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Search for:

Protect yourself, your family, your friends, and your country...

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## New Stadion's Web Site: [www.self-defense.info](http://www.self-defense.info)

If you are interested in self-defense, visit our new Web site [www.self-defense.info](http://www.self-defense.info).

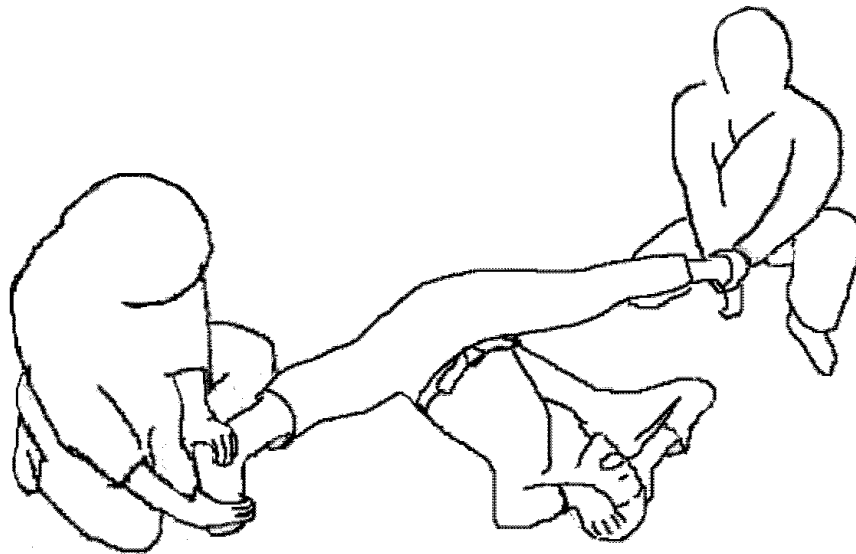
We have created a whole new Web site dedicated to self-defense and hand-to-hand combat skills.

At this new site you will find no-nonsense information and working training methods that integrate both the physical and mental skills needed for self-defense.

From now on our Self-Defense Tips, which were a feature in *Stadion News*, will be published at [www.self-defense.info](http://www.self-defense.info). The newest Self-Defense Tip (number 27) is posted there already.

The new Web site is also where our new videos on self-defense and other products having to do with self-protection will be available.

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Photos of such insane partner stretches can be viewed on the World Wide Web at <http://itfjony.hp.infoseek.co.jp/3jyuunan2.jpg> and at <http://itfjony.hp.infoseek.co.jp/3jyuunan1.jpg>.

## Dangers of Partner Stretches and of Neglected Muscle Strains

*This article consists of a letter from a reader from Japan who wishes to remain anonymous, of my answer, and of my comments. The letter describes the consequences of a neglected muscle strain that was caused by partner stretching. Let this reader's experience be a lesson on avoiding stupid instructors, refraining from crazy practices, and in any case, on the need to treat injuries promptly and thoroughly.*

—Thomas Kurz

### The letter

Dear Mr. Kurz,

I'd like to know the cause-and-effect relationship between hip joint injuries by forced splits with partners and lumbar disc disease.

I was 20 when I started taekwondo in 1993 in Japan. It was the first day of practice when I had this injury. All the stretching was supposed to be done with partners in this dojang (a taekwondo gym). The last two assisted stretches, especially the side split with two partners, hurt my left thigh muscles severely. A black belt holder (first dan) pressed my left ankle all the way down to floor with his weight. Since it was all of a sudden and the force was too much, I couldn't adduct against his weight nor say "hai!" (meaning it's the point of limit). It went already far beyond the limit and I saw

my toe touched the floor. I heard a big popping sound of tearing in my inner thigh and lost consciousness while they were counting. Partners were supposed to count to ten at the point of limit in every stretch. I didn't remember when ten was counted.

The guy seemed not to care how I felt or how much pain I had.

I couldn't hold him responsible because he had the first dan and these ranks and belts are very strict in Japan.

From the next morning I started to have treatment by a physical therapist of a judo club. I learned that many parts of my thigh muscles were damaged through stretches the day before. The origin of the adductors especially looked black with blood inside. The therapist fixed my left adductors with taping and told me to take a rest for a few weeks because there was a partial rupture in the muscles.

I told the dojang instructor the reason I got injured and that I had to take a rest for a few weeks. I was bit afraid of telling him the fact because it might sound like I was blaming the black belt or his methods. The instructor told me to take off my pants and looked my injured site over in dojang, then said, "I also had torn my adductors before. Everyone experiences that strain and they get tougher by practicing while healing at the same time. So you should keep practicing!" [Looks to me like the instructor is a

*dangerous moron.—TK]*

What he knew and said might be not logical, but I had some kind of respect for this instructor at that time. Also, I wanted learn the martial arts seriously.

