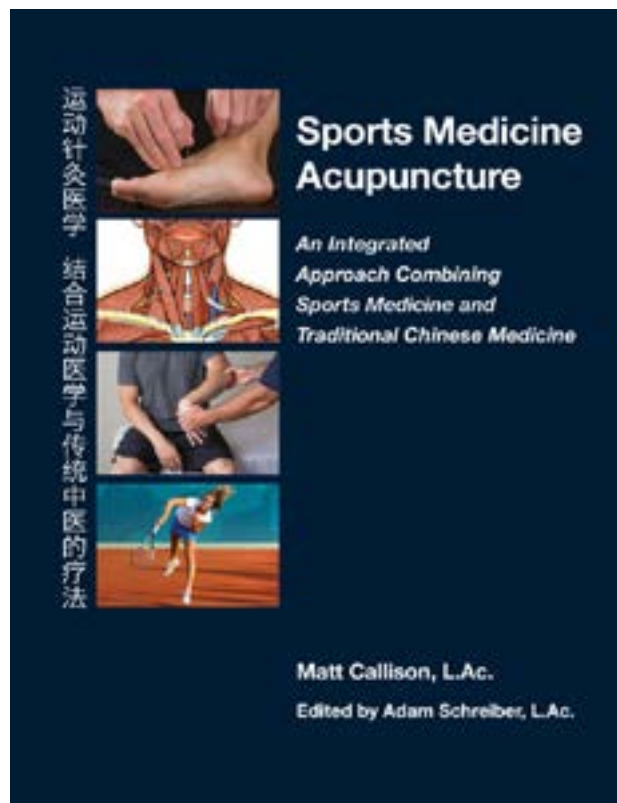




Matt Callison

Sports Medicine Acupuncture

**An Integrated Approach Combining Sports Medicine
and TCM**



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Liver and Kidney Yin Deficiency with Blood Stagnation

The decline of Liver and Kidney *yin* leads to the gradual deterioration of the bones and ligaments, which causes aching, distending and burning pain in the medial aspect of the knee. Long-term overuse of the knee in the aging athlete results in structural changes to the ligaments and bones and a subsequent lack of circulation of *qi* and blood in the local area. Palpation of the MCL elicits an uncomfortable, sharp and possibly burning pain that reveals the presence of blood stagnation in the local area. The patient may also present with difficulty sleeping through the night, light-headedness, irritability, low back and/or knee pain, constipation, a red, dry tongue and a thin and rapid pulse. This pattern will often present with degenerative joint/disc disease, bone spurs, thinning articular cartilage and less synovial fluid in the knee joint. These signs are evidence of bone *bi*, which can affect the intermediate or deep levels of the joint and also affect the functioning of the *zang* organs.

Treatment Principles: Nourish the Liver and tonify Kidney yin, disperse blood stasis, unblock obstructions in the channels and collaterals, alleviate pain.

Acupuncture

When treating a medial collateral ligament injury, the practitioner should choose appropriate points from the categories listed in this section.

Huatuojiagi Points

- L3-L5

Motor Points of the Hua Tuo Arc

The practitioner should always needle the vastus medialis and popliteus motor points for an MCL injury. Additional points should include 1 or 2 motor points from the agonist and antagonist muscles listed below. Selection is based on maximum tenderness upon palpation of the motor points.

- **Agonist muscle:** Vastus medialis, vastus lateralis and rectus femoris.
- **Antagonist muscle:** Popliteus and the hamstrings.
- **Additional supportive motor point:** Adductor magnus.

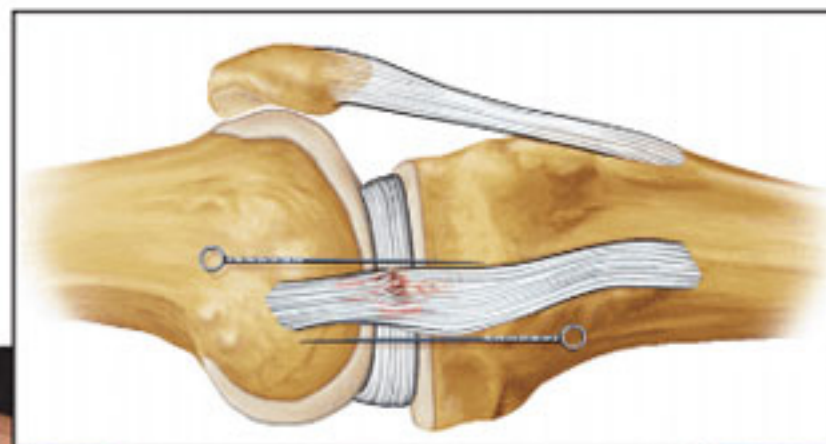


Figure 11-48. Medial Collateral Ligament Needle Technique. The needles are inserted on each side of the MCL and manipulated.

the *Sao Jiao* channel. In keeping with the treatment strategy discussed, you would choose the *Huoxue* points of C5-C7, SJ 14 (smaller), SJ 10 (larger) and C7 radicular pain. These points are combined with the motor points of the C7 nerve. These muscles include, but are not limited to, the *triceps* (Fig. 6-46).

