

Roswell, GA Doctor Interviewed on National Television

Daniel Batchelor, DC

Sachi Koto, anchor reporter for CNN, called me and wanted to do an interview for a special report on running injuries. She wanted to know what it is that we do, and why we provide help when many other doctors do not.

Sachi Koto is a runner, and she understands that many people have been brainwashed by the commercials and propaganda of the multi-billion-dollar drug and medical-related industries. She wanted to provide the public with the knowledge that there is a better way of treatment. Pain killers, muscle relaxants, and surgery are not the answers.

Here are the highlights:

Sachi Koto: Dr. Batchelor, why is it that you are able to help so many runners? What is it that makes you different?

Dr. Batchelor: I've been a runner for the past 30 years. I've been a doctor that treats runners for almost 20 years. I have run more than 60,000 miles, won more than 300 road races, had almost every injury that a runner could have, and I have rehabilitated every one of my own injuries. It is for these reasons that I am able to help runners that have not been able to receive help elsewhere.

Sachi Koto: What are the most common conditions that you treat in runners?

Dr. Batchelor: The three most common conditions that we find in runners surface in the foot, knee, and lower back. Problems in runners often start in the foot. When you run, three-fourths of your body weight is placed upon each foot during impact. Foot pain has many causes, but it more often than not results from either weak arch muscles, acute or chronic stress from running, heel spurs; plantar fascia problems, or Achilles problems. Many foot and knee problems occur as the runner over-pronates or over-supinates.

Sachi Koto: Please explain over-pronation and over-supination.

Dr. Batchelor: Over-pronation is a condition in which more than 60 percent of the weightbearing of the foot is placed on the inside of the foot, and the foot rolls excessively. As a result, foot stress increases. This in turn allows the kneecap to slide off center and rub against a portion of the knee joint that it should not rub against. The shoe will eventually warp according to the abnormal stress applied to the shoe by the foot. As a person pronates excessively, the shoe leans in excessively due to this imbalance. As this excessive pronation occurs, increased stress is directed into the undersurface of the kneecap. As a result, the body reacts to this increased stress by depositing calcium underneath the kneecap. When this deposition occurs, the calcium begins to dig into sensitive nerves in the area; pain is often the result when you try and run. This knee condition is called chondromalacia or runners knee and you don't have to be a runner to suffer from this condition.

Over-supination is a condition in which more than 60 percent of the weightbearing of the foot is placed on the outside of the foot, and the foot rolls outward. The kneecap slides off center, and the same wear-and-tear syndrome and pain develops.

Sachi Koto: How do you correct these problems?

Dr. Batchelor: I prescribe custom orthotics. Just like having your tires balanced on your car, sometimes you need your biomechanics balanced. Orthotics return the foot to normal position by changing the angle of the foot as it performs its functions while running. When you overpronate, you need a thicker wedge on the inside of the heel of the shoe and a thinner wedge on the outside of the heel of the shoe. When you oversupinate, you need the opposite correction. This is done by making an orthotic device that you slide inside your shoe. The orthotic is a custom designed prescriptive device made of various materials. It balances the bone structure of your foot and returns your foot to normal position so that your ankle, knee, hip, and back work more efficiently.

Sachi Koto: Why do so many runners have back pain?

Dr. Batchelor: Many runners have leg-length discrepancies and develop lower back pain for several reasons. Running in a forward direction causes the lower back muscles to develop much more than the abdominal muscles. If you have a leg-length discrepancy in addition to this, you end up with lower back pain or sciatic. As you can see on this x-ray, the patient has a group of vertebrae that have rotated out of their normal positions, and they are squeezing on the sensitive nerves that exit between these vertebrae. This is a model of the vertebrae. This is the spinal cord, this is the disc, and these are the spinal nerves. There should be 1/8 distance between the nerve and the joint. If this space narrows, the vertebra begins to pinch on the nerve that exits between them. As you can see, the lower lumbar vertebrae in this patient's lower back have rotated 15 degrees off from center. When the patient first consulted with us, he had pain in the lower back and pain down the leg, a condition called *sciatica*. This line drawn on the x-ray, which is the center of gravity, shows where the vertebrae should be. This recent x-ray shows that after one month of treatment the patient has an x-ray that depicts the rotation at three degrees. The patient now has no symptoms as a result of the correction: 15 degrees to 3 degrees. The joints will not wear away as fast and the nerves will not be irritated at this point. The patient must now begin specific exercises for correcting muscle imbalance in the lower back. The key is to restore structural symmetry to the back, not merely remove the symptoms.

Sachi Koto: How do you correct imbalances in the lower back?

Dr. Batchelor: As you can see, if the patient had a leg length discrepancy when by the right hip was higher and the left hip was lower, the vertebra would be rotated curving off to the left. The correction would be to rotate the vertebrae into their more normal positions by applying a correction force like this with a hand-held activator unit. This unit gradually realigns the vertebrae, similar to putting braces on the teeth. Then we design specific corrective exercises for one side of the spine. The exercises are aimed at stretching the tight side and strengthening the weak side of the spine in the lower back. This is the key to correcting structural imbalance in the lower back.

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