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Olympic gold medalist in the 100 meters.

About half way through the race, with Donovan Bailey in the lead, Michael Johnson suddenly grabbed his left thigh and stopped. He'd pulled his quadriceps. Dr. Leahy commented that while observing Johnson during warm-ups he had noticed that his psoas was not

functioning properly, thereby causing the quadriceps to overstrain during hip flexion. Clyde Hart from Baylor University, who coaches Johnson, stated that "Houdini couldn't have known that."

MYOVISION

Dr. Lindsay, from Ottawa, Canada, is Donovan Bailey's personal chiropractor, who helped him recover from a groin injury in Atlanta just three weeks before. Dan Pfaff, Bailey's coach, stated that Bailey was like a formula one car and Dr. Lindsay was definitely the chief mechanic. Bailey states that he wouldn't be an Olympic champion without the help of Dr. Lindsay.

One of the main soft tissue techniques used by Dr. Lindsay is the active release technique developed by Dr. Leahy. Dr. Lindsay had previously sent Bailey to Dr. Leahy in Colorado Springs for consultation and treatment a month before the race. Both chiropractors worked on Bailey intensively for three days before the race and on race

I recently spoke to Dr. Leahy and asked him to explain a few of the specific findings that he noticed about Donovan Bailey's biomechanics that required specific active release technique. A sprinter requires a very strong upper body (shoulders and arms) to counteract the torque of the lower body. Active release technique had been applied to tight right gluteus medius, adductor and psoas muscles but they kept retightening after Bailey ran.

During the evaluation of Bailey's run, Dr. Leahy realized that there was a counter-

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rotation problem, causing these muscles to retighten. The right shoulder and arms, which are swung to counteract the torque of the lower body, were flaring out more than the other and his right shoulder was bowing back and dropping much farther than the left shoulder due to the latissimus dorsi pulling down.

Dr. Leahy noticed a restriction in the spine from T10 to L1 preventing normal counterrotation. The multifidi on the right at the T10 to L1 level were found to be fibrotic and were not letting go. Therefore, muscles such as the right latissimus dorsi, adductors, psoas and gluteus medius had to work harder to make up for the lack of rotation in the torso, resulting in relative loss of pelvic and hip motion. Active release was applied to the multifidi and latissimus dorsi on the right side, which restored the abnormal torque, allowing the pelvic and hip muscles to function normally and not retighten.

Donovan Bailey realized first hand that he had a couple of "Houdinis" on his side.

Warren I. Hammer, MS, DC, DABCO Norwalk, Connecticut

Click here for more information about Warren Hammer, MS, DC, DABCO.

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