Introducing The Coo

Demystifying the Body of an Athlete

Editor William C. Meyers

Co-Editors Marc J. Philippon Adam C. Zoga Alexander E. Poor Johannes B. Roedl Jim McCrossin Alex McKechnie

Guest Writer Michael J. Bradley

Illustrator Rob Gordon

SLACK Incorporated





To understand the core, you must put on new eyes. The core is like family. To go forward, your family must stay together.

—Marshawn Lynch, famous NFL running back.



Editor William C. Meyers, MD, MBA

Co-Editors Marc J. Philippon, MD Adam C. Zoga, MD, MBA Alexander E. Poor, MD Johannes B. Roedl, MD, PhD Jim McCrossin, MS, ATC, CSCS, PES, CES, CKTP Alex McKechnie, PT, MCSP

> *Guest Writer* Michael J. Bradley, MLA

> *Illustrator* Rob Gordon, MFA, CMI





SLACK Incorporated 6900 Grove Road Thorofare, NJ 08086 USA 856-848-1000 Fax: 856-848-6091 www.Healio.com/books © 2019 by William C. Meyers



Figures I-3A/1-6D, 1-5/1-6ABCDE, 1-8, 1-11, 1-12, 1-13, 1-14AB, 1-16, 1-18, 2-1, 2-2, 2-3ABCD, 2-5, 2-6, 2-7, 2-8, 2-14, 2-15, 3-1, 3-3, 3-6, 4-1, 4-6, 4-7, 4-8, 4-10AB, 4-11ABC, 4-14, 5-25, 6-1, 6-2, 6-4, 6-5, 6-9A, 7-1, 7-2, 7-3A, 7-6ABCD, 9-1, 9-2B, 11-4, 12-1AB, 13-1, 13-2C, 13-3, 13-5, 14-1, 14-2, 14-3, 14-6, 14-7A, 15-1, 15-7, 18-1, 18-2, 18-3, 19-1, 20-1, 20-4, 23-1, 26-1, 27-1, 27-3, 28A-1, 28A-5, 28A-8, 29-2, 30-1, 31-1, 32-1, 32-2, 33-1, 34-6AB, 34-7, 35-1, 40-1AB, 40-2, 40-7, 40-8 are from Shutterstock. Figures 1-7, 4-13, 5-15, 5-24, 5-26, 5-27, 13-2B, 15-8, 27-19, 29-1, 34-4, 35-3, 40-5 are from iStock. Figure 31-3 is from Colourbox. Figure 39-2 is from GoGraph.

All rights reserved. No part of this book may be reproduced, stored in a retrieval system or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without written permission from the editor, except for brief quotations embodied in critical articles and reviews.

The procedures and practices described in this publication should be implemented in a manner consistent with the professional standards set for the circumstances that apply in each specific situation. Every effort has been made to confirm the accuracy of the information presented and to correctly relate generally accepted practices. The authors, editors, and publisher cannot accept responsibility for errors or exclusions or for the outcome of the material presented herein. There is no expressed or implied warranty of this book or information imparted by it. Care has been taken to ensure that drug selection and dosages are in accordance with currently accepted/ recommended practice. Off-label uses of drugs may be discussed. Due to continuing research, changes in government policy and regulations, and various effects of drug reactions and interactions, it is recommended that the reader carefully review all materials and literature provided for each drug, especially those that are new or not frequently used. Some drugs or devices in this publication have clearance for use in a restricted research setting by the Food and Drug and Administration or FDA. Each professional should determine the FDA status of any drug or device prior to use in their practice.

All opinions expressed by the authors and quoted sources are their own and do not necessarily reflect the opinions of the publisher. Any review or mention of specific companies or products is not intended as an endorsement by the authors or publisher.

SLACK Incorporated uses a review process to evaluate submitted material. Prior to publication, educators or clinicians provide important feedback on the content that we publish. We welcome feedback on this work.

Library of Congress Cataloging-in-Publication Data

Names: Meyers, William C., M.D., editor. | Philippon, Marc J., 1965- editor.

- Title: Introducing the core : demystifying the body of an athlete / editor, William C. Meyers, MD, MBA ; co-editors, Marc J. Philippon, MD [and five others] ; guest writer, Michael J. Bradley, MLA ; illustrator Rob Gordon, MFA, CMI.
- Description: Thorofare, NJ : SLACK Incorporated, [2019] | Includes bibliographical references and index.
- Identifiers: LCCN 2019002104 (print) | LCCN 2019004499 (ebook) | ISBN 9781630915162 (epub) | ISBN 9781630915179 (web) | ISBN 9781630915155 (hardcover : alk. paper)

Subjects: LCSH: Sports--Physiological aspects. | Athletes--Health and hygiene.

