

# CHIROPRACTIC



# AND SPORTS

The Journey and Views of a Sports Chiropractor.

by LeRoy Perry, Jr., D.C.

**T**he evolutionary steps of chiropractic acceptance in the sports community has grown tremendously. The 70's for chiropractic in sports were years of hard work, determination, frustration and conflict. Looking back at those years in amateur sports activities, I clearly remember the stress and anxiety of always fighting the AMA. These were the years of ongoing battles with institutions totally monopolized by a strong medical health care system that was totally anti-chiropractic. A chiropractor in their opinion could do nothing right, and they were committed to proving it.

I remember being thrown out of more track meets and athletic events than one could count. Yes, those were the years of conflict. I remember we had 24 athletes during the 1976 Pac 8 championships with the University of Southern California (USC). Three athletes were injured: Kenny Randle, James Gilkes and Don Quarles. They had been told by the team trainers and medical staff they would have to be scratched from the meet because of injuries. I stayed up all night working with these athletes, treating them and helping them the best I could. It was clear the USC relay, and possibly the meet, could be lost if they did not compete. The rest is history. All three did come back, compete, win and set personal best records. They helped USC score 161 points, the highest point total ever set for the Pac 8.

This achievement in itself was

controversial, but what made it even more so was the fact I had been banned by the USC trainer and the Pac 8 medical doctors from working in the health care facility normally available to the treating medical staff. As a result, the USC athletes helped make up a makeshift treating area under the bleachers, between the popcorn boxes and the broken beer bottles people discard. We used broken benches to make a treating table, and the athletes would sneak into the medical facility three or four at a time. One athlete would keep the trainer or doctor busy while the others would borrow the supplies we needed. Unbeknown to me at the time, this situation would be reenacted hundreds of times at track meets, baseball games, football games and many other sporting events in future years.

I soon learned politics was often more important to a college team's medical staff than helping the athletes perform at their best. However, people like Vern Wolfe and Ken Matsuda, head and assistant coaches at USC, as well as the USC athletes made it all worthwhile. It wasn't any fun for them either, as their jobs were often in jeopardy. Athletes were shunned and rejected by the university medical staff if known to be a "chiropractic patient." After a major article came out in the newspaper crediting chiropractic's participation with the USC track team, USC alumni medical doctors threatened to stop supporting the school if a chiropractor were allowed to work with their teams.

The end result was more conflict, frustration and pressure none of us needed. For the next few years we went underground, often treating USC and teams from other colleges and universities in dressing rooms, under bleachers, in parking lots, in vans, in hotel rooms. In 1977, during the NCAA tournament, I went above ground and served as the officially appointed doctor for San Jose State, a pro-chiropractic university. The university was both sympathetic and grateful to our situation because I had worked successfully with their athletes for years. I roomed with Ernie Bullard, the head coach from San Jose State, during a European lecture tour in 1975. He was aware of chiropractic's contribution in athletics. Whenever I was being attacked, or there was an attempt to drag me out of the medical treating area, I would have to produce my letter of appointment. The medical staff would then allow me to stay.

The horror stories of the 70's were many. I have been handcuffed, dragged from athletic events and even driven to airports and told not to return. I have been verbally abused by medical staff members before the press and media, and often classified as a controversial troublemaker because I simply would not lay down and die, or vanish into some locker room never to be heard of again. The medical brotherhood were doubly concerned because my fight was not just for inclusion of chiropractic, but

also for the freedom and right for athletes to pick whomever they wanted: MD, DDS, DPM, DC, etc.

The university scene, however, was not how I became involved in sports chiropractic. It started in early 1973 when I was asked by coach Tracy Sundlun, the head coach for the La Jolla track team which eventually became Wilt Chamberlain's Wonder Women, to become their team doctor. This came about as a result of working with some of their athletes who were told by orthopedists they would not be able to compete again. Chiropractic was able to help those athletes by rehabilitating their injuries and then helping them improve their skills.



Wilt's team was an amateur team, and I often had to drive 100 miles on weekends to help them out. The team barely had enough money to pay for my gas, let alone pay for my services, so I just chalked it up to a method of expanding my knowledge and education in athletics. Having been a competitive athlete for 11 years, it did not take me long to get hooked on helping athletes compete to new heights.

I soon learned biomechanical analysis was a method whereby I could learn from the athlete and apply this knowledge to helping him reduce his rate of injury, rehabilitate him sooner and enhance and often improve his performance. Chiropractic as an art and science can be defined, as it relates to sports, as a science dedicated to creating biomechanical efficiency. Chiropractors are literally the engineers to the body as a whole. Good

biomechanics means efficient movement which means decreased stress. Physics plays a major role in understanding athletic performance and its application to our general patient load. If one is educated to think in terms of high stress activity and can understand its parameters and limitations, which are directly proportionate to compensatory and decompensatory stress syndromes, then one learns this process of deductive and analytical reasoning can benefit all patients whether athletic or not. It should also be understood the average person's entire life cycle is developed around the biomechanics of gravitational stress as it relates to a limited G-force potential. But the athlete is affected by gravity at a much greater rate. You may say, "If both weigh 150 pounds, the statement does not make sense." Reality is, however, once you apply the physics of speed and acceleration versus horizontal acceleration, the end result is evaluated in terms of stress fractures, tendon and ligament injuries, subluxation and often dislocation or worse.