I took three weeks of rest and had treatments with ice, heat, electricity, and ultrasound by the physical therapist. *Although none of these treatments had changed the symptoms*, I went back to practice in three weeks and participated somehow after a very careful warm-up and stretches by myself. When the temperature of my body fell after the practice, pain was very severe.

I had another injury, to my abdominal muscles, which occurred when half of dojang students run on the bellies of the other half of students lying on the floor. One student's feet almost reached my stomach when I had breathed in. I was confident of my abs since I've trained them for a long time, but I felt my abdominal muscles were weakened after the groin injury. I took a rest for three weeks again. No organs were damaged, but I lost my motivation to learn. I learned only three-and-a-half months total, and quit after I passed the promoting exam to yellow belt.

My groin injury didn't heal even after I quit taekwondo and it became worse in winter. I became unable to sit on a chair for any duration. Those pains came not just from the inner thigh but also from the left

buttock, origin and mid-section of the hamstring, inner side of the knee, and front of the hip joint. I couldn't even cross my legs because of those pains. What bothered me was that doctors didn't care much about my symptoms and no treatment was given. They said "nikubanare (muscle strains) heal in three months at the longest, so it should've healed by now." [Obviously it has not healed.—TK]

It was diagnosed as adductor tendinitis in the U.S. the following year (I went to school in California in 1994).

I did mild stretches and moxibustion to decrease the tension and pull of groin, however, I thought surgery was the only way to solve the problem.

I began to notice lower back pain and stiffness at that time but I never imagined I would have a lumbar disk problem in the future because the pain was greater in my groin than in my back at the time.

I endured the severe groin and buttock pain back in Japan for two more years.

After I started working, mostly sitting, my symptoms became worse day by day. I had to hold my breath while sitting, which of course exhausted me easily. I could work only for eight months. I was diagnosed with a lumbar disk hernia (between the fifth lumbar vertebra and the sacrum) when I had stubbing sharp pain in left buttock and the outer side of pelvis.

Those pains eventually surpassed the groin pain.

I had discectomy surgery after I spent three to four months resting, which didn't decrease the symptom. Even though the surgery went well and the sharp pain was decreased, I had to quit the job [as I was] not able to sit more than 30-40 minutes because of the groin and thigh pain, which really didn't change after the surgery.

Since then, I've been to more than 20 hospitals having treatments, seeking a cure. I think I missed the appropriate timing to have surgery. I wrote to a Canadian surgeon who wrote about tendinopathy and surgery for it. He replied, "It's too late to reconnect the ruptured tendon and there's no miracle cure for it."

One year after the back surgery, I began to have spondylolisthesis. My upper vertebrae slips forward on the sacrum. When I

heard it's a rare case of slippage, I felt the tension and pull of pelvis might relate to it. My lordosis decreased and the spine is excessively straight now.

I've been having a sedentary lifestyle, lying on the floor or bed, for years. My case is probably the worst tragedy of stretching using partners. Doctors say they haven't seen nor heard about a case like this before. But I see some cases about injured students in taekwondo through the Internet. Then I read your book *Stretching Scientifically*. The horror stories you tell are not as bad as mine, but I see there some cases of bad instructors and groin injuries in taekwondo. You also write in one of your articles in *Stadion News* about the relationship between the pull of hip flexors and lumbar disks.

- Either a side or a front split extends the psoas muscles attached to lumbar vertebrae.
- Pull of the psoas causes the lumbar section of the spine to bend and squeeze the disks.

Would you tell me if lumbar disk disease may be developed by forced splits with partners and years of muscle imbalances caused by the resulting strains? Could you tell me if there is any physician, perhaps an applied kinesiologist, who can figure out those cause-and-effect relationships? I'm ready to go and see anyone you recommend.

I wished I could have had your book long ago.

Sincerely,  
Mr. X

### The answer

Dear Sir,

Yes, I believe that it is possible for lumbar disk damage to be caused by injury to the muscles of the thigh and the pelvis. A strain of any muscle of the thigh forces other muscles to take over some of the damaged muscle's function, which in turn affects joints controlled by these muscles. (This applies to strains or injuries in any area of the body, not just to thighs and hips.)

The fact that your lumbar lordosis has decreased may have to do with the psoas weakness resulting from injury to your

thigh adductors or with a direct injury to the psoas, which is likely with such extreme stretches—but that is for the doctors to determine.

You can find doctors specializing in Applied Kinesiology in Japan (and in many other countries) by checking the referral page at the Web site of the International College of Applied Kinesiology (<http://www.icak.com>).

