

One diagnosis, one thousand injuries

Treat the person not the condition



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We don't treat sports injuries in our multibed clinic ... we treat people who have injured themselves playing a sport. But what is it about sports injuries that has me so fascinated?

I think it's the link between function and form that intrigues me, and the fact that you have to hold the western musculoskeletal (MSK) system and the eastern channel meridian system together at the same time.

Diagnosis

Chris Tappenden and I have been working together for nearly ten years, treating sports injuries in our multibed multipractice clinic in New Ash Green. We chuckle when Alison Martin, the osteopath, says to a patient, 'you have a pulled supra spinatus'; we look at each other and say in unison, 'you've got a stagnation of qi and blood in the small intestine channel'.

In reality there are dozens of injuries of the shoulder and neck that come under seemingly simple TCM diagnosis. When there's pain the diagnosis is always:

- stagnation of qi
- stagnation of blood
- stagnation of qi and blood.

Underlying patterns vary and can include any of the usual TCM patterns but are commonly:

- deficiency of qi, blood, or body fluids
- invasions of cold, heat or damp
- organs involved are usually spleen, liver and kidneys.

Treatment principle

Move qi and blood to stop pain - it's simple, isn't it? Well no, it's not. You have to be able to accurately assess what they have done to themselves, and this means using the skills, language and diagnostic assessments and tools of the West, not just taking the pulse and noticing it's wiry, or looking at a bruise and muttering, 'hmmmm ...'

Anatomy: the leg bone's connected to the ...

OK, so you've got a stagnation of qi and blood in the small intestine channel. But players want to know the western terms and names of the muscles they've injured; it's important for exercise and rehabilitation regimes allowing them to return to play. Being able to accurately assess the rotator cuff will not only help you decide which adjacent and distal points to use, but is useful if you need to communicate with another practitioner for further treatments or investigations.

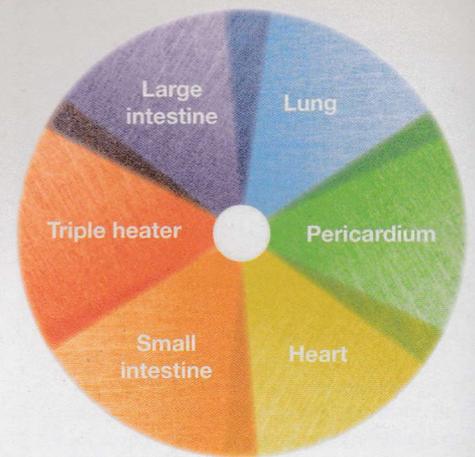
Learning how to assess the MSK system in a methodical and structured manner is crucial; you must be able to judge whether this person needs to go to A&E, will they be out of their game for the season, or is the injury very treatable.

To do this, you need to know and be able to remember the MSK systems, and sadly there is no easy short cut. However, there are apps and books galore to help you, and learning little and often is always the best way. Then once you know where the muscles insert and originate plus their actions, overlaying this onto the tendino-muscle meridians (TMM) forms the fun part of treating these injuries.

TMMs: more = more

When I left college it was drilled into me not to forget the channels, and at the time I took this to mean the thin line where the acupuncture points of the primary and extra channels lie. I now realise my tutors meant the muscle meridians and these are what I use all the time in treating channel injuries.

Imagine slicing your forearm at the wrist and the channels may look a little like the diagram in the next column. Of course there is no clear line between each channel, rather they blur into one another. In the centre lies the bone marrow and - moving outwards - the bone, the divergent channels, the primary channels, the sinews, tendons, muscles, skin, and finally the wei qi.



The closer to the surface the qi flows, the more dynamic it becomes. In the muscles there is plenty of qi and blood, so when needling sports injuries and into the muscles the body can easily cope with lots of needles.

Often forgotten, or perhaps never learned, is just how much qi and blood circulates in these muscle channels, and also how dynamic it is. They are loaded with both - they have to be to keep us moving - so the 'less is more' principle drummed into us at college just doesn't work here: with sports injuries it's very definitely a case of 'more is more'.

So how long is a piece of string?

Some time ago, in a presentation given at a BAcC conference, Professor George Lewith posed the question 'what do we mean by a dose of acupuncture?' I have been thinking on this ever since and it has helped me to create 'doses' of treatment for my patients.

