

SARCEV'S RELEASE:

How Active Release Saved Him from Surgery

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Nonstop bodybuilding competitor Milos Sarcev was in a quandary: After 15 years of hardcore bodybuilding, he could no longer work around the pain in his *right* shoulder. Milos could hardly be accused of being a complainer. He had ruptured his acromioclavicular ligament in 1995 and, since then, had appeared in dozens of pro shows. Despite the pain, he continued to pound heavy iron with all the ferocity at his disposal. The pain increased geometrically, but Milos is an IFBE professional who views bodybuilding as his occupation and —avocation. He worked through pain without complaint. And so it was, until it all changed dramatically one morning. “I couldn’t raise my arm over my head without pain, and this concerned me greatly,” Milos says with his typical understated casualness. “I’d exhausted all the usual tricks of the bodybuilding trade for coping with this type of injury. I changed how I performed my basic shoulder exercises, reducing the poundage and slowing the rep speed, particularly on the negative portion of each rep, but it hurt even to pose. That’s when I began calling around for doctor referrals.”

So off to the doctors Milos went. He speaks ruefully of his first visit: “He suggested surgery, an acromionoplasty in which bone is clipped off the distal (outside) end of the acromion bone. I obtained two more opinions, both from well-known sport-medicine orthopedic surgeons. It was unanimous.” All agreed that to stop the pain permanently, a surgeon would have to cut into the shoulder and remove some bone. Plus, Milos’ articular capsule had ruptured and his entire rotator cuff was frozen with nerve impingement and muscle paralysis. “The muscles surrounding the shoulder had involuntarily tensed and contracted trying to aid the injured area,” he explains.

The long-term effect of his continual compensation tension was paralytic. Worse yet the surgery would leave two wicked scars, each 3 inches long. The surgery had already been scheduled when Milos had a chance phone call from an old friend. “A

good friend who has worked with Olympic-level athletes told me to contact Michael Leahy, DC, immediately.”

Enter Thumbman

Dr. Michael Leahy has developed a reputation as an athletic miracle worker from his healing work with world-class weightlifters, swimmers cyclists and track and field athletes. After an introductory phone call, Milos flew out to Leahy’s Colorado office. He recalls: “Dr. Leahy asked me to perform a few rudimentary weight-train jog exercises while he observed. I did a few sets of lateral raises, incline presses and military presses. He then had me lie on the table and began performing a series of deep massage, manual manipulations on and around my right subscapularis”

The subscapularis, which originates on the front surface of the shoulder blade or scapula, also occupies part of the space between the shoulder blade and the back of the ribcage. This was ground zero for Milos’ injury. He grimaced as Leahy probed, tugged, pushed and stretched. “After five minutes of this he took me back to the weight room and I lifted without pain at 80% of my preinjury capacity.”

Leahy, who invented the Active Release Technique (ART) based on the science of tissue biomechanics, has an unusual occupational background: biomechanics, molecular biologist and astrophysicist. His ART concept, or what he calls multidimensional soft-tissue repair, is somewhat of a medical black hole. “With my hard science background in examining molecular structures and models, I felt soft-tissue therapy needed a more three-dimensional approach,” he says. “Very few understand that to heal tissue, you need to grasp how human tissue generates torque and the impact of acceleration and deceleration”

What Nature Intended

How do such abstract concepts come together in healing an injured athlete? Leahy realigns, repositions and redefines soft-tissue boundaries. After an injury, he puts soft tissue back to what nature intended. "Milos was typical in many ways," he says. "The soft tissue around his subscapularis had adhered to one another. It was as if soft tissue had become welded together."

What form did the actual adjustment take? "First, I determined where the scar fibers were, then I figured out what was stuck to what. In Milos' case, I inserted a thumb into his armpit and felt around for the injured tissue. Once located, I trapped the scar tissue against my thumb and applied tension along the muscle fibers — pulling the scarred tissue into my thumb, breaking adhesions, pulling and separating tissue 'glued' together." Milos had two rotator-cuff injuries. Leahy noted. "One injury was behind the nerve while the second injury was square in the middle of the subscapularis. As long as he stretches and gets an occasional adjustment, Milos should have no more problems," he predicts.

The procedure allowed Milos to return to serious training. "My poundage is up in training and, as a result, I've added quite a bit of shoulder muscle," he says several weeks after the treatment. Since then, he has been preparing for his latest IFBB contest — the 1998 Mr. Olympia.
