Injury Management - A Case Study

Osteonecrosis. Death of a bone due to a loss of blood flow, oxygen, and nutrients. It equals a loss of function, a loss of muscle tissue and overall motion impairment. It sounds awful, and one bowler will tell you how difficult it's been.

"I first started experiencing pain in my wrist and middle finger a couple years ago. I thought it was nothing. Soreness from bowling a lot. A little fatigue or over-use. I never imagined it would be something far more severe as a dying bone and a near end to my bowling career. I had just joined the women's tour and was primed and ready to go out and make some money. The pain got worse. I began to bowl badly and my physical game started deteriorating slowly as I compensated for the pain. It affected my ability to compete, my practice routine, my motivation, and my life."

She had Kin Box Disease, otherwise known as tissue death. Tissue that can no longer breathe, receive its nutrients or oxygen, eventually dies. Her bowling had suffered over two seasons. She dropped her ball weight from 15 to 14 to 12 to eventually 10, then finally did something about it.

She contacted Briggs Consulting and we were able to assist her with her medical intervention, and particularly her rehabilitation and re-development of her bowling game. We interceded and educated her as to the steps to be taken after surgery. The surgery went well, outstanding in fact. It was healing nicely. In a cast for eight long weeks, then another two weeks of inactivity before we could jumpstart her back into rehab and onto the lanes.

Then the time came. She was released from physician care and was ready to rehab, train the rest of her body, and begin returning to some form of structured and professionally designed practice.

Her timing was lost; the mobility in her wrist joint was nearly nonfunctional. Stiff as a board due to atrophy, which is a loss of flexibility and strength due to the immobility of her being placed in a cast for nearly 10 weeks. I experienced the same thing when I ruptured my Achilles tendon last March and was braced for nearly 3 months. I'm still re-training my leg and calf to get back to my original functional capacity before my injury. Anyway, she's now rehabbing nicely, training like a true bowler-athlete and has primarily recovered from surgery.

If you have experienced a recent injury, if you are experiencing some Bowler's Tendonitis, if you are interested in strengthening your body to avoid injury or minimize your risk of injury, or if you are a serious bowler-athlete attempting to bowl professionally, make it on tour, or try the amateur circuit, then the following recommendations are for you:

1. Begin some form of Bowling-Specific training. You can find The Bowling-Specific Training Program Manual at www.briggsconsulting.com or you can view any number of articles there on sport science and bowling.
2. Warm-Up before you bowl. The most common time to injure soft tissue is when it is unprepared for activity. Bowling is a strenuous activity that requires some form of warm-up beyond throwing a few shadow balls before the start of league. Stretch out, do some calisthenics, jog in place, walk up and down the concourse a few times, or bowl a couple loosening games before league. Do something, or a combination of these some things to warm yourself up.
3. Manage your injuries properly. If you are injured, contact me and I will assist you. If you think you are experiencing Bowler's Tendonitis, let's look at the signs and symptoms to be sure. Check with your doctor or physician before you continue to bowl through an injury. Engaging in any form of physical activity while you are injured only increases your chances of worsening that injury.
4. Rest and recuperate. As Nina did, resting an injury is one of the best ways to allow it to heal properly. Don't bowl through an injury, but instead take a few weeks off and do something about it. It almost ended Nina's bowling career permanently. Now she's glad she did something about it.

For more information on injury management, look at the publications section on the Briggs Consulting web site at www.briggsconsulting.com.