From treating such world famous athletes as Dwight Stones, Bruce Jenner, Tracy Austin and Stan Smith, I started learning early that biomechanical efficiency was not only essential in athletics, it is athletics.

There is an athlete in all of us. Often the patient with a bad stock, sciatica or even the wheelchair rehab may not feel like he is or could be an athlete. I have found, when I force this concept with my non-athlete patients, they will try to follow through with a commitment to help themselves. Not only does this approach help them, it makes my job a lot easier. You can only be as good as your patients.

I try to teach my patients a true athlete sets obtainable goals, striving for all those little goals one day at a time, and then designing a program to achieve the major goal. This may mean helping a wheelchair patient understand he or she may have to back up into a corner. This means putting pillows on the floor in front of the chair and pushing off using the arm rest with the hands until falling face first into the pillows. After a few times, the patient will learn self determination may just help put one foot in front of the other. The same concept applies to crutches or any other device the handicapped use. How do I know this? Because it happened to me. I was handicapped.

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The ultimate lesson to learn is to never let anything or anyone limit your potential.

The role of the sports chiropractor must be to help people realize their potential. We must help our patients find a starting point on which to build. Here is where the concept of doctor-coaching comes into play. We as doctors must learn how to coach our athlete/patient into self help methods. The aforementioned process may not be new to many, but the method of self help and doctor coaching has taken me almost ten years to learn.

In 1973, there were no colleges or schools of sports medicine for medical doctors or chiropractors. The only way one learned was through participation. This may mean giving thousands of hours to amateur sports in order to learn enough to progress to higher levels of athletic competition.

The evolution of my education started in 1973, as the doctor for La Jolla Track Club; in 1973-74-75 as doctor for Wilt Chamberlain's track team; in 1975 with the Europe Coaches Association, during which I gave 16 lectures in seven countries on chiropractic, the new concept in



sports medicine; in 1975 as the USC All American track team doctor; in 1976 as the USC Pack 8 and NCAA team doctor; as a doctor in the 1976 Olympics — Antigua; in 1977 as the Washington Red Skins team consultant; in 1977 as consultant to Colgate University's sports program; in 1978 as consultant to the Baltimore Orioles; in 1978 as consultant to the Australian Victoria Football League, Melbourne; in 1978 as doctor for the Mohammed Ali Celebrity Track Meet; in 1979 as doctor for the Panamerican Games, Panama; in 1979 as doctor for Pan American Master Games and Senior Olympics; in 1979 as doctor for International Caribbean Manly Games; as a doctor for the 1980 Winter Olympics, the US National Bobsled team doctor during the 1980 Winter Olympics; treating doctor and consultant for Great Britain bobsled team in 1980 and 1981; as doctor for six Superstar programs, Battle of Network Stars and CBS Strongman team; in 1978-80 as Chairman, Sports Medicine Committee, Southern Pacific AAU; and on an annual basis since 1973 covering at least six indoor and outdoor track meets. Some may call this paying your dues. I call it getting an education.

I looked for procedures and methods to better my chiropractic skills during those early years. I took the postgraduate orthopedics course and put it to good use early. I recommend this course for anyone considering an athletic, personal injury or industrial oriented practice. Unfortunately, I also took a few courses which, in the long run, only wasted my time. To many people's misconception, I do not use nor do I recommend Applied Kinesiology.

The more I worked with athletes the more I appreciated my chiropractic orthopedic background. By applying the basic concepts in chiropractic, orthopedics, and biomechanics, a system developed that was not only beneficial to the athlete but instrumental in helping the nonathletic patient. This method is called Kinetic Therapy, a term used by the Industrial Worker's Compensation Board in the State of California. Kinetic Therapy is defined as "activities to increase coordination, strength and/or range of motion" (Code 97740). As we learned to adapt our chiropractic approach to athletics, Kinetic Therapy took on a more complete meaning. That is, a method of biomechanically reeducating the

musculature of the body through corrective, preventive and rehabilitative exercises programming to establish a functional body balance with coordination.

Kinetic therapy emphasizes the education of the patient in his/her structure and function as it relates to the biomechanics of posture and movement. This method of biomechanical analysis takes into consideration the movements of the spine and its relationship to the extremities. It also helps us define the physics and true kinesiological consideration of compensatory and decompensatory stress syndromes and its overall application to high stress activities such as athletics. Kinetic therapy has therefore become not only a method of biomechanical analysis and treatment, but also a means by which we can evaluate an athlete through the understanding of his/her deficiencies or biomechanical

inefficiencies, and utilizing this knowledge to help the athlete perform better.

If you can understand where the most primary deficiencies of the body are, whether muscular, postural or mechanical, then you know where to focus your attention. This, of course, becomes the primary area we must strengthen first. For example, if one suffers from bilateral pronation in both feet, manipulating the lower back may be only symptomatic. One must first deal with the primary area of biomechanical instability. Then one can correct the postural biomechanical compensation and the decompensatory levels. If one learns to apply these concepts of engineering to the body, the end result is biomechanical efficiency. ■

Read part two of Dr. Perry's "Chiropractic and Sports" in the September/October issue.



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