- Classification: LCC RC1235 (ebook) | LCC RC1235 .B72 2019 (print) | DDC 612/.044--dc23
- LC record available at https://lccn.loc.gov/2019002104

For permission to reprint material in another publication, contact Dr. William C. Meyers.

DEDICATION

- Our patients and the entire certified athletic training world
- All other fitness specialties
- Appreciating the history of medicine
- Leonardo da Vinci
- Brian, Erica, Riki, and Marley
- Cindy, Coleman, Remy, Corey, Jordan, and Age
- Sherry, my resident and attending colleagues, and everyone else who contributed to my well-being during the years of every other night call and then every night call
- Mom and Dad, Ann Marie, Marcia
- The North Durham Little League
- Inspiration from Steve Bandura, Mo'Ne Davis, and the rest of the Marian Anderson Monarchs
- My closest friends over the years: Joe and Annie, Ravi, R. Scott, John and Linda Nelson, the Doyk, the two Dicks, Mike Foley, Ted, Andres, Ari, Frank B., Steve Klasko, Rick Homan, Chris Wilmot, Tom Nerney, and everyone close I failed to mention
- Friends and professional colleagues
- The development of liver surgery
- Lee Hirsch, Bob Knarr, and the development of minimally invasive surgery
- The AHPBA, Tom Starzl, Bill Longmire, Marty Adson, Henri Bismuth
- Eddie Joe Reddick
- The Crowleys and Polar Beverages
- The sports world
- The sports medicine world, for accepting this outsider into it, and ISHA
- Traditional medicine and surgery
- Physicians, surgeons, and others who hold to the old principles of medicine
- Harvard University and the memories of my advisors, Bud Collins, Peter Gammons, Dr. Thomas Quigley, and Managing Editor Tom Winship
- The Boston Globe and The Hasty Pudding Show
- Botafogo and Flamengo
- David C. Sabiston
- Duke University
- Frank Bassett, Bill Garrett, and the rest of the Duke University sports medicine staff
- The Vincera Institute, Lashawn, Krista, Christy, Rita, the founding seven, our wonderful current staff, academic partners and co-owners, and the support and camaraderie you all provide

Dedication		v
Acknowledgments		
	ator	
	1075	
	ael William Krzyzewski s Rheuben Andrews, MD	
	n Talmadge Kelly, MD	
Section One	The Way We Were* * *from the romantic comedy starring Barbra Streisand and Robert Redford	1
Chapter 1	What's the Core? It Seems Kind of Important	
Chapter 2	New Eyes—Medicine's Inability to See the Core	13
Chapter 3	The Eureka Moment for the Core	21
Chapter 4	The Difficulty Abandoning Old Eyes—"Unseeing"	
Section Two	New Universe* *from the book imprint for Marvel Comics	41
Chapter 5	Presentingthe Core!	
Chapter 6	Some Concepts to Keep in Mind	
Chapter 7	The Pubic Bone	69
Chapter 8	The "Harness"	
Chapter 9	The Rectus Abdominis—Our "Cinderella Muscle"	
Chapter 10	The Adductors—Demystifying Them	
Chapter 11	The Rectus Femoris—The "Rodney Dangerfield Muscle"	
Chapter 12	The Iliopsoas—aka the Psoas—aka the "Eminem Muscle"	
Chapter 13	The Glutes—The "New Beauty Muscles"	
Chapter 14	The Other Muscles—Hip and Core Stability	147
Atlas	Stargazing—Seeing the Constellation of Core Diagnoses	156
Chapter 15	So, You Want to Become a Doctor? Part One-Diagnostic Ambushes	
Chapter 16	Fifteen Core Principles	179
Chapter 17	So, You Want to Become a Doctor? Part Two—History, Physical Examination, Imaging, and Other Tests	
Chapter 18	Nerves in the Core—A "Fifth Dimension" Enrique Aradillas, MD	
Chapter 19	The Universe of Diagnoses	
Chapter 20	How the Core Universe Forms	
Chapter 21	Optimizing and Fixing the Core Muscles	
Section Three	Hip Hop Movement* *from the subculture that formed in the early 1970s in the South Bronx	227
Chapter 22	The Hip—How Far We Have Come! J. W. Thomas Byrd, MD	
Chapter 23	Private Eyes on the Hip—Sometimes a Culprit in Pelvic Pain and Pelvic Floor Disorders Struan H. Coleman, MD, PhD	

