

# Chiropractic at the Tour de France

Editorial Staff

*Editor's Note:* Jeffrey Spencer, MA, DC, CCSP, of Grants Pass, Oregon, has been featured twice before in DC. In the March 29, 1991 issue (see "Jeffrey Spencer, DC, Olympian, Fitness Consultant, Author, Artist" in the ChiroWeb.com archives) his experience as a member of the United States Olympic Cycling Team at the 1972 Olympic Games in Munich, Germany was recounted. He returned state side to win the 1972 California State Cycling Championships, and was a member of the 1973 U.S. National Cycling Team.

Leaving competitive cycling for higher education, Jeffrey Spencer received an M.A. in physical education in 1975 from USC and began working as an educational therapist and health education instructor. In 1980, he became a fitness consultant to the American Honda racing team (motocross). He has consulted and treated Olympic cyclists, major league baseball pitchers and Indy race car drivers, including Indianapolis 500 stock car champion Al Unser Jr.

In 1988, he graduated summa cum laude from Cleveland Chiropractic College of Los Angeles. "Chiropractic was my choice," he said back in the 1991 article, "because of my background in art (glass blowing and design). I liked working with my hands and because chiropractic deals with a noninvasive, drugless, first-line defense for a multitude of conditions."

In our second article on Dr. Spencer ("Treating the Tiger," June 30, 1997 issue), Dr. Spencer explained the training and treatment he gave Tiger Woods during a break in the golfer's schedule between victories in 1997 at the Masters and the Byron Nelson Classic. Dr. Spencer is currently a member of the postgraduate faculty of the Los Angeles College of Chiropractic. He teaches the sports injury session for that 300-hour diplomate course.

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Interview with Dr. Jeffrey Spencer

DC (Michael Devitt): Is your practice mostly a sports practice?

Dr. Spencer: It's really an active care practice, which is defined using the active care principles of rehabilitation. Anybody that wants to take responsibility for their health and do their homework is the type of patient that I like to work with. With patients, my job basically is to explain their problem in a way that really makes sense, then give them the tools to help themselves. It ends up saving them time and money and gives them the confidence to develop the physical skills to really participate in life.

DC: How did you first meet Lance Armstrong?

Dr. Spencer: I first met Lance through Mark Gorski, the general manager of the United States Postal Service Team. Mark's vision and my vision of the Tour de France was to create a health care

environment that would allow the riders to have the best opportunity to not only produce the top performance there, but also be able to survive the experience of the Tour de France.

We had been working up to my going to the Tour de France for about a year. I went to the 1998 Tour de France for five days to meet the riders, though I did not treat them at that time. I then worked at their training camp in January in Santa Barbara, which was the first hands-on experience with the riders. Then I went to Lance's place in Austin, Texas at the end of May to work with him for a couple of days, just to transition into the Tour de France in late June. Knowing that no athlete in his right mind, dealing with a competition of this importance, would ever let someone new touch them, it was really an important aspect to gain a level of trust and confidence by spending some time with the riders prior to working at this year's Tour de France.

DC: Did you travel with Lance to France?

Dr. Spencer: I traveled with the U.S. Postal Service Team. It was not only Lance, but the other eight members of the team. Lance was in eastern France with his teammates to acclimatize to the European racing scene and that level of competition in preparation for the Tour de France. So Mark Gorski and I traveled to France to meet the riders there on the first of July.

DC: What sort of problems did the cyclists encounter during the race?

Dr. Spencer: My job for the Tour de France was to deal with the neuromusculoskeletal end of the health care staff, which including myofascial trigger points; tight muscles; overactive muscles; inhibited muscles; muscles that would not work together in cooperation to produce quality movement; and blocked joints.

I dealt with both the physical trauma of the day's race and those conditions that are not symptomatic but rob the body of performance and can ultimately end up in illness or injury. Three weeks of racing can be devastating in terms of injuries, overuse syndrome and decreased performance.

The other side of treating the cyclists was dealing with acute, traumatic injury from crashes. We had an aggressive program to deal with the inflammatory response and rebuilding injured tissue through the use of directed therapeutic nutritional supplementation. We also used physical medicine modalities, including ultrasound and the manual therapies of isometrical relaxation, cross-friction massage, reflex and osseous adjusting and all the other elements that are required to optimize and speed the healing.

Of course, no cycling race is complete without tendinitis Patella and Achilles' tendinitis are very prevalent phenomena. I used manual therapies like cross-friction massage, isometrical relaxation, and probably most important, the use of athletic taping. I used the elastic quality of the tape to produce a tendon-like support, just another application of how we functionally support the body to be able to survive the tour.

DC: What was the most common ailment that you treated during the Tour de France?

