

MDT: A Powerful Tool With Athletes

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I have spent most of my career working with athletes, be they recreational or elite. They have run the gamut from endurance sports to power sports, and all points in between. Over 12 years ago, I completed the highest level of training in the McKenzie Method. Since then, I have been one of the few practitioners worldwide that has been actively applying this approach to a sports population.

With all of the approaches to care available, especially with athletes, why head down this path?

First of all, the McKenzie Method has a very intuitive "fit" with an athletic population. First and foremost, the active populace is typically in the "mind set" of self-treatment and training. Athletes, be they recreational or elite, seek treatment methods that are active and patient-centered. These patients are highly responsive to such measures and typically prefer approaches that facilitate "empowerment" and self-treatment.

The McKenzie Method also provides a great screening process - to understand the mechanical loading strategies, directional preference, and thus safe aspects of training that can be resumed early on in the injury recovery process.

The sports medicine world is traditionally very "pathology-driven", so my first forays with McKenzie into this world were like speaking a foreign language.

Conditions such as "iliotibial band syndrome" and "plantar fasciitis" were oftentimes found to be derangements (per McKenzie) that would be considered fast responders. They did not need to be left to the life of seemingly interminable ultrasound, massage, and e-stim treatments that I have witnessed over the years. Contractile dysfunctions required specific mechanical loading for remodeling - not rest and passive modalities. The assessment process quickly establishes responders and non-responders with classification guiding the treatment intervention. Better yet, based on the results of mechanical testing and screening, we can fully understand the mechanical issues limiting their resumption of training, and safely prescribe activities that will allow the athlete to return to training - as soon as possible.

The beauty of working with a sports population is that sport technique is defined by a combination of sustained postures and repeated mechanical loading - the very things that we would examine in a mechanical assessment. It's all in their training history! Training may involve many hours of repetitive mechanical loading, oftentimes with the additional component of axial loading. Over time, there is the added effect of fatigue on sport biomechanics (i.e. running). With sport training demands, you have the potential for mechanical disorders related to sustained positioning and/or repetitive mechanical loading.

The reality is that most athletes that we see in a clinical environment are of the recreational variety. The majority maintain occupations that are the basis for their day. The difficulty is that oftentimes they will become victims of "day affects play" - the impact of their daily work activities on sport. Imagine a computer programmer (who is also training for a marathon) who spends eight to ten hours of his/her work day sitting in sustained end range position of the cervical spine. After work, the person does their training - with the expectation of taking this chronically flexed spine and having his/her body undergo repeated mid/end range extension (depending on the running pace). Is it the running that causes their cervical or lumbar pain? Or is it the tissue creep with the sustained flexion of their work activities? Do they need to stop running as they have been told countless times before? Or do they simply need to alter their daily activities?

The mechanical assessment not only guides treatment - it provides the basis for effective sports injury prevention as well. The concepts used in establishing a mechanical diagnosis will ultimately aid in keeping the athlete healthy and injury-free. Having an understanding of the sport and the biomechanics required for optimal technique will assist the clinician in not only uncovering the types of loading that may have contributed to the injury but also the appropriate prevention of injury and overall optimization of human performance.

The use of MDT, especially as an assessment process, is highly appropriate to integrate into a more effective and intuitive sports medicine paradigm. MDT is a functional approach to sports injuries as it involves dynamic movements as part of the assessment process and implements patient-centered self-treatment strategies. When used in conjunction with knowledge of the effect of mechanical loading strategies on the athlete's sport technique and biomechanics, Mechanical Diagnosis and TherapyT is a powerful tool in the assessment, screening, treatment, and prevention of athletic injuries.

Note: The content of this post originally appeared in the "MDT Bulletin of the McKenzie Institute Americas Region". The full article can be found here. Further information on the McKenzie method can be found at <http://www.mckenziemdt.org>.

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