CONTENTS

viii	Contents		
Chapt	er 24	Traps in Hip Arthroscopy John P. Salvo Jr, MD and Kevin O'Donnell, MD	245
Chapt	er 25	Special Considerations in Adolescents Fares S. Haddad, MD (Res), FRCS (Orth), Dip Sports Med, FFSEM; Feras Ya'ish, FRCS (Orth), MBBS; and Konstantinos Tsitskaris, MSc, MRCS, FRCS (Tr & Orth)	253
Chapt	er 26	Hip Arthroscopy—Frontiers and Limitations Anil S. Ranawat, MD; Brian J. Rebolledo, MD; and Jacqueline M. Brady, MD	269
Chapt	er 27	Complex Core-Hip Considerations in the Athlete— From "Lighting the Lamp" to "Getting Your Face Washed" Marc J. Philippon, MD; William R. Mook, MD; and Karen K. Briggs, MPH	281
Chapt	er 28	Biomechanics (A) Tilt and Version Eric J. Kropf, MD; Struan H. Coleman, MD, PhD; and Alexander E. Poor, MD	
	(B) Altered Hip Biomechanics and the Muscles Marc R. Safran, MD and Joshua Sampson, MD	303	
Chapt	er 29	What Lies Behind the Hip—The Deep Derrière Hal David Martin, DO	309
Section	on Four	Shared Responsibility * *from both Democratic and Republican Presidential platforms	. 327
Chapt	er 30	Fixing Everything—Putting the Core Universe Into Perspective	329
Chapt	er 31	Managing the Ruptured Proximal Hamstring Christopher C. Dodson, MD and Daniel P. Woods, MD	335
Chapt	er 32	Rehabilitation and Performance—From Snake Oil Salespeople to Well-Oiled Machines Alexander E. Poor, MD; Jim McCrossin, MS, ATC, CSCS, PES, CES, CKTP; and Alex McKechnie, PT, MCSP	345
Chapt	er 33	The Final Stage of Rehab—Getting All the Way Back Andrew Small, PT, CSCS, RSCC*D, MPhtySt, BSc (HMS-ExSci)	357
Chapt	er 34	Don't Forget the Thorax Tracey Vincel, PT, MPhty, CBBA and Andrew Barr, DPT, MSc Spt Sci, BSc (Hons) Physio, CSCS	365
Chapt	er 35	The Yin and Yang of Yoga Biz Magarity, MBA, C-IAYT, 500 E-RYT	381
Chapter 36	er 36	Perspectives of Nonoperative Sports Medicine Physicians (A) Nonoperative Interventions for the Management of "Hip" Pain Eugene Hong, MD, CAQSM, FAAFP and Sarah C. Hoffman, DO, FAAP, CAQSM	389
		(B) We Need More Studies David Stone, MD	394
Chapt	er 37	An Osteopath's View of the Core Universe—Manipulative Therapies—A Functional Approach Jason Hartman, DO; Philip J. Koehler III, DO, MS; and Veronica Williams, DO, Illustrator	399
Chapt	er 38	A Chiropractor's Perspective—The Knee Bone's Connected to the Thigh Bone	413
Secti	on Five	Life Is a Journey* *from "Life is a journey and not a destination," attributed to Transcendentalist poet Ralph Waldo Emerson and revisited by AM O'Shea, a very smart CEO	. 421
Chapt	er 39	Putting It All Together—A Patient's Perspective on the Core Esra Roan, PhD	423
Chapt	er 40	Final Chapter—Seeing Things a Whole New Way	429
Finan	cial Disclosu	ires	437

ACKNOWLEDGMENTS

- Greg Horner—book coordinator, photographer, and videographer
- Thomas Hart and Adam Miller—image consultants
- Rita Greiman—encourager and artist
- Ann Marie O'Shea, for all that she does
- Marcia Horner, for doing the rest of it
- Brooke Havens and Leigh Waters—brilliant ATCs and much more
- Struan Coleman—partner in risk
- Blake Bowden and all the other medical students who contributed
- Garrison, Connor, and Alec-proofers extraordinaire
- Nicole Curran—for taking charge
- The forbearance of my staff and their camera-friendliness

