

Hans Boehnke D.C. DIBAK

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Treatment of a disabled athlete

Disabled persons can present with any manner of maladies depending on their individual disability and the way in which they use or abuse their bodies. I have had close contact with the following athlete and I would like to share his story. He was involved in a severe motor vehicle accident when he was 27 years old his current age is 39. He was stopped at an intersection at about 3:00 AM and was rear-ended by a very drunk driver. The injuries sustained were a fractured skull resulting in a brain hemorrhage and a broken neck. When first seen in the trauma centre, he was totally paralyzed on his right side and could not speak. Due to delays in our socialized medicine system, he was kept waiting until about 1:30 PM before surgery was performed to release the pressure on his brain and to do a spinal fusion in his cervical spine. This likely resulted in more brain cells dying than would have been the case in a more responsive system.

He then went through the usual physiotherapy approaches and much litigation etc., for about 7 years until he reached his final settlement with the insurance companies involved. An attempt was made to incorporate the work of The Institutes for the Achievement of Human Potential but unfortunately there was not much compliance from him or his family, so this approach was dropped. It is an unfortunate commentary on our legal system that it does not appear to be in the best interest of the victim when litigation is ongoing to progress to their optimal potential quickly if at all. Such is what I feel was the case with this young man.

In any event, he went through stages of recovery during which he had a stage of substance abuse and heavy reliance of medication for migraine headaches and other pains. He was left with a right arm and hand that barely worked, having to use a splint to keep his right hand from clawing. He was unable to make change if purchasing or selling anything that required working out simple mathematics. His mental capacity was diminished in speed of response for instance the quickness with which he could answer a sarcasm etc. He was left with a pronounced limp having very poor motor control of his right leg and foot and needed to use a splint to hold his fingers on his right hand extended as they would assume a clawed position without it.

A short time after his settlement was reached, he began to take more of an interest in improving his general health. He started to take vitamins, he stopped drinking alcohol and other substance abuse, and began to work out at a fitness center. He had found a personal trainer and was trying to get the muscle tone in his body balanced. He requested my help and I treated him symptomatically for a while getting him over exercise induced injuries. I then thought that I should try and see if I could use a method that was mentioned in an article by Kathleen Powers (A Chiropractic Neurologist) called windup, which uses repeated movements in a cyclical fashion to get the central nervous system to rev up its activity in a programmed manner. I asked Kathleen Power to send me a copy of her article, which she kindly did and I proceeded to implement the procedure. I was trying to get his muscle tone to improve and to stop his right hand from clawing. The exercise was done in a seated position and is described below.

1. Extend the left leg.
2. Flex the right knee.
3. Flex the left arm making a fist.
4. Extend the right arm straight.
5. Open the right hand.

On repeating this a series of times he had better control of his right hand and could actually open the fingers. I also instructed him that he could do this exercise sequence mentally when he was in a public place such as a restaurant and was feeling self-conscious. This gave him a lot of extra confidence and he eventually could shake my hand without clawing me with his fingernails.

He continued with his fitness club and found out that they had racing teams for “Dragon Boat Racing” which is currently a very popular sport. He joined the lower level team called the “B” team in the year 2000 and enjoyed the training and racing. He especially liked the discipline of the training and being part of a team. This seemed to bring out his competitive instinct as he was very competitive in sports when he was young. He then decided to try out for the “A” team with his club for the year 2001.

This was a much more difficult task for him as the team is one of the best contenders in the Dragon Boat category of racing and the coach was much more demanding. With much effort on his part he made it to being a rookie on this “A” team. I treated him for various strains etc., that the intense training caused including an open wound in his hand from the paddle wearing all the layers of the skin off and leaving muscle and fascia clearly visible.

His coach noted that his paddle action was not proper in the last $\frac{1}{4}$ of a race, losing stroke height and power. I questioned him and found that he was feeling a great deal of fatigue in the last $\frac{1}{4}$ of a race. A Dragon Boat race takes about 2 minutes of all anaerobic full effort activity.

This we have attempted to correct by observing him on video doing a paddling motion and then examining him based on that and treating him using Applied Kinesiology techniques. His motion was noted to require too much arm, shoulder motion and not enough lower trunk motion. I examined him and found the following:

1. Muscle inhibition of the left oblique internus abdominis (anterior division) treated with origin and insertion technique as well as strain and counterstrain to the Beardall neurolymphatic (Good heart’s rib pump area)
2. Muscle inhibition of the left oblique internus abdominis (lateral division) treated with origin and insertion technique as well as strain and counterstrain to the Beardall neurolymphatic (Good heart’s rib pump area)
3. Right anterior serratus with repeated muscle activation patient induced. This was treated with origin and insertion technique.
4. Right hamstring relating to a cranial expiration fault, which was treated in the usual fashion.
5. Repeated fast muscle testing weakened an indicator muscle, which responded to pantothenic acid.
6. I had him exert himself by running on the spot till he felt fatigued about 1 minute and had him sit down and tested his quadriceps which tested weak, the deltoid also tested weak, it appeared to be a universal weakening response. I had read in

Phil Maffetone's newest book about lactic acid and the fact that its presence decreases muscle pH and may diminish calcium-binding capacity, which in turn reduces muscle contraction. Various nutrients are necessary for the proper metabolism of lactate and lactic acid; these are thiamin B-1 and riboflavin B-2 and pyridoxine B-6. I therefore had him chew Theraplex B, a product by a Canadian company, which is based on the formula from Standard Process Cataplex B. He could then run on the spot for 2 minutes or longer without feeling as much fatigue and no longer tested weak after the exertion.

7. I advised him to avoid foods that contained thiaminase an enzyme that can destroy thiamin. These are brussel sprouts, red cabbage, raw clams, oysters, squid, mollusks, herring and smelt.
8. I advised that he take Theraplex B, 2 at a time 3 times per day chewing them. He was also to take 2 before each race even if there is more than one race. He was also to take 1 pantothenic acid tablet once per day first thing in the morning.

I repeated the videotape and noted that his paddling motion was more synchronized and that the overall movement had improved in the lower body and appeared to take less effort.

A couple of days after the treatment he had the opportunity to help the B team out at a race as they were short paddlers and he found that he did not fatigue as fast as he would have before the treatment. The team did very well in that race. I attended this race and when they saw me working on this athlete 13 other members of the "B" team requested treatment.

On his next practice session with the "A" team, he noted that his coach did not criticize his paddle elevation as he had done many times before. To him it was very notable that the coach had changed his comments even though his coach did not know about what was done to the patient. The next project will be to improve his forward reach with his paddle.

This case is a good example of a motivated disabled athlete being helped by Applied Kinesiology approaches. It is also an example of the value of keeping connections with others in the AK community for their clinical expertise in various areas. This is best done by memberships in local chapters and the ICAK worldwide.

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