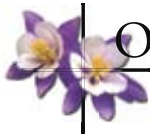




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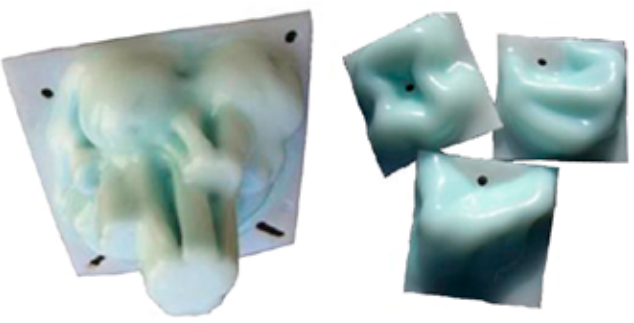
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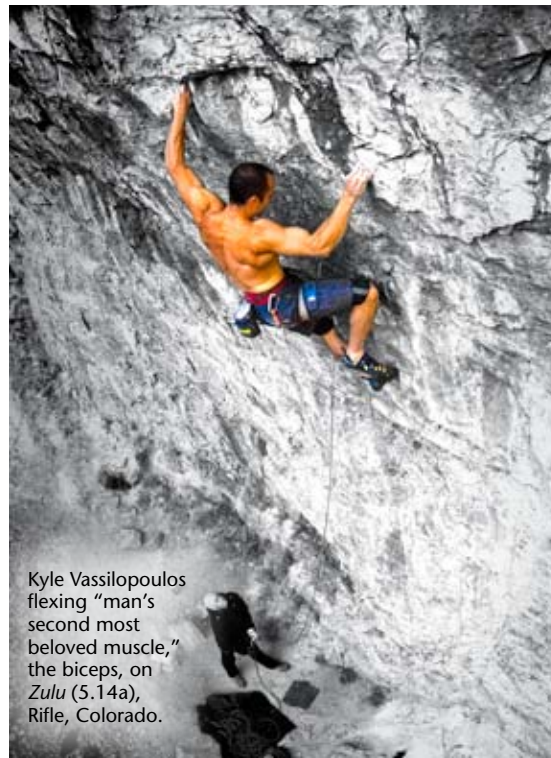
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Kyle Vassilopoulos flexing "man's second most beloved muscle," the biceps, on Zulu (5.14a), Rifle, Colorado.

your nose while hauling a superfluous 40 pounds. In the mid 1980s, Kim Carrigan trained with a weight belt to gain the endurance to do the first ascent of the iconic *Lord of the Rings* (5.13d) at Arapiles. Despite training on the actual route with 40 pounds of lead, he was still falling off the last move (with or without the lead) when Stefan Glowacz did the FA. This training method should have been left in the '80s along with bubble skirts that even Houdini couldn't unhook.

Crimps are usually worse on elbows than pockets or open handing. You also probably use more wrist stabilization when pulling on a hold, hence pulling will be more aggravating than static hangs. Underclings require massive wrist-flexion force

### TABASCO FIASCO

I've been doing hangboard and pull-up sessions with added weight. I have had medial elbow tendonosis in the past, and it seems to be returning.

1) Are pull-ups on jugs particularly aggravating? Should they be avoided?

2) What about static hangs with weight? Is hanging on slopers or pockets worse than crimps?

3) Can I continue to hangboard but combat the tendonosis by doing the exercises you suggest in Medicine No. 156?

I have noticed that gripping a hold and pulling it down is more aggravating than static hanging. Underclings cause more aggravation than other grip positions.

— **Ethan Schwartz** | Bay Area, California

**ETHAN, I HAVE HAD A LOT OF LUCK** with this recipe:

Fill your cupped hand with Tabasco sauce and rub it on your gonads. Scream. A great lesson in both pain tolerance and mental focus, this will be more helpful for your climbing than chin-ups or weight belts.

The golden rule of training is specificity. If you think carrying a weight belt while climbing is good style, you're a tossa. In addition, chin-ups are excellent training ... for doing chin-ups. You are not alone in thinking that these workouts will make you a stronger climber—a gallant but deluded assumption. Making the holds worse and the moves more difficult, without added weight, will be *far* more effective. Snatching a bad hold four feet distant is more pertinent than snatching one in front of

and will piss off your injury with the vehemence of depleted uranium.

Sounds to me like you are over training your forearms. Slow down, pumpkin. You are getting tendonosis because your flexors are getting too strong again. Rest and recovery is your missing link.