EDITORS AND **I**LLUSTRATOR

Michael J. Bradley, MLA Writer Broadcaster Villanova University Professor

Rob Gordon, MFA, CMI Freelance and Medical Illustrator Charter Member of the Association of Medical Illustrators brightinvisions.com

Jim McCrossin, MS, ATC, CSCS, PES, CES, CKTP Director of Sports Medicine Philadelphia Flyers Philadelphia, Pennsylvania

Alex McKechnie, PT, MCSP Assistant Coach/Director of Sports Science Toronto Raptors Basketball Club Toronto, Ontario, Canada

William C. Meyers, MD, MBA Founder President Vincera Institute Professor of Surgery Sidney Kimmel Medical College Thomas Jefferson University Duke University Drexel University Marc J. Philippon, MD Managing Partner The Steadman Clinic Director of Sports Medicine Fellowship Co-Chairman Steadman Philippon Research Institute Vail, Colorado

Alexander E. Poor, MD Partner Vincera Institute Philadelphia, Pennsylvania

Johannes B. Roedl, MD, PhD Assistant Professor of Radiology Division of Musculoskeletal Imaging and Interventions Thomas Jefferson University Philadelphia, Pennsylvania

Adam C. Zoga, MD, MBA Clinical Professor of Radiology Thomas Jefferson University Vice Chair for Clinical Practice Director of Musculoskeletal MRI Department of Radiology Thomas Jefferson University Hospitals Philadelphia, Pennsylvania

CONTRIBUTING AUTHORS

James Rheuben Andrews, MD (Foreword) Founder

Andrews Sports Medicine and Orthopedic Center Clinical Professor of Orthopedic Surgery University of Alabama Birmingham Medical School University of Virginia School of Medicine University of South Carolina Medical School Adjunct Professor of Orthopedic Surgery University of South Alabama Clinical Professor of Orthopedics Tulane University School of Medicine

Enrique Aradillas, MD (Chapter 18) Philadelphia, Pennsylvania

Andrew Barr, DPT, MSc Spt Sci, BSc (Hons) Physio, CSCS (Chapter 34) Quantum Performance Lab Los Angeles, California

Jacqueline M. Brady, MD (Chapter 26) Assistant Professor and Orthopedic Surgeon Oregon Health & Science University Portland, Oregon

Karen K. Briggs, MPH (Chapter 27) Director of Hip Research Center for Outcomes-Based Orthopaedic Research Steadman Philippon Research Institute Vail, Colorado

J. W. Thomas Byrd, MD (Chapter 22) Nashville Hip Institute Nashville, Tennessee

Struan H. Coleman, MD, PhD (Chapters 23 and 28A) Associate Professor in Orthopedic Surgery Weill Cornell Medical College Associate Attending Orthopedic Surgery Hospital for Special Surgery Team Physician New York Mets Baseball Club New York, New York Director of Hip Preservation Vincera Institute Philadelphia, Pennsylvania Christopher C. Dodson, MD (Chapter 31) Director of Orthopaedics Vincera Institute Head Team Orthopaedic Surgeon Philadelphia Eagles Head Team Physician Philadelphia 76ers Philadelphia, Pennsylvania

Fares S. Haddad, MD (Res), FRCS (Orth), Dip Sports Med, FFSEM (Chapter 25) Divisional Director University College London Hospitals Director Institute of Sport, Exercise, and Health London, United Kingdom

Jason Hartman, DO (Chapter 37) Miami, Florida

Sarah C. Hoffman, DO, FAAP, CAQSM (Chapter 36A) Attending Pediatrics and Sports Medicine Maine Medical Partners Orthopedics & Sports Medicine South Portland, Maine

Eugene Hong, MD, CAQSM, FAAFP (Chapter 36A) Chief Physician Executive MUSC Physicians Professor Family Medicine and Orthopedics Medical University of South Carolina Charleston, South Carolina

Bryan Talmadge Kelly, MD (Foreword) Chief of Sports Medicine Service Hospital for Special Surgery Professor of Orthopedic Surgery Weill Cornell Medical College New York, New York

Philip J. Koehler III, DO, MS (Chapter 37) Department of Physical Medicine and Rehabilitation Thomas Jefferson University Hospital Philadelphia, Pennsylvania

xiv Contributing Authors

Eric J. Kropf, MD (Chapter 28A) Associate Professor and Chair Director of Sports Medicine Orthopaedics and Sports Medicine Lewis Katz School of Medicine Temple University Philadelphia, Pennsylvania