I was trained to believe that a treatment should be twenty minutes long, and that you would need to do one or maybe two treatments a week for between six and twelve treatments, and that this was a suitable dose of acupuncture. But consider, if we need different doses of medicines such as painkillers to manage situations, surely the same goes for acupuncture. After much reflection, the following is my own input into this debate.



The larger the stagnation = the larger the dose

How do we make the dose bigger or smaller to meet the needs of our patients? It has made sense to me that if there is a large stagnation of qi it will require a larger dose of acupuncture to move it. The following factors have proved invaluable to me when deciding how to up the dose:

- needles are left in longer
- deeper penetration of the body
- increased number of needles
- wider needle diameter
- stronger needle stimulation
- more channels used
- classification of points used, for example jing-well dynamics points
- use of adjunctive techniques such as moxa or electroacupuncture
- use of tuina or massage before/after needling
- length of time adjunctive techniques are used
- frequency of acupuncture treatments.

Dosage of course must be person relative; so for me a single dose may be three needles in one channel at a half cun depth for five minutes, whereas for a rugby player with a back strain, it might take sixty needles on five channels with electroacupuncture for forty minutes.

Beware of overdosing

Personally, I do not believe in the healing crisis. Whenever a patient I have treated has got worse after treatment, it's been because I have 'overdosed' them - too much tuina, too many needles in for too long, too much heat, the list is inexhaustible - and always because their overall level of qi has been lower than I judged.

So when treating injured athletes (I use the term loosely as many of my sports injury patients are overweight, over-aged, and have over-exercised) always be aware of their underlying qi, the more deficient the smaller the dose; the pulse is an excellent indicator here.

Law of marginal gains: more than one treatment

The UK cycling team have dominated the sport recently, and the head coach has instigated this simple law, marginal gains build to give you the edge. So the beautiful cupping marks we saw at this year's Olympics give perhaps a half-per cent improvement in the flow of the qi of the elite, and as we saw this can be the difference between first and fifth.

Here again I must challenge what I was often told when training: 'you should rest after treatment', 'you need two days before you have another treatment', 'you shouldn't have more than one treatment at a time'.

In our clinic, we have found that players regularly need more than one treatment in one evening. We routinely follow a tuina treatment with acupuncture, then an osteopathic treatment, and then the person is given sports therapy exercises to do, with excellent results. Each treatment bringing a marginal gain and speeding the person's return to play.

Aetiology: know your sport

Understanding the mechanism of injury or the types of injuries common to particular sports is very useful, for example front row props in rugby injure their necks, triathletes their shoulders, runners their knees, tennis players their elbows. And injury is usually the result of poor technique, bad tackle technique, wrong shoes, etc.

Caged tiger: spleen, liver and heart

Most sports people love their sport, some even live for it, and when unable to do it they become like caged tigers, pacing up and down, desperate to get back to doing what they love.

Frustration and worry deplete the spleen, they consume qi and blood, the muscle bulk reduces, the food is not transformed into healthy useable qi and blood, they become fat and weak, or thin and emaciated: qi is drawn away from the stomach and spleen functions, the stomach and spleen muscle channels become qi depleted, and the end result is an overall lack of fitness.

Next comes anxiety about not returning to their sport. Often they don't spend enough time properly recovering from the injury before ploughing back into their game with the same intensity as before. Attempting to guard the

injury inevitably leads to yet another injury, and so the cycle continues and the tiger moves from frustration to depression/ rage.

When we learn to drive we are told to depress the clutch to change gear - to press down - and this is what I mean by depression. Frustration and worry over a long period leads the liver qi to stagnate, and when it eventually blows it vents

up through the gall bladder channels like a pressure cooker, giving rise to outbursts of anger and aggravating neck and shoulder pain.

Eventually the emotions become depressed - pushed down - and the person loses heart-interest in their sport. As the heart becomes unable to deal with this loss and they flop into a state of 'it's just not worth it', the small intestine channel becomes blocked with qi, resulting in shoulder and upper back tightness.

Road to recovery

Treating these underlying organ blockages is fundamental to keeping the qi flowing. Strengthening these organs while clearing the channels helps speed return to play (RTP), although this has to be a gradual process, hence the latest catchphrase adopted by the Rugby Football Union 'graduated' return to play (GRTP).

Of course, trying to get an amateur sports person to do anything gradual is the perennial challenge; those who do will recover and return rapidly, those who don't become chronically injured players.

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