



Coach-Athlete Q&A

A look at some coach-replies to common questions by topic.

Q: Sonni,

>The opportunity came up and so I took the advise you gave a while
>back. At the ATC meeting on Monday, Dr. Drew, a chiropractor
>here sponsors the club and gives us all discounts. He
>over heard me talking about my injury and how last weekend of
>training I had to cut short because I got a little flared up.

>He spoke to me and said he's sponsor me the initial visit and
>said he could really help my problem.

>So last Friday I went and saw him. Rather skeptical and nervous
>but the things he had to say made some sense and so I kept my
>mind open. He took x-rays and did adjustments. It hurt for
>that split second, as I expected, which I didn't like. But oh
>my gosh! I slept so good that night and was bouncing all over
>the place Saturday. I had so much energy. I hadn't felt that
>rested and energetic in so long (could also be the recovery week
>too).

Drew and I scheduled for me to come back in tonight. He'll go over the
>x-rays with me and do a 2nd adjustment. He said 3 vertebrae
>in my lower back were twisted, which was contributing to my hip
>problem. I hope adjustments feel better after a while, for it
>is so uncomfortable for that split second. But if this will
>make me feel the way I felt these past few days, and gets rid of
>this nagging injury, holy cow am I going to race fast this year!

>I guess I'm being sucked into this chiropractor stuff?!
A.H.

A: Howdy.....it sounds like your IT band issue was VERY similar to mine after all. I had the 'somewhat twisted' vertebrae like you.....and, for me that caused a bit of lumbar-lordosis (a tilting of the pelvis towards the ground that puts more 'curve' in the lower back than there should be).

This shows up as IT-band syndrome when there is not only the downward tilt.....but when ONE side does so more than the other.....because now, bio-mechanically, you create a VERY ez path for the IT-band to cross the hip-joint w/ every stride.

When that happens.....OUCH!

This has many negative ramifications for running. One is, that you automatically decrease stride-length by arching the back. Getting the hips directly under you moves the hip-joint forward.....and THAT, my friend, is the key to knee-lift and knee-drive. Knee lift and drive is SO FUNDAMENTALLY IMPORTANT because it literally determines the direction your foot is traveling when it touches the ground.



Think of it this way: lock your knee out. Now swing it from behind you to in front of you (like you're kicking a ball). If the foot were to contact the ground just in front of the body's centerline w/ even a slightly straight-ish leg/knee.....WHAT DIRECTION IS THE FOOT MOVING WHEN IT TOUCHES THE GROUND? Right. It's moving *forward*. THIS IS BAD! Because if the foot is moving forward, where does it push you?

Yep.....backwards.

What to do? Now, bend the knee (w/ heel close to butt) and swing it through again. First, notice that the leg is alot lighter because the lever (which we call a "leg") that has a 'weight' at the end of it (which we call a "foot") has been shortened. Because it's lighter, it can 'recover' (from behind you to in front of you.....which, incidentally, must occur at TWICE the speed that you are traveling) faster and higher.....giving you, both, knee lift and drive.

Why is this GOOD? Because now.....w/ a high and bent knee.....what naturally happens? You PLANT the foot as it's moving BACKWARDS.....you got it.....which propels you FORWARDS.

Moral of the story: Pelvic tilt (which can be, & is, addressed by a chiropractor) can, not only, INJURE you (which causes an obvious hurdle to training and run-fitness)....but can also hamper you "bio-mechanical efficiency" which directly relates to SPEED.

Ya see the crazy thoughts that go through my head all day? haha. Anyway, we address this very thing is each clinic we do....when you come to your 1st one.....it'll all be clearer.

later tator.....I'm glad you've gotten w/ Drew.