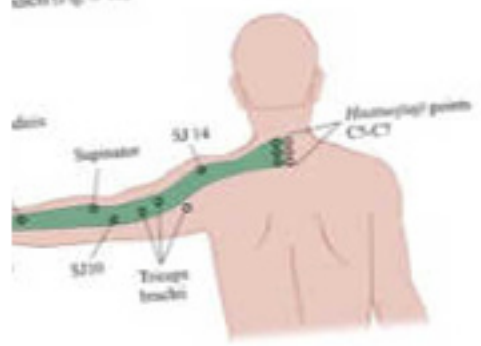


Figure 6-46: C7 radicular pain pattern

With the *Sao Jiao* channel. In keeping with the treatment strategy, you would choose the *Huoxue* points of C5-T1, SJ 10 (smaller), SJ 8 (larger) and C8 radicular pain. These points are combined with the motor points of the C8 nerve. These muscles include, but are not limited to, *flexor carpi ulnaris* and *abductor digiti minimi* (Fig. 6-47).



Low Back, Hip and Groin Anatomy

Muscles of the Hip Tuo Jia Ji Points, Motor Point Locations and Needle Techniques

- Rectus femoris**
Points: L2-L4
Needle: Perpendicular needle insertion, 1-2 cun deep.
- Vastus lateralis**
Points: L4-L5
Needle: Perpendicular needle insertion, 1-1.5 cun deep.
- Sartorius**
Points: L2-L4
Needle: Perpendicular needle insertion, 1-1.5 cun deep.
- Tensor fasciae latae**
Points: L4-L5
Needle: Perpendicular needle insertion, 1-1.5 cun deep.

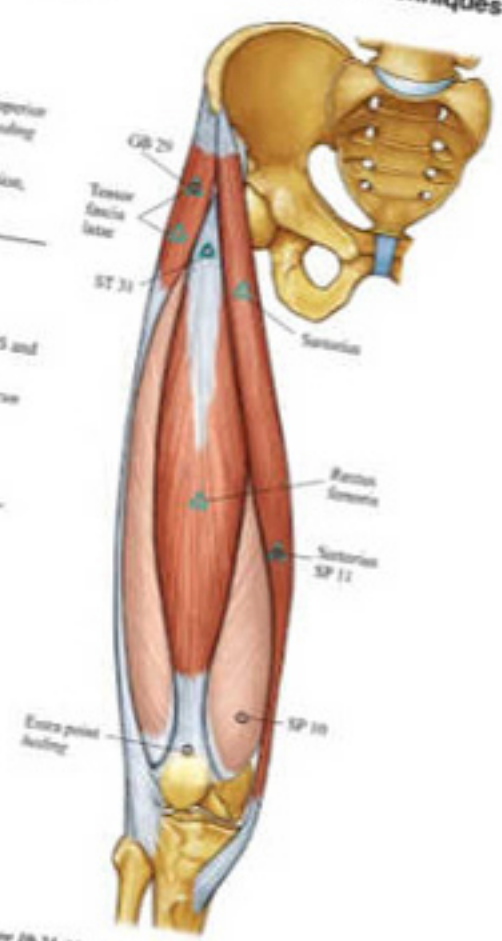


Figure 10-23: Motor point locations of the rectus femoris, tensor fasciae latae and sartorius.

Target Tissue Needling Degenerative Cervical Facet Joints: Bone Needling Technique

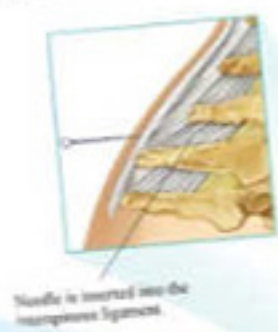
These instructions will focus on facet joint needling of the C5-C6 vertebrae, as these joints are the two most commonly affected cervical facet joints. The classical bone needling technique *Shu Gu* (C) is applied to these cervical facet joints with the goal of stimulating the dorsal primary nerve that innervates the facet joint, as well as the mechanoreceptors embedded deep within the joint capsule. With the patient lying prone, the practitioner measures 1 cun lateral from the lower border of the spinous process of the C5 vertebra. The practitioner inserts a 1.5 inch 40 mm needle perpendicular to the table in the direction of the C5-C6 cervical facet joint. The goal is to touch the capsule of the facet joint. Once the needle has touched bone, tap the bone lightly with the needle three times (Fig. 6-48). This technique is contraindicated when heat signs such as inflammation are present.

