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## News

10/14/05

### How Ernie Els Got Back in the Swing

**Learn how professional golfer, Ernie Els used Kinesio Tex® Tape to assist him with a knee injury and get back onto the golf course.**

Category: General

Posted by: kinesio

## How Ernie Els Got Back in the Swing

The London Times, October 14, 2005

*New technology is cutting recovery time for sports injuries dramatically, says Jane Feinmann*

When Ernie Els, the world's No 4 golfer, ruptured a ligament in his knee while boating with his children, surgery was just the first step to recovery. A robust anterior cruciate ligament (ACL) is essential to the lateral movement in a golf swing, and Els also had to embark on a tough post-op routine to regain strength and flexibility in the injured knee.

But in December, six months after the injury, he should be able to return to competitive sport. This is thanks, he says, to a progressively intense strength-building programme, and particularly, to work-outs on ATM2 (active therapeutic movement) equipment. This is a vertical "table", with straps like seat belts that can be tightened to hold the body in a static position while the injured muscles are isolated and worked on. Els describes it as a "beast of a machine" but counts himself "lucky that I had access to it". Nine weeks after surgery, he was pivoting on his knee to swing a club.

About 750,000 people go to A&E departments every year with knee injuries. A high percentage of these are soft-tissue injuries. Unfortunately the treatment, or rather the lack of it, may result in chronic disability, says Professor Graham Smith, of the Department of Sport and Exercise Science at the University of Hertfordshire: "With a soft-tissue injury to a ligament, muscle or tendon, people are usually told there's nothing to be done and, even worse, that they should rest the leg. As a result people with soft-tissue injuries may be hobbling for months, even years."

Not everyone requires surgery after an ACL rupture. But what is essential, says Els's physio, Sophie Dhenin, is a rehabilitation programme to reduce the swelling that characterises the rupture, followed by intense exercise to regain muscular control and stabilise the knee. She stresses the

importance of traditional physiotherapy. “There are also many new techniques to help this process,” she says.

One of these is kinesiotape, a highly elastic tape that gives muscles support without restriction, lifting the skin away from the fascia and thereby encouraging blood flow and healing, even during intense activity. Lance Armstrong, the seven-times Tour de France winner, has called it his “miracle tape”. Kenny Duffenthal, a Greenock Wanderers rugby player had his knee wrapped after an ACL injury at a game in September. “We taped him on the Tuesday when his knee was swollen and too painful to support his weight, and he was playing again on Saturday,” said the team’s physiotherapist, Nicola McGuire. “Kinesiotape made all the difference to Ernie’s recovery from surgery,” says Dhenin.

The ATM2 machine was initially devised for spinal injuries. Josh Salzmann, Els’s personal trainer, says that, with proper physiotherapy supervision, the machine has allowed Els to stabilise his pelvis – “something that is very difficult normally, yet essential in order to allow work on the upper body or other parts of the body following an injury.”

Andrew Howard, a spinal surgeon at Sheffield Teaching Hospital Trust, is also enthusiastic: “It’s a significant breakthrough, the first technology that allows the physiotherapist to control a person’s posture during therapy, and we believe it has a major role in rehabilitating acute injury and in retraining chronic musculoskeletal pain.”

Inevitably, such treatments are generally available only privately, although the ATM2 could soon be offered in a limited way on the NHS through contracts with some primary care trusts.

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