Good luck,  
Thomas Kurz

### Morals of the story

- Do not do partner stretches. I always advise against stretching with partners. As I wrote in *Stretching Scientifically*, "The practice of using partners in stretching is a waste of time, and it is dangerous. The helper is neither stretching nor resting. The danger of using a partner in stretching is obvious. The partner does not feel what you feel. He or she can easily stretch you a bit more than you would like. If you feel pain and let your partner know about it, by the time the partner reacts, it can be too late." This shows the danger even if your stretching partner is your friend and means well.
- In large training groups there may be idiots or sadists and you may find it out after the damage is done . . . just as our reader from Japan did.
- An instructor's job is to select exercises for maximal effectiveness and minimal risk of injury. Partner stretching is not more effective than well-designed solo stretches in which you have complete control over the range of motion and amount of tension.
- Before you start a new activity read up on it. Get yourself informed on the how and why of what you are going to do. There are books on exercise physiology and on training methods.

Let us know what you think about our newsletter. Have you learned something that improved your or your athletes' performance or health? What would you like to learn more about? Write to us at our address: Stadion Publishing Company, Inc., P.O. Box 447-N, Island Pond, VT 05846, U.S.A. e-mail: [news@stadion.com](mailto:news@stadion.com)

# Q and A on STRETCHING and TRAINING

(continued from previous issue)

Study these typical questions on stretching and training carefully. You may find information that relates to questions of yours. Questions are in *italic boldface*.

■ **About 4 months ago I was stretching and injured the back of my left leg. I was doing the splits with my left leg forward and tried to sink down farther than my body would allow. I felt a sudden "pop!" precisely where my leg meets my butt. I felt a dull pain but thought I would be okay. I couldn't run or walk fast for a long time. Now 4 months later I can run but the injury still persists. Sometimes I have a dull pain in the area or feel some discomfort. What might this injury be and do you have any advice?**

Feeling a pop indicates that you had a third or fourth degree strain (muscle tear). This is serious damage—many muscle fibers are completely torn, fascia is damaged (in the fourth degree strain the fascia, and so the whole muscle, is torn apart). The gap in the muscle is filled with blood. The blood clots and is then replaced with a stiff scar. The bigger the clot the greater the scar, the loss of the muscle's function, and the likelihood of repeat injury. Internal clots can also calcify—turn into sharp bonelike bodies—and keep cutting the surrounding muscle tissue. To minimize the damage, muscle strains must be taken care of immediately. If not, the loss of muscle strength and elasticity may be such that full function will never be regained and further injuries will occur because of it.

You say that after four months the injury still persists, so I assume that it was not treated by a knowledgeable medical professional. (If it had been, you would be fully recovered by now.) After four months of neglect there is little chance of regaining much of the pre-injury function. If your muscle was torn completely, by now nothing can be done—stitching and reattaching is done within two weeks of the strain. If it was not torn completely, then maybe it needs removal of excessive scar tissue or of the calcification. To see what you can do to regain what function you can, see an orthopedic surgeon and a physician specializing in applied kinesiology. I wrote extensively on muscle strains in the Winter 2002 issue of *Stadion News*, which

you can download from <http://www.stadion.com/freebies.html>. In any case, do not dream that stretching is the solution to your problem.

■ **You say not to exercise until an injury or problem is totally solved. Does that mean avoiding stretching routines until a joint is healed?**

Unless told by a doctor otherwise, I would avoid all exercise with strong tension of muscles around that joint as well as any movements at the maximum range of motion. This may still leave slow dynamic stretches, static active stretches, and gentle static passive stretches available to you.

■ **My son, who is 13 years old is a premier AAA soccer player with an upper hamstring tear. It has ruined his season. We are looking to rehab and develop strength for speed. Is there a publication of yours that you would suggest for stretching, rehab, and strengthening this muscle group?**

I suggest you read the article on muscle strains in the Winter 2002 issue of *Stadion News*. You will find there essential information on training errors leading to strains, on treatment, and on prevention. For sport-specific exercises to be done after a successful rehabilitation, see the book *Explosive Power and Jumping Ability for All Sports*. Use these exercises within the framework of training methods explained in the *Science of Sports Training*.

■ **I have the book and video on stretching. I would just like to know the most extreme 4-5 exercises I could do on a daily basis to work toward achieving the front and side split. Please help, I work and do not have a lot of time to exercise except evenings and I walk 5 hours a day but am still tight. I just need the major exercises to work hard on toward achieving that goal.**

I think that exercises of the Super Advanced Workout on the video *Secrets of Stretching* are what you are looking for. These rather intensive exercises take no more than 11 minutes and bring quick results—if you are in good shape.

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