As discussed in the anatomy section earlier in this chapter, the medial branch of the dorsal primary nerve is stimulated by needling of the *Huoxue* points. This nerve innervates the cervical facet joints and joint capsules as it exits the intervertebral foramen at the same level and one level below. For example, if the C5-C6 facet joints are needled with the *Shu Gu* (C) needle technique described here, the practitioner can reinforce this treatment by adding the *Huoxue* points of the C4-C5 level.



Figure 6-48: In order to effect the facet joint, the needle is inserted perpendicular to the table, 1 cun lateral from the lower border of the vertebral spinous process.

Extra Point Change
This extra point is located under the C6 spinous process on the *Da Blao*. It is indicated in cervical spondylosis to help with local pain from ligamentous strain, facet joint degeneration and patterns of C6-C7 radicular pain. The needle angle is transverse-oblique and should be inserted to a depth of 1 inch into the fibers of the interspinous ligament (Fig. 6-49).



Introduction

The following section will discuss the three main types of orthopedic physical assessment used in this book: manual muscle testing, range of motion testing and orthopedic evaluative testing. In general, orthopedic physical assessment will provide the practitioner with specific information about the type of tissue that is injured and the exact location of the injury. When combined with the diagnostic information gained from the TCM assessment, this information allows the practitioner to formulate a comprehensive and targeted treatment plan.

Manual Muscle Testing

Manual muscle testing (MMT) is an integral part of assessment that provides information not obtained by other diagnostic methods. Resistant testing evaluates the integrity of the contractile tissue and the muscle's ability to provide support and stability. In addition, MMT is a suspected muscle or tendon injury helps identify the location of sprain and blood stagnation within the soft tissue lesion (for more information refer to pg. 73 in Chapter Three under "Manual Muscle Testing").

Range of Motion Testing

This section will instruct the reader how to use a goniometer to measure low back and hip range of motion (ROM). For general instructions on how to use a goniometer, refer to pg. 71 in Chapter Three under "Range of Motion Testing." These measurement documentation purposes and to provide the patient with evidence of change or improvement. The quality of the ROM is also reported, noting any pain that may occur during the measurement.

Orthopedic Evaluative Testing

Orthopedic evaluative techniques (OET) help to identify the location of the lesion and also help to assess the stability of the musculoskeletal structures. In addition to describing how to perform some of the most commonly used orthopedic tests for the assessment of low back, hip and groin injuries, this section describes the type of information that can be gleaned from each test.