Michael William Krzyzewski (Foreword) Head Men's Basketball Coach Duke University Head Coach USA Basketball Senior National Team Naismith Basketball Hall of Fame Enshrinee Professor Duke University Fuqua School of Business

Marc Legere, DC, BS, BA (Chapter 38) Creator of PATCH Technique Founder of PATCH Chiropractic Philadelphia, Pennsylvania

Biz Magarity, MBA, C-IAYT, 500 E-RYT (Chapter 35) Philadelphia, Pennsylvania

Hal David Martin, DO (Chapter 29) Hip Preservation Center Baylor University Medical Center Dallas, Texas

William R. Mook, MD (Chapter 27) Orthopedic Surgeon and Sports Medicine Specialist OrthoVirginia Reston, Virginia

Kevin O'Donnell, MD (Chapter 24) Orthopaedic Sports Medicine Fellow Rothman Institute Philadelphia, Pennsylvania

Anil S. Ranawat, MD (Chapter 26) Hospital for Special Surgery New York, New York

Brian J. Rebolledo, MD (Chapter 26) Orthopaedic Chief Resident Hospital for Special Surgery New York, New York *Esra Roan, PhD (Chapter 39)* CEO/President SOMAVAC Medical Solutions, Inc Memphis, Tennessee

Marc R. Safran, MD (Chapter 28B) Professor Orthopaedic Surgery Chief Division of Sports Medicine Stanford University Redwood City, California

John P. Salvo Jr, MD (Chapter 24) Associate Professor Orthopaedic Surgery The Sydney Kimmel Medical College Thomas Jefferson University Hospital Director Hip Arthroscopy Program Rothman Institute Philadelphia, Pennsylvania

Joshua Sampson, MD (Chapter 28B) Clinical Research Fellow Department of Orthopaedic Surgery Stanford University Redwood City, California

Andrew Small, PT, CSCS, RSCC*D, MPhtySt, BSc (HMS-ExSci) (Chapter 33) Milwaukee, Wisconsin

David Stone, MD (Chapter 36B) Department of Orthopedic Surgery Allegheny Health Network Pittsburgh, Pennsylvania

Konstantinos Tsitskaris, MSc, MRCS, FRCS (Tr & Orth) (Chapter 25) SpR Trauma and Orthopaedics North East Thames Rotation University College London Hospitals London, United Kingdom

Tracey Vincel, PT, MPhty, CBBA (Chapter 34) New York, New York *Veronica Williams, DO (Chapter 37 Illustrator)* Doctor of Osteopathic Medicine Candidate Philadelphia College of Osteopathic Medicine Philadelphia, Pennsylvania

Daniel P. Woods, MD (Chapter 31) Orthopaedic Sports Medicine Fellow Rothman Institute Philadelphia, Pennsylvania *Feras Ya'ish, FRCS (Orth), MBBS (Chapter 25)* Consultant Trauma and Orthopaedics Sheikh Khalifa Medical City Abu Dhabi, United Arab Emirates

FOREWORD BY MICHAEL WILLIAM KRZYZEWSKI

For the past few years, we have really stressed core strength at Duke. It improves an athlete's base, and that's vital, because so much emanates from there.

Strength, power, and endurance all flow from the core. And taking care of the core is also important for increasing performance.

If an athlete is strong in the middle, his/her extremities will be helped. For years, people didn't emphasize that, and as a result there were more extremity injuries than there should have been. Nothing can eliminate those injuries entirely, but good core strength helps cut them down.

We believe in training the core and work with our players on it year-round. We do a lot of band work that helps build the core. The training methods for that area of the body have changed throughout my career at Duke. Of course, I have been coaching 41 years, so a lot of things have changed, especially since I played. Back then, we didn't even lift weights.

We've put a huge emphasis on the hips. They are vital for players to get into their defensive stance (Figure F-1), for the running we do and the explosive strength our players need. Hip strength and core strength determine whether a player has a better landing base after jumping, and we are up and down on the court a lot. If players have weak cores, they aren't landing on strong bases.



Figure F-1. The Duke University defensive stance exhibits the nitty gritty of the core's neutral engagement posture. When well executed as a team, the posture displays "attitude."

It all makes more sense. That part of the body, which has been neglected, gives the body so much. A lot of people see 6-pack abs or strong biceps or leg muscles, but that's not what we're talking about. We're talking about strength you can't see, but you see it in performance.

