

Information on the Treatment of Sports Injuries

Etter Chiropractic of Olathe, KS

www.etterchiropractic.com

Treating Sports Injuries

Sports Injuries and Myofascial Release

Dr. Etter has additional training in myofascial release. Whether you have a recent injury or have suffered from pain for a long time, myofascial release can help interrupt the cycle of inflammation, scar tissue, impairment and pain. This technique restores movement, function and relieves pain. Myofascial release is used by Medical Doctors, physical therapists, occupational therapists and Chiropractors. Treatment consists of locating the adhesion or muscle injury and applying a measured pressure and the muscle is slowly lengthened. The combination of muscle pressure and stretching lengthens tight muscles and releases trapped nerves. This intervention breaks the vicious cycle of inflammation, scar tissue, impairment and pain.

Most patients see significant improvement in three to four treatments. Length of treatment will depend on your problem, your occupation, how long you have had the problem and willingness to do follow up exercises. Six to eight treatments over two to three weeks is common.

The following is a list of upper body conditions that may benefit from myofascial release: Shoulder injury (rotator cuff injury), Carpal tunnel, tennis elbow, trigger finger, and peripheral nerve entrapment.

Many conditions of the lower body may also benefit from myofascial release: Sciatica, knee pain, ilio-tibial band syndrome, shin splints, plantar fasciitis, hamstring injury, hip flexor injury, and hip bursitis.

Shoulder and Rotator Cuff

Shoulder injuries and pain are some of the most common complaints of athletes as well as other adults. Pain in the shoulder most frequently involves a rotator cuff problem, biceps tendinitis, A-C joint injury or frozen shoulder (adhesive capsulitis). Often all shoulder pain is referred to as bursitis. True bursitis of the shoulder is relatively rare and usually results from a blow or trauma to the shoulder. Bursitis is usually caused by some other problem with the rotator cuff or biceps tendon. A bursa is a lubricating sac that facilitates movements of the shoulder.

The biceps tendon is a common cause of pain in the front of the shoulder. Adults over 40 and athletes who do throwing motions or sports may be most at risk. Often other tasks may aggravate the biceps tendon such as vacuuming or computer work.

The rotator cuff is the most commonly injured part of the shoulder. Comprised of four muscles, the rotator cuff forms a covering or cuff over the humerus (bone of the upper arm). The function of the rotator cuff is to stabilize the motions of the upper arm and shoulder. The most commonly injured part of the rotator cuff is the supraspinatus tendon. Most tears of cuff involve the supraspinatus. Pain at the front and top of the shoulder is often common in rotator cuff problems.

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Crackling or popping of the shoulder is also a common complaint. Often the collar bone (clavicle) may be the cause. The joint of the clavicle and shoulder blade (A-C joint) is often the cause. Rotator cuff problems may also be a contributor to crackling/popping shoulders.

Myofascial release is considered very effective in management of tendinitis, bursitis and rotator cuff problems of the shoulder.

Knee Injuries

The knee joint is one of the most susceptible joints to become injured. The knee is unique in that it relies on a system of ligaments for stability. The quadriceps is the most important muscle that stabilizes the knee. The most common traumatic injury involves the meniscus. Meniscus injury in young adults is usually the result of twisting when the knee is bent. The purpose of the meniscus is to stabilize the knee and add cushioning to the joint.

Pain on the side of the knee may often be the result of ilio-tibial band syndrome (IT Band). The pain is usually worse after exercise, felt slightly about and to the side of the knee, and may be more common in women. IT Band problems often respond well to myofascial release, stretching and ice.

Pain on the front of the knee often involves quadriceps tendinitis or patello-femoral pain. The patella (kneecap) is a bone embedded in the quadriceps tendon that slide through a groove on the femur (upper leg bone). Quadriceps problems may interfere with the round are of the knee cap and cause pain in the front of the knee. Myofascial release is often able to release the adhesion in the quadriceps tendon and allow the patella to slide more freely.