### CAMPUS-BOARD BUSH PIG

I use a campus board for a quick pump when time is limited. I also campus easier problems for some added strength. However, lately, after five minutes or so of training, I get this aching along the ulnar side of my forearm. It feels like my bone is aching. The pain is about halfway between wrist and elbow. It hurts mostly when I am pulling hard, not so much when dead-hanging on jugs. It isn't too bad at night unless I had an evening session. The pain is there when I am on the problem but it's when I release the holds that I feel the ache. I had the same pain when I used to do bicep curls at the gym.

— **Cameron Whitehead** | Rumney, NH

**STRESS FRACTURES ARE** the injuries of cool people, that special breed able to tap dark wells of moonshine mojo to the point that their bones yield under the cumulative and crushing force of full-throttle commitment. Stress fractures are more recalcitrant than politicians from Texas, equally painful, and even less likely to respond in a reasonable manner when under duress.

Time-poor training translates to injury-rich training. You can't just rock

up to the gym for a quick tango with that bush-pig the campus board; it will eat you and not bother to floss. You need to take your time—pick your nose, stare at the new breed of hot chicks that have way more technique than you, comb your eyebrows.

Rather than campus easier problems, use your feet on a more difficult one! Foot free is for those with no left brain. If you don't have time to train properly, go home and have a beer—it will be better for you.

For the most part, ulna stress fractures occur in the avid weight lifter, so it's no surprise that you initially felt this at the gym. Exercises such as biceps curls generate enormous stress on the forearm bones, especially the ulna.

As you have noted, pain arises in the mid-ulna shaft, temporarily worsens with exercise, and is often very painful if you suddenly release your grip. Stress fractures in general are acutely sensitive to vibration.

Scans would be great, but there seems little doubt that you are on the wrong end of the bone-stress spectrum. If you are the persnickety type, x-rays may be helpful, but an MRI (among other scans) will be defining.

Absolute rest for a few weeks is paramount, and then adjust your training to minimize stress. Light climbing is fine, but no weights that involve gripping. If you can't apply a gentle hand brake or the training is still aggravating, then take 10 weeks of absolute rest and start back slowly.

Comfrey cream has been shown to be fairly helpful in fracture healing. And it's cheap with no adverse side effects.

Most GPs and even physical therapists are unlikely to have heard of an ulna stress fracture, but are certainly capable of recognizing the condition if they follow through with appropriate scans. A sports physician (a specialist in sports medicine) would be preferable.

### SHOULDER SUBTERFUGE

I have had a subluxation (partial dislocation) of the biceps tendon manually relocated, but it doesn't stay there. The original injury occurred when performing a mantel. It's been two months now, but no healing progress. No problem with full range of motion either; I'm just aware that subtle movements can lead to discomfort, and that there's something out of whack. What type of professional should I see for a condition like this—or should I start a weights regime to strengthen the rotator cuff?

— Steve Kelly | Adelaide, Australia

MAN'S SECOND-MOST-BELOVED muscle must be the biceps. Though both are graded on the Man-Up Scale for their size—size does not translate to one-arm pull ups. The main role of the biceps is to turn your forearm so that your palm faces up when your elbow is flexed. It is also a major contributor to shoulder stability, and should be considered the fifth rotator-cuff muscle. The understated king of elbow flexion is the brachialis muscle.

The tendon of the long head of the bicep (there are two heads—hence the name), from the muscle rising to the shoulder, sits in a shallow runnel known as the bicipital groove. Holding the tendon within the groove is the bicipital retinaculum (transverse ligament). When this breaks, the tendon flicks in and out, depending on load.

The most common traumatic injury to the bicep is to rupture the long-head tendon close to where it inserts at the shoulder. The next is to tear it at the insertion, which may damage some of the shoulder cartilage. If you have generated enough force to tear the bicipital retinaculum I would be curious about what else you have damaged along the way.

Ostensibly a straightforward diagnosis, the shoulder is a living, breathing subterfuge, a master of treacherous duplicity. On top of that, if it is truly subluxating, your shoulder is likely to be in anatomical disarray.

I am assuming that your diagnosis has been confirmed with an ultrasound or MRI, and not by the hypochondriacs' wet-dream-come-true—the Internet. Get down to the radiology department.

You could strengthen your rotator cuff to the point of bench-pressing a Mini Cooper and it would not help, though if you see a physical therapist there is a 90 percent chance he would prescribe just that. Conservative medicine—from exercise prescription to masturbation—will fail you. Rest will allow the pain to settle, but the ligament is under such load that repair is virtually impossible.

Given the diagnosis of traumatic subluxation, your only option, other than doing nothing, is the scalpel. If you are the sedentary type, “nothing” is usually the done thing and it will tend to settle down. You are a climber, however. If your surgeon suggests your retirement, try one more sportingly inclined.

Log on to the forums at [rockandice.com](http://rockandice.com) to ask Dr. J your climbing-related medical questions.

**Rather than campus easier problems, use your feet on a more difficult one!**

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