I think one of the reasons that people haven't done a lot with the core is that you can't see the parts of the body that make up the core. But so much emanates from that.

So, it works for us in terms of injury prevention and performance. If a player on our men's basketball team isn't physically ready to play, I don't care how much talent he has, he can't get onto the court. We're making sure he's on the court as many minutes as possible, especially our better players. When they are on the court, we want to improve their levels of performance.

Having a strong core pays huge dividends. It gives a player more confidence in his/her abilities. It provides more endurance and confidence.

Any athlete has to trust his/her body. With good core strength, the athlete can have more confidence and perform to his/ her top capability.

This book, and the work Bill Meyers has done in the field, will bring good core health to the forefront and help everyone—elite athletes and others—to understand the importance of a strong core for performance and confidence.

Suggested Videos

Krzyzewski M. Duke Basketball: A Clinic With Coach K [DVD]. Champaign, IL: Human Kinetics; 2003.

Open practice: defensive skill development featuring Mike Krzyzewski [video]. YouTube. https://www.youtube.com/ watch?v=omg8mm6Uejs. Published November 4, 2014.

FOREWORD BY JAMES RHEUBEN ANDREWS, MD

The core is the latest thing in physical development and performance. Nobody ever mentioned the core until 5 or 10 years ago, and while I'm sure that some of the physical fitness gurus might have used the word, we didn't use it in sports medicine. Bill Meyers has brought the core to the forefront.

Now, even in baseball, injury patterns you see in the shoulder and elbow are related to core imbalance. If you don't have a good core, you don't have good balance, and your injury chances go up. Building the core has become a major part of the rehabilitation we do with all athletes, especially baseball players.

For example, a pitcher who is throwing from the mound and goes into the stretch position has to drive off of one leg. If he/she doesn't have a good core, he/she is going to stress his/her shoulder and elbow and create an unstable situation. We will have athletes stand on one leg and do a dip. From that, we can tell if their core is strong. If it's weak, they almost fall over.

The core is important in running, because it helps with the stability of the lower extremities. That goes for every sport. If your core is not strong, you can become either bow-legged or knock-kneed. In basketball, when you come down for a rebound, or if you are a wide receiver and land after making a catch, if you don't have good core strength, all the impact goes to the knee and ankle, and you can get injured. It's even more important for female soccer players. If they have a weak core, they have a 3 to 5 times higher incidence of tearing their ACLs as compared with men.

The work that is done to develop the core does not have the same popularity as what's done to build pecs, biceps, and quads. We can see those muscles, but we can't see the core, which is more important to overall health and performance.

This book has been needed for a long time. As much as we talk about the core, it still isn't a glamorous part of medicine. But the work Bill has done has helped the idea of core strength become more popular, and this book could be what is needed to get it more attention.

FOREWORD BY BRYAN TALMADGE KELLY, MD

The timing of this book and the increased recognition of Bill Meyers' work in the area of core repair, rehabilitation, and development are perfect because progress in the field of hip and groin injuries in sports medicine has advanced considerably in the past 15 years. Treatment methods of the hip and core are moving on 2 parallel tracks.

I absolutely feel like the hip is the last frontier in sports medicine. You can compare it to the evolution of treatment of the knee and shoulder. The knee came first in the 1970s, when physicians began to treat torn ACLs differently, and the shoulder followed in the 1990s, as we developed a larger understanding of labral instability and tears. The 2000s have brought a better understanding of the hip as an athletic joint. Progress is coming, but we are learning more.

The concepts of athletic pubalgia and core muscle injuries were really invented by Dr. Meyers. Bill has done a tremendous job of figuring out the complex anatomy of the core. He noted that a lot of athletes had been suffering from groin injuries that wouldn't heal quickly and understood there was more at work than just a groin pull. Simultaneous to that, within the field of orthopedic surgery, there emerged a better understanding of mechanically derived injuries of cartilage and soft tissues in the hip joint, and our knowledge of that area grew.

The mechanical malalignment in the hip joint leads to cartilage injuries and limits motion. That can lead to injury of the joint, as well as the muscles around the joint. We have really started to understand the relationship between core injuries and femoroacetabular impingement. If the hip and socket in the hip are mismatched, there is a reduction in motion. This leads to increased mechanical injury to the cartilage and the hip joint.

