent or skills for such a practice. I don't mean to offend, but to illustrate that sports injuries are a different species to learn to handle. This is why there are so few practices that thrive and are sought out to care for sports injuries. 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.

You must know what you're doing and be ready to prove it anywhere and at any time. Can you find and correct an athlete's specific problem with total confidence? Yes, it is possible and it can be done, as I have been doing it for over 15 years with athletes from almost every sport and level of competition. All it takes is just a few items 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. You use the information the athlete shares with you about how the injury took place, while recreating the mechanism in your mind, so that you can use the six steps listed below. I'm going to share with you how to analyze the entire spine and extremities in a matter of seconds and determine the area of primary involvement that needs to be adjusted (which may be away from the initial site of impact or complaint) 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 nonexistent. If the body is not ready to accept this force or is caught off guard (causes of joint dysfunction), it cannot accept it, and an injury results. The extent of the injury 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 body is always trying to protect itself. Therefore, it will share that force throughout the body to minimize the initial site of impact (dispersive factor)!

**Rule #3:** The dispersive factor creates predictable patterns (of injuries) that we can follow and

solve step-by-step to resolve the 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 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: Never stop at the complaint or where the painful area is, or you'll miss 90 percent or more 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).

To fully assess an injury and properly correct it to the full extent, you must check every major joint.

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

You must follow a simple, specific and complete evaluation method that takes very little time, yielding a massive amount of information necessary to diagnose, understand and eliminate the 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.

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 chiropractors.

Because of the lack of space available in this article, I will give you two, quick tests you can add to your arsenal.

The first is the shoulder abduction test. You are behind the patient. With the patient's arms resting by his side, slowly raise the arms into abduction (holding the 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 (a very common cause of neck pain and potential headache source).

The next quick test is to check the feet for extension (dorsiflexion). Have your patient lie supine, and while holding both feet at the toes and forefoot with your fingers pointing towards the talus, dorsiflex the foot/toes toward the tibiae and check which foot is restricted. Again, if one foot is

restricted, then that is the faulty foot; it 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 shoulder involvement and restriction, which will often release the shoulder and low back even without having to adjust those areas at all (if that is the primary cause). This can be the answer you've been looking for in solving those chronic recurring low back and shoulder cases.

I have to mention one of my primary findings involved with almost every single sports injury in every athlete I've checked in the last 15 years. 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 the hip joint (often patients will complain of feeling like they have a groin pull). The psoas is responsible for decreased performance in many athletes. When the psoas is released, it causes the most amount of relief; restoration of ROM; improved function of gait; and a sense of freedom, like a heavy weight has been removed from the hip and lower back. This release alone has improved the performance of many athletes, no matter the sport, and because it causes such a quick and dramatic change, it has gotten me into many doors. I know it can do the same for you.

*William Moyal, DC, CCSP*  
*Miami Beach, Florida*  
[drmkiro4u2@aol.com](mailto:drmkiro4u2@aol.com)

JANUARY 2002