



# Kickboxing Injuries



Dr Peter Lewis (right) doing what he does best

TERRY VOORG

In our first installment of our new column by Dr Peter Lewis, we look at some of the common injuries for kickboxers. If you have your own question for The Doc email us at [jarrah@blitzmag.com.au](mailto:jarrah@blitzmag.com.au)

Martial arts medicine has two components. The first is the treatment of martial artists' and their injuries. The second is the use of martial arts exercise and techniques to treat people to improve their physical and emotional health. Looking after professional fighters involves understanding the rules of the sport, pressure of competition, weight and the aggressive preparation. Here, we will discuss the injuries that are common in our sport and how to treat them.



## DOCTOR'S CORNER

### CONCUSSION

Can be caused by dropping your guard and having your chin up. It usually takes about three good blows landing cleanly to knock someone down. Generally concussion is associated with a period of being out cold and the longer a fighter is out the more severe the concussion. Concussion is caused by bruising of the brain due to damage to very small blood vessels. Severe concussion can be due to a full-blown bleed inside the head, causing a blood clot or haematoma. This causes pressure in the brain. This can occasionally be fatal. Severe concussions are often associated with 'second injury syndrome' which is fighting when recovering from a previous head injury, especially within 28 days.

**Treatment:** Rest. The patient should be observed and never left alone until they have recovered. Alcohol is strictly forbidden. It can cause bleeding and sometimes leads to delays in treatment, as it is hard to differentiate being concussed from being drunk. It is standard to not fight for 28 days but this depends on the severity of the concussion. It is good to take a few days off work and get lots of sleep. It is ok to let a concussed person sleep but you have to wake them up regularly to check that they are all right. If they are drowsy or irritable then a doctor has to become involved.

In the recovery period it is important to have a good diet. Lots of antioxidants like fish, veggies and vitamins. I especially like Coenzyme Q10

### BRUISED THIGHS

We now see a lot less of these in Victoria due to compulsory shinpads for novices.

We now see a lot less stoppages due to thigh-kicks than we used to. I believe one of the reasons is that fighters are too focused on scoring points. To stop your opponent you need to hit the same spot several times, and you need to start this process early in the first round so that the subsequent haematoma has time to bleed and build up pressure. It is the pressure that causes pain and stops the fight. There's a fine line between pressure and pain. I would like to see more judges awarding points for accuracy and tactics and not just counting the total number of shots thrown.

**Treatment:** You can start ice between rounds in the ring. The most important thing is early compression with a good quality elastic bandage. This is the sort that does not roll down at the top and act like a tourniquet. It is important to stay off the leg for a few days and crutches can be useful. A badly corked thigh can be very painful and you may need painkillers. In extreme circumstances, such as after Gurkan Ozkan fought Tae Kin it can be necessary to have surgery to relieve extreme pressure in the thigh and prevent nerve damage.





## CUTS

These are most common in full Muay Thai. Some fighters cut easily because they have been cut too often or have not been treated properly. This can cost you the fight and in a few cases a career.

**Treatment:** Keep it clean to prevent infection. This means leaving it alone. If it is bleeding heavily then apply pressure with a sterile gauze. If you are the cornerman, then you should have adrenalin and cotton buds at the ready. After the fight, it is important to get the cut sutured by an expert. If the wound edges are held closely together by very fine sutures then the healing time is greatly reduced and so is the amount of scarring. This means you are less likely to get recurrent scarring. Butterfly strips or glue are not good enough. The most extreme form of treatment is for those with severe, recurrent scars where I have had to cut out old bad scars and re-suture them.

## SHOULDER DISLOCATIONS

These happen especially with big overhand rights. They are most common in fighters with 'Loose Ligament Syndrome'. This is a natural tendency to have loose joints and really good flexibility. It is a tremendous advantage for high kicking but it leads to easy dislocation or ligament tears of shoulders, knees and ankles.

**Treatment:** The emphasis is on speed. The longer a joint stays out the more damage is done and the longer the recovery. There is no harm in trying to replace the joint yourself. This is done by pulling on the arm and lifting it above the head at the same time. I have found kickboxers and boxers have the most difficult shoulder dislocations to fix. This is because they usually have strong shoulders and they tend to fight on. This causes great pain, so the muscles go into spasm. I now always carry 'Penthrox' with me. This is the analgesic you may have seen ambulance officers give people to suck on. It works very quickly but also stops working very soon after you stop sucking on it. I have a problem with many public emergency departments where you often have to wait hours for treatment and sometimes no treatment is provided until after an x-ray has been done. The best thing is to get your shoulder to a good sports doctor as soon as possible.

After the shoulder is back in, you need to rest it and keep it immobile for two weeks. You then need a good strengthening programme, which should include lots of lat pull-downs, chin-ups and rowing machine. Rubber band work is also very good. Stay away from free weights. If you are under 25 and your shoulder has gone out once or twice there is a very good chance you will need surgery to stabilize the shoulder.



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## DR PETER LEWIS

Dr Lewis is internationally recognised as a medical authority in the martial arts field. He has also been studying and teaching martial arts for 34 years.

Dr Lewis is best known as a ringside physician. He is often seen on televised shows in many countries. He has worked in 28 cities internationally, 22 of these on world title standard events. He has performed every ringside role, including doctor, referee, judge, rules co-ordinator, timekeeper, commentator, ringside announcer, matchmaker, trainer, cornerman, cutsman and has competed in karate, taekwondo and kung fu. He has had the pleasure and honour of looking after some of the most important fights and fighters in history. He travelled the world with Stan Longinidis as his doctor and a core member of his team. Dr Lewis is also well known as an international lecturer and writer on martial arts medicine. He regularly runs martial arts medical seminars; the next one is in November this year. He has consulted at ReCreation Medical Centre for 24 years. He has also recently established a new clinic at Malvern Martial Arts, which is especially for martial artists. Dr Lewis works with a team including a nurse, physio, chiro, podiatrist, psychologist, exercise physiologist, dietician and masseurs who all have extensive experience in martial arts. **IK**