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ASK DR. J

BY DR. JULIAN SAUNDERS • ART BY JEREMY COLLINS



A VIRAL AFFAIR

I woke up after a couple of days of hard climbing with severe pain in both shoulders. It's mostly in the rear deltoids but radiates down my arm into the triceps. Coincidentally(?), I had a bad virus during the night.

In the following days, the shoulder pain went away, but I have limited range of motion. It has been about 10 days since the last of several aggravations from climbing. During that time I haven't done any climbing and my shoulders feel better but not pain free.

My basic plan is to rest, ice, take ibuprofen for about a month, and then try to ease back into climbing depending on how I feel. Sound reasonable? Is it worth going to a doctor to get a steroid shot?

Obviously, I'd like to get back on the rock as soon as possible without re-aggravating the injury.

RYAN PEVNICK
RICHMOND, VIRGINIA

BOTH SHOULDERS WITH suspiciously similar symptoms will engage cerebral overdrive in any practitioner.

This is likely to be a fairly complex interplay between a virus on the rampage and resultant musculoskeletal mayhem. The initial pain you experienced was almost certainly related to the viral invasion, causing what is known as brachial neuritis (inflamed nerves that feed your shoulder and arm).

Viral attack on the nerve supply to musculature controlling the shoulders is well documented, if not well understood. Usually, however, following pain, paralysis is the primary lasting symptom. Though it does not sound like you have noticed any weakness, a mild paralysis may not be obvious, and can rain carnage.

Though the shoulder has a fairly good capacity for power, the huge and vari-

able forces required to climb can inflict serious wounds when the delicate control system has what is technically known as a "cluster fuck." If viral neuritis was the bomb, altered motor control by virtue of pain or paralysis is the nuclear fallout.

The ensuing soreness is almost undoubtedly either a tendonitis or a bursitis due to a muscular maelstrom around the shoulder. That said, it is a very dubious call to make without seeing your shoulder.

Nonetheless, something in your shoulder is getting pissed off under the new, post-microbe regime. Cortisone would help only if the current pain is perpetuating the motor-control problem. It sounds like it is healing anyway, so I would first try some less invasive options to speed that process.

Some well-targeted stretching is a great start. Try putting the back of your hand on the small of your back, and leave your elbow forward using a door jam. A massage from a beautiful masseuse can also be rather therapeutic, and the only side effect will be a naughty smile of indulgence. If coin is a problem, try lying on your back with a tennis ball positioned behind your shoulder, followed by running with a pair of scissors.

HANDLEBAR PALSY

Over the last couple of weeks my left pinky finger has gone numb, and there's a spot on my left wrist (palm up, right side, where the hand begins and the bone sticks out a little) where even the softest tap provokes pain through the pinky and ring finger. I can move the pinky, but it's asleep 24/7. No loss in strength. If I clench a tight fist, it gets a little feeling back. I took a week off and it's getting worse instead of better. Thoughts?

I ride my bike every evening about 12 miles, on road. No impact machinery, no trauma I know of, and yes, there is numbness on the little finger side of my ring finger, too.

RYANPSEUDO
ROCKANDICE.COM FORUM

WOW. THAT'S COOL. You don't see this very often. Maybe once every couple of years. This is most commonly a cycling injury, and is known as handlebar palsy. Bonus points, though, for trying to save the planet.

The ulna nerve passes through a tunnel made up of two bones in the wrist—the pisiform and the hamate—and, beyond this point, it supplies feel-

ing and strength to the pinky and half of the ring finger. The tunnel is divided into three zones. Depending on where the nerve is compressed, you can get grip weakness, numbness or a combination of both.

Given your pain pattern and history, it is highly likely that purely as a result of cycling you have chronically compressed the nerve as it passes through this tunnel. This has subsequently led to inflammation that is now maintaining the problem through a more insidious pressure.

Given the wrist pain you describe, rheumatoid arthritis is a distinct, though unlikely, possibility.

First, I would try grabbing that little boney thing (your pisiform bone) on the little finger side of your wrist. Slowly, but firmly, move it from side to side for five minutes several times a day. I want you to create a little space for the nerve, and encourage that inflammation to be on its way. Initially the articulation will be quite uncomfortable, but this should subside reasonably quickly. Second, change the way you grip the handlebars, or change handlebars, bar ends, etc. Putting pressure on that part of your wrist is a no-no.

Occupational overuse injury can cause a ganglion cyst to form in the tunnel, putting pressure on the nerve. If you chronically stress your wrists at work, and the pain does not subside, it would be advisable to get an MRI.

The ulna nerve can be impinged in a few other places. None are especially likely given your wrist tenderness, but if it persists, shoot me a heads-up on the rockandice.com forum and I'll give you some more direction.

POCKET TRAUMA

I had pain about halfway down my forearm on the biggest and outermost tendon that connects in the middle right at the base of the palm. I think it happened after hanging too hard on my middle and ring fingers. I used to wrap tape around my wrist when I climbed, and that seemed to help a bit (since I couldn't dream of resting it for months!). It would hurt both during and after climbing, and I don't think it swelled. The pain is gone now, but I'm wondering if it will come back after an especially difficult climb, or if I start getting into crack climbing, and in that event what I should do?

PAUL BLUMER
DETROIT, MICHIGAN

OH, ANOTHER GOOD one. Though I see it often, I have never seen this injury documented and, if I knew exactly what it was, I'd name it!

Unless you carry very heavy shopping bags with one finger, this is 100 percent a climber's injury. And even better, although it feels sharply debilitating, you can climb as much as you want. Here's the deal.

The two prime movers of grip force are flexor digitorum superficialis (FDS) and flexor digitorum profundus (FDP). FDP is the stronger of the two. Each muscle differentiates anatomically and functionally into four separate slips, each attaching to the end of a finger. Hence you can control each finger with varying force. When you split your fingers under heavy load, the trouble begins. Mostly that involves the ring and middle finger in either one- or two-finger pockets.

Let's take a standard pocket using the middle two fingers. Once you start pulling, the little and first fingers curl into your palm. Now the middle two slips are long and pulling hard, and the outer two have contracted, are hence considerably shorter, and are also pulling hard. This creates a tearing force at the junction of the little- and ring-finger slips, and the middle- and first-finger slips. Typically I see tears at the former rather than the latter sites in my climber patients, but I am not sure of the pathomechanics involved. My experience suggests that the tear usually occurs in FDP, but without a lot of expensive imaging, the site of trauma and biomechanics involved in your case are an educated guess.

To test for this injury (hereafter known as the Dr. J test), pull on each finger (gently!), curling the other fingers into your palm. Pain that exists in the mid forearm when the finger is pulled on separately, but not when accompanied by a neighboring finger, is virtually pathognomonic for this injury.

Splitting your fingers in the next few weeks will be like pissing into the wind—not only are you doing yourself a disservice, it will get messy. Avoid it and you can probably climb as much as you want. Silly as it may sound, avoid pain! Split them and you will squeal. Taping can be simultaneously very helpful and very bothersome. Where possible, if you need to pull on a pocket, don't curl your unloaded digits into your palm. The force summation will feel less, but so will your propensity for injury.

All the usual shenanigans like heat, massage, ice cream and shagging will facilitate the healing process. ■

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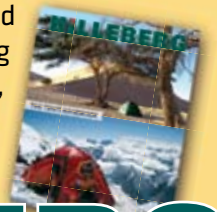
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