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其他疗法与中草药



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肩疾辩证治疗



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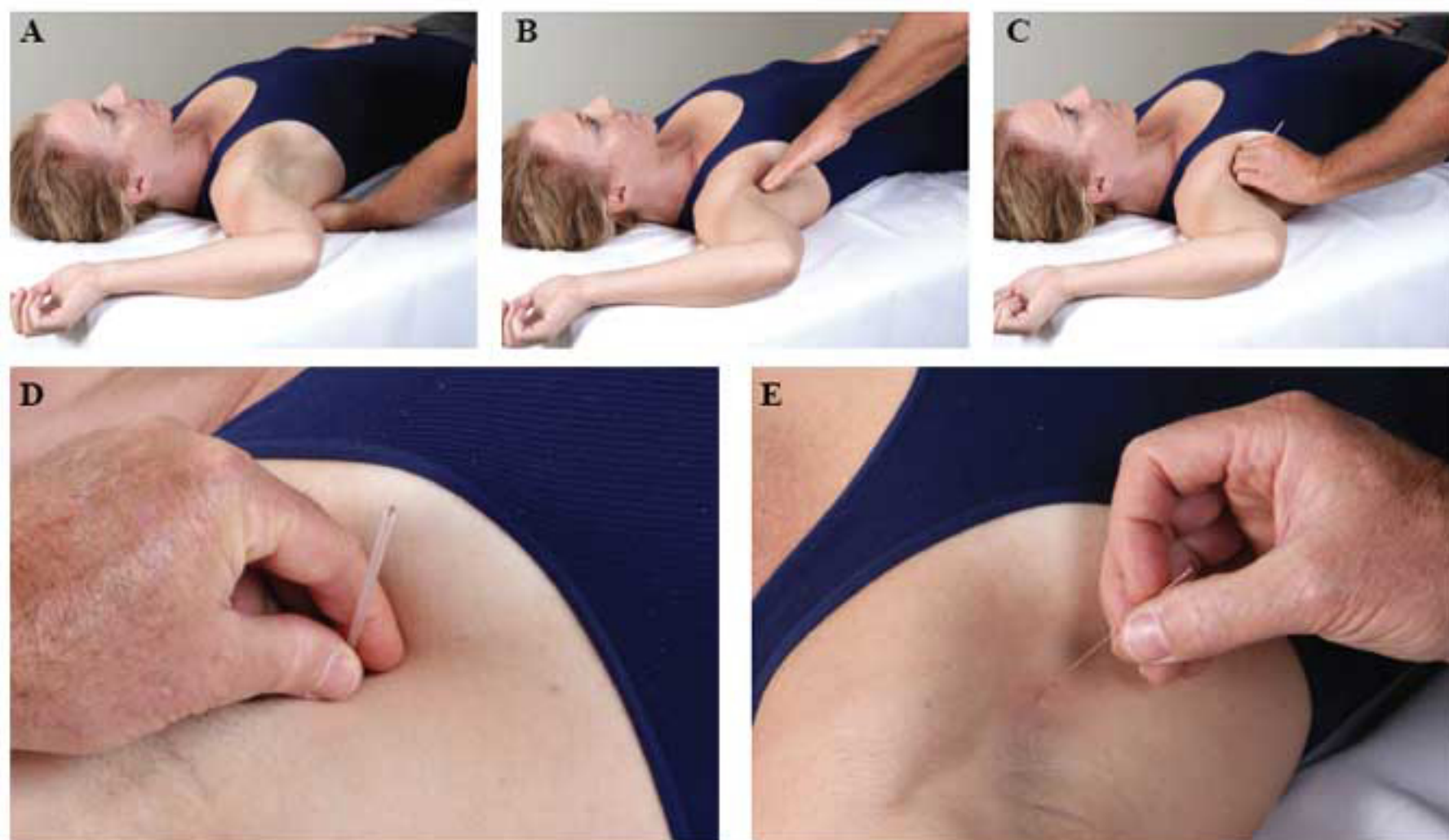


Figure 7-91. Subscapularis Motor Point Needling. A) The practitioner pulls the scapula laterally. B) The practitioner palpates for the subscapularis motor point, primarily with the middle finger. C-E) The needle insertion follows the exact same angle as the palpating finger. The palpating hand is kept in place on the rib cage to protect the pleural cavity during needle insertion. Note: In image 7-91E, the palpating hand has been removed so that the reader can see the needle angle.

When the practitioner has found the motor point, they should keep the dorsum of their hand and palpating fingers in place while they insert a 3-inch/75 mm needle into the point. The needle insertion follows exactly the same angle as the palpating middle finger. The palpating hand is kept in place to protect the rib cage during needle insertion (Fig. 7-91 C-E). *Caution is advised: Needle is in close proximity to the pleural cavity and damage to the lung could occur if it is penetrated.*

Target Tissue Needling

Supraspinatus Sinew Repair Needle Technique

This technique is best used for a partial thickness tear of the supraspinatus tendon. Locate extra point *daijianzhen* in the depression directly under the edge of the clavicle approximately halfway between LU 2 (*yunmen*) and LI 15 (*jianyu*). (Fig. 7-92A) Insert a 1.5 inch/40 mm needle from *daijianzhen* under the clavicle and in the direction of SI 10 (*naoshu*) (Fig. 7-92B). The intention is to have the needle

directed to the most common location of tendon tears. Once *qi* is obtained, rotate the needle clockwise and counterclockwise 180° to determine which direction provides the most resistance. Once the direction of most resistance is determined, rotate the needle in that direction until the needle cannot be turned any further due to tissue tightness. The needle sensation should be strong but tolerable for the patient. Leave the needle in place as part of the treatment protocol. After 15-20 minutes, the needle should withdraw easily, if not, rotate the needle in the opposite direction until the needle withdraws easily. The goal of this technique is to wrap the connective tissues together, helping them to bridge for better healing. Due to the amount of torsion placed on the acupuncture needle, it is important to use a high quality stainless steel needle. *Note: Based on clinical experience and cadaver dissections, the needle direction described here is accurate but may need to be slightly modified based on the individual as variances in human structure do occur. For example, in broad shouldered individuals, the needle angle may need to be directed slightly more laterally.*

Chapter Two: Assessing the Patient and Their Injury: A TCM Perspective

中医对病人的伤势评估



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Visual Inspection of the Injury

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The *Hua Tuo* Arc.....



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