Making the proper hip diagnosis can be difficult because some hip injuries can feel like groin injuries. There are also many muscles around the hip that can be affected. Things become interesting because there is so much overlap in the area. The ability to understand the pathologies is critical to providing good care for patients. This book can help in that regard.

Developing collaborative efforts like the one Bill and I have forged allows us to get athletes back to action in a timely fashion, because we know about those overlaps. Bill has done a fabulous job of figuring out where, anatomically, those overlaps are. On the orthopedic side, we have done a lot of work on the complex problems in the hip joint. It's exciting now to see the interrelationship of the 2 areas.

When someone has pain around the hip and pelvis, there are 4 layers that can be affected. There is the bony layer, which is the foundation; how does the ball fit in the socket? There is the interarticular structure that contains large, inert areas that don't have contractile components. The muscular layer is where the core comes into play. How does it respond to a hip injury? And then there is the neuro layer. How are the nerves in the area of the hip impacted by an injury to the core and the hip socket?

This is an exciting time, and we still have a long way to go. Orthopedic and general surgeons are looking at the problems and making progress in the treatments that will advance the field. Relationships like the one Bill and I have established will help us move forward. This book is another step in that direction.

INTRODUCTION

The Strike Zone

There is no more important area of the body for an athlete—okay, for anyone—than the core. It's the engine room, the place where power is generated and then distributed. Strength there makes life easier for shoulders and knees. It produces speed and explosiveness. Endurance and grit. Build the core, and you have built the house.

It extends from the chest to the thighs and includes a network of muscles, tendons, ligaments, and joints that interconnect to provide the burst necessary for optimal performance. Perhaps because this is where the body generates its power, the core just so happens to be the same as the baseball/softball strike zone (Figures I-1 and I-2), at least the way the American League umpires call strikes these days.

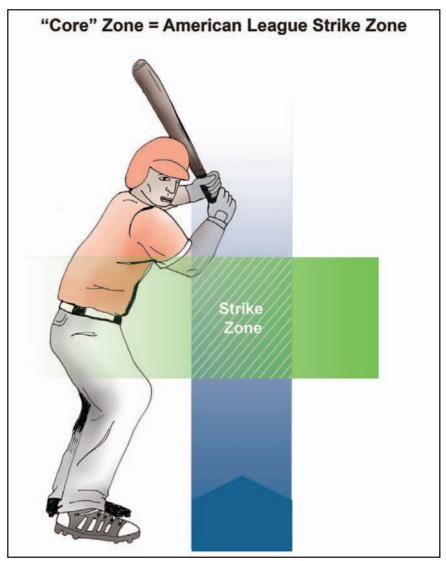


Figure I-1. It so happens that the American League baseball strike zone delineates the same area of the body we are calling the *core*. According to baseball myth, the strike zone defines the portion of the body where power and athleticism are generated. Within this area, the real battle between the pitcher and batter takes place.





Figure I-2. José Bautista generates as much power per pound as anyone in baseball. Power, balance, and the ability to hit the ball comes from sequential movements known as 3 phases: (A) initiation, (B) acceleration, and (C) follow-through. The core governs these movements in conjunction with the brain. (Reprinted with permission from *USA Today Sports,* with permission from José Bautista.)

A set of bulging biceps or polished pecs may look great on the beach, but those who want success on the field, the court, the ice, or anywhere competition is staged need to tone their foundation.

But how does it all work? This hub is a tricky place, where the intertwining of tissue creates a series of reciprocal reactions and effects that can bring success or, in the event of a failure, agony. Understanding the relationships between the core's parts helps an athlete train more effectively and allows a physician to repair problems that arise. You may see 6-pack abs, but there is more to core strength than looking good. Much more.

The same thing happens in soccer (Figure I-3) and every other sport. The head, arms, and legs all depend on the core as their leader.



Figure I-3. Both (A) Lionel Messi and (B) Mia Hamm demonstrate the core translating into athleticism. The sturdiness of the core enables balance, accuracy, and strength. Note the harmony that both Lionel's and Mia's cores achieve with the ground. ([B] Reprinted with permission from AP Photo/Don Heupel and Mia Hamm.)

The leadership of power and athleticism belongs to the core. This last statement holds in sports and for everyday movement (Figure I-4). It also holds for both men and women. But we need to peer inside the 2 sexes and see the certain anatomical differences besides what's so outwardly noticeable. Sex differences in core anatomy seem subtle but become huge when one considers injuries that result.