Dr. Spencer: The most prevalent thing we treated was the accumulation of the result of racing. For example, Tyler Hamilton, a member of the team who supported Lance in the mountains, had two severe crashes in the first week. To be able to deal with the fallout of the injuries was Tyler's challenge, whereas tendinitis did raise its head for three or four riders throughout the course of the

Tour, so it's really hard to say which one predominates. There's such a dynamic accumulation of stress on the body over three weeks of racing. Every day, we had to deal with something different for each of the riders.

DC: Of the 20 national cycling teams at the Tour de France, was the U.S. team the only team that had a chiropractor treating the cyclists?

Dr. Spencer: To my knowledge, yes. All the teams did have medical physicians to deal with the physiology of racing, infections and digestive tract conditions. The U.S. team also had three or four masseurs to accompany the team. Each of the riders got a complete lower body massage after each day's race to help promote their recovery.

My job was to deal with the musculoskeletal issues involved with the riders on tour. The MDs dealt with the physiology and medical issues that arose; the masseurs dealt with the initial recovery after each day's race.

DC: Getting away from the Tour de France for a moment, you mentioned some of the other athletes that you have treated. What role do you see chiropractic playing, not just for the treatment of cyclists, but for other activities and other athletes?

Dr. Spencer I would say that regular chiropractic care is essential, not only for putting in top performances, but for limiting the risk of injuries, and for certainly accelerating the recovery from injuries if they do happen.

It's equally important to extend the longevity of an athlete's career. Chiropractic has its best application in dealing with physical conditions that are not symptomatic to the athlete, but which lead to eventual body breakdown. When we develop a proactive approach to dealing with the concept of health care, we can do a lot to provide the athlete with the best opportunity to put in top performances consistently and reduce the risk of injury. I would say we're essential, and the aspects of chiropractic care that would be essential to do that would be to ability to do body evaluations; to deal with muscle tightness; with cooperative muscle interactions; with contractures and muscles; with random scar healing from previous injuries; with dysfunctional movement patterns that result from a previous injury and haven't healed correctly; or when the pain has gone away, but the body part is still not integrated into the locomotor system.

There is, of course, the evaluation of blocked joints to make sure that full ranges of motion and arthrodiol induced weakness and inhibition are not factors in the athletic performance. I would say that every athlete on the face of the earth needs a strong regular program of proactive functional chiropractic care.

DC: Aside from the typical athlete, what does chiropractic have to offer the average person?

Dr. Spencer: I would say the role is exactly the same for the average person, because the body is a functional organism that thrives in a certain environment. When we help create a condition that challenges the body to upgrade to the highest level of function, then the patient is really able to fully participate in life and have a life that's full of vitality and enthusiasm.

I believe in regular chiropractic care that's designed to individually address the needs of the patient and create a home program so the patients can do their part in maintaining the highest level of

function. Getting regular chiropractic care that includes evaluation of the complete neuromusculoskeletal system is absolutely essential for a person's sense of vitality and well-being.

Patients must do their part in re-establishing and maintaining their health. Without that, there's no meaningful or lasting change. Lance's doctors did their jobs, and so did he. He earned the Tour de France victory.

DC: Thank you, Dr. Spencer.

*Editor's note:* This year's Tour de France (July 3-25) began as they all do with a prologue, a "time trial" (a 6.8 km sprint) with each rider competing only against the clock. After the prologue, there were 20 stages (ranging from 100 to 145 miles) and two 35-mile time trials. The races began on the flat lands of France, then moved to the Alps, finishing down Les Champs Elysées in Paris. There is an individual winner for each stage who takes to the podium each day for accolades, but the overall leader is the object of desire and gets to wear the (yellow jersey). The top mountain "climber" gets to wear a jersey of polka dots (go figure). It is possible to win the Tour de France without winning a stage.

In this year's event, Lance Armstrong, the 27-year-old Texan who captured the attention of the world for competing in the most arduous athletic event in the world after undergoing chemotherapy for testicular cancer, won all three time trials, a clear indication that he was the fastest sprinter. His "weakness" was thought to be the mountains, but he won the 133-mile 9th stage in the Alps, only the third American to ever win a mountain stage. With that victory, he won the Tour de France going away with a margin of victory of seven minutes and 37 seconds over second-placed Alex Zülle.

The U.S. Postal Service Team, which is the national cycling team of the U.S., was only the second American-based squad to participate in the Tour de France. The general manager and director of the team is Mark Gorski, who won the sprint gold medal on the track at the 1984 Los Angeles Olympics.

The U.S. Postal Service team received a wild-card invitation based on its season results. Joining Lance on the U.S. Postal Team for the Tour de France were Francisco Andreu; Pascale Derame (France); Tyler Hamilton; George Hincapie; Kevin Livingston; Peter Meinert Nielsen (Denmark); Christian Vande-Velde; and Jonathan Vaughters.

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