

Why an Athlete Needs a Chiropractic Sports Physician

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This column, as the title states, will attempt to bring important news and information to chiropractors who treat athletes. The intent is to disseminate material that will be of interest not only to the chiropractor already experienced in this regard, but also to the doctor who is just beginning to get involved. Instead of being written by just one person, this column will attempt to publish articles written by various individuals who have specific expertise and experience in dealing with athletic patients. In this way, you will hear many voices, many opinions, and hopefully, varied information designed to help you in various ways as you treat athletes.

It does not matter whether you work with athletes at events, adjusting them between bouts of competition, or whether you see them in your office to help them recover from an injury. Sooner or later you are always called upon, either by a patient, their "non-believer" teammate, or even another member of the health care team to explain "why" you adjust. After all, athletes are often used to being injured, having their injury diagnosed (most often as a soft-tissue problem), and being treated. What essentially separates us from other providers of health care for athletes is that we often insist on manipulation of the joints of our patients, either in the spine, extremities, or both. Just as often, athletes will tell you, "I just do better when I get adjusted," and while there are still no well-controlled studies about manipulation and athletic performance enhancement, the anecdotal reports roll in fast and thick.

Yet, how often do I see chiropractors who have become so caught up in soft tissue diagnosis that they forget the role of manipulation in their treatment? And how often have many of us who do adjust found ourselves wanting for adequate explanations of what we do? The informed athlete/patient/consumer requires a solid rationale as opposed to an emotional argument, so perhaps a review of rationale is in order.

It seems that we can approach an explanation from two distinct angles: that of joint biomechanics and that of reflexive functional enhancement. There is enough supportive documentation for both these ideas that we can use them without fear. It is well-known, for instance, that normal body motion (and hence motor performance) cannot occur without proper joint function. Proper joint function is dependent upon the availability of intrinsic joint motion (non-voluntary), since this is an important component in everything from complete range of motion to proper nutrition of the joint and its cartilage.

Anyone who has ever seen the total musculoskeletal insult that is inherent in any injury knows that the intrinsic motion of a joint is often affected simply by virtue of it being in the kinetic chain; even its anatomical components were not directly injured. If we treat only the injury itself and ignore the function of adjacent joints, the recovery may reach a plateau or be slower than we might expect, based upon our knowledge of tissue healing timetables alone. Every time we adjust fixed tarsometatarsal joints or a fixated tibiofibular joint in someone whom we are treating for a sprained ankle, we are applying this logic.

In addition, more recent knowledge has implicated this same intrinsic joint motion in being necessary for proper proprioceptive input from the joints involved in motor function. Failure of proper proprioceptive input has been accused of being responsible for everything from predisposition to injury to neuromuscular coordination. So it also follows, that impairment of joint function, even in a non-injured individual, could indeed affect motor performance. Repetitive motion, such as that found in athletic training and performance, could quite conceivably alter joint function long before an injury is present. So, manipulation of joints which are found to be dysfunctional seems a logical way to at least partially address this problem.

But what about the spine? How do we explain manipulation of the spine when the injury is in the knee or shoulder? Korr and others have provided us with adequate documentation of those pesky reflex loops (remember somatovisceral, somatosomatic, etc.) which cause a shoulder problem to also demonstrate cervical dysfunction and vice versa. It does not necessarily matter to the athlete your treating which of these problems came first, so I prefer not to spend time belaboring this point. My own personal belief is that either case can happen. What does matter to the athletes is if you forget to treat one component or the other -- either way you run the risk of selling the patient short.

Those of us who treat athletes already have our own rationale intact. However, it is when an athlete (or anyone else) asks, "Why?" that we are forced to review our own logic as we seek to answer their questions. Upon review, there should be no doubt as to the value of chiropractic care in the treatment of athletes.

References for above are available upon request.

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