Jaw Problems (TMJ)

The jaw or temporo-mandibular (TMJ) joint is a common area of pain. One study indicated that up to 90 % of the population experiences jaw problems at some point. Women also seem to be more susceptible to jaw problems. The jaw may also cause pain in the neck or ear and may be associated with headaches.

One of the most common complaints associated with the jaw is popping and clicking. Popping and clicking usually indicate a disc abnormality or displacement. Gentle traction maneuvers are often very helpful in reducing disc problems in the jaw and the clicking that is involved. Problems with full opening and pain in the muscles of the jaw or temple may be the result of trigger points and are often effectively treated with myofascial release.

Elbow Pain

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Most pain in the elbow is caused by overuse due to sports or occupational causes. Racquet sports, throwing sports, weight lifting, construction trades and assembly type work are all common causes of pain in the elbow.

Lateral epicondylitis or tennis elbow is an inflammation of tendons of the extensor group of muscles in the forearm. The pain is felt on the outer side of the elbow and may run down towards the hand. Sharp, localized pain is usually felt over the outside of the elbow. Lateral epicondylitis is usually very responsive to myofascial release, rest and ice. Medial epicondylitis or golfers elbow results from repetitive movements that overstress the flexor tendons at the elbow. Racquet sports, throwing motions, weight lifting or construction work may all be potential causes of medial epicondylitis. Often this condition is very responsive to myofascial release, rest and ice as well.

The triceps tendon may also become inflamed due to overuse. If this condition occurs it usually causes pain near the back of the elbow. The pain is usually worse on extending the elbow as in a push up motion. Triceps tendonitis is also easily treated with myofascial release and rest.

Carpal Tunnel

Carpal tunnel syndrome results in pain and numbness on the palm surface of the hand including the thumb, index, middle and half of the ring finger. The pain is worse at night and usually causes problems doing coordination tasks with the hand. Carpal tunnel is caused the entrapment of the median nerve either in the wrist or the forearm. Studies have shown that myofascial release and Chiropractic manipulation of the wrist are effective in reducing the symptoms of Carpal tunnel.

Pronator Syndrome

Pronator syndrome is a condition which may closely resemble carpal tunnel. Pronator syndrome results from overuse of the forearm in such activities as weight lifting, assembly work or construction. Pronator syndrome also can compress the median nerve to produce carpal tunnel like symptoms. Myofascial release is often effective in releasing the entrapment of the median nerve and reducing symptoms of carpal tunnel.

Shin Splints

Shin splints produce pain in the lower leg following walking or running on hard surfaces. The pain is often felt as a deep ache that is worse with weight bearing. Shin splints are often caused by an increase

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in walking or running on hard surfaces without proper footwear resulting in overloading the muscles which provide shock absorption. Two types of shin splints may affect either the front or back on the lower leg. The frontal type involves the muscles used for shock absorption. Shin splints in the back on the leg often result from hyperpronation strain of the muscles used to stabilize the arch. Treatment involves myofascial release, rest, ice, replacing worn out shoes and orthotics.

Compartment syndromes of the lower leg

Compartment syndrome often effects athletes or runners and may result in pain, aching or cramping of the leg following exercise (usually 10-30 minutes). Additionally, numbness or tingling may be produced into various parts of the foot. The cause of compartment syndrome is usually increased exercise but also may be caused by trauma to the lower leg.

The lower leg is divided into four compartments and each compartment is enclosed by a sheath of connective tissue. Overstress of any of the muscle groups may result in swelling and compression of the muscles, nerves and blood vessels within the compartment. Conservative treatment involving myofascial release and rest is usually effective in treatment of compartment syndrome.

Plantar Fasciitis

Plantar fasciitis results in sharp heel pain that radiates along the bottom of the inside of the foot. The pain is often worse when getting out of bed in the morning. It may affect either high or flat arches and is found in about 10% of runners. Heel spurs may be present as well but are not the cause of the problem as 10-27% of asymptomatic people have a spur.

A heel spur is a reaction to chronic tension on the plantar fascia. Management of plantar fasciitis usually involves orthotics to support pronation or high arches, myofascial release and Chiropractic manipulation of the foot to improve the function of the arch.