

Windsor-Essex Chatham-Kent Bowling Association



With bowlers getting older and bowlers tackling different knee injuries we thought we should share some of the different bowler's stories and how they worked through some of these knee injuries to continue bowling. As bowlers we just do not bowl, we golf, some play baseball, and we take on many other sports. As you get older you need to take care of yourself to prevent these leg injuries to continue bowling. We interacted with 3 bowlers all dealing with knee injuries to give you some different perspectives.

FIRST BOWLER Mike Ouellette, had a MCL sprain and some tears. Here is his detailed story explaining what he did to resolve the injury so that he could continue bowling.

In the late winter of 2013 as I approached my 69th birthday, I knew that I had hurt my left knee and perhaps I had done it reaching for my bowling ball in an unnatural way by putting too much pressure on it. I had sort of lost my balance, it twisted, and I knew immediately that something was wrong. An x-ray proved rather useless, and my family doctor suggested Tylenol arthritis pills. I demanded an MRI which confirmed my worst fears.

I had experienced an intermediate grade sprain of the MCL and tears of medial meniscus and medial patellofemoral joint. Additionally, there were degenerative changes. Simply I had damage to my left knee and as a conventional right handed bowler I was in "big" trouble! As a person who had played hockey until age 56, slo-pitch softball until I was 47, coached basketball for 32 years, and still bowled 2-3 times a week, I felt threatened. Bowling had always been the sport I knew I could play for the longest time!

I was referred to Dr. Stone, a surgeon who determined that arthroscopic surgery was the proper procedure. During this time, and well prior to my surgery, I saw a chiropractic doctor, Dr. Vagners, who was of immense help to me. Besides treating the MCL strain, he set me up with some exercises that prepared me for the post-surgery recovery period.

I purchased a supportive brace with steel inserts which allowed me to continue bowling, climb stairs, cut the lawn etc. until my surgery which was delayed several months due to a personal crisis in my surgeon's life.

I saw Dr. Vagners on a regular basis, he expanded the exercises, and monitored the healing of my MCL. The essence of his direction was to strengthen the muscles above and below the knee so as to take pressure off the knee itself.

After the surgery in early September of 2013, I was given more exercises which were intended to continue the strengthening process and this provided me with ways to maintain my flexibility. My follow-up with my surgeon was good, yet imposing. The tear was repaired; the knee was scraped as I also had osteoarthritis. The surgeon proclaimed that my next surgery would be a knee replacement. Not just yet I said to myself.

My exercise regimen became a composite of Dr. Vagners' preparatory list and a selection of others in a handout from the hospital. I continued to have ultrasound on my knee for about 4-5 months after surgery, at first 2-3 times a week and this gradually became an occasional treatment when I felt I needed it. Dr. Vagners always checked the strength and sturdiness of my knee. The brace with the steel inserts was replaced with a very strong one without any fiberglass or steel sides. The following are my exercises:

Leg pull: While lying on my back, I place a bath towel around the arch of my left foot. I then pull my left leg toward my chest with the towel and I attempt to bring it as close as I can to my chest. I hold it

there for a count of 12, and normally I do 10-12 reps. This works on the flexibility of the knee and hamstrings in particular.

Leg extension. In a sitting position I place the towel as above and straighten my leg out while pulling the towel toward me while keeping the leg extended. I use a count of 12 with 10-12 reps. This works on the quads and Achilles tendon.

Reach and touch. While sitting on a couch (or edge of a bed) with my right foot on the floor and my left leg extended on the couch I reach forward striving to touch my toes. I do 10-12 reps and it is especially good for the hamstrings.

Leg raises: Either sitting or lying on couch/bed I place a rolled towel under my knee and do 20-25 leg raises holding each one to a count of 12. This helps with flexibility of the knee and strengthens the quads too.

Foot press: Using the same positioning of the rolled towel as above, and lying on my back I press down on the couch with my foot to a count of 12 for 20 reps.

Leg roll overs: I lie on the floor and lift my leg out to extend it out as far as possible. I then move the leg inward and try to cross the other leg. I keep the active leg off the floor for the entire sequence. I do 12 reps with each leg. This helps the groin and hamstring muscles. Following this regimen I missed three weeks of competition.

For the first few months I did these exercises up to three times a day. Almost three years later I try to do them at least 4-5 times a week. I can tell when I've been not as diligent as I should be.

I was prescribed with an icing pail with a pouch. It worked wonders. Sometimes when I'm very active, I will still experience some swelling and the device comes in handy.

Besides the brace, I use a sliding sock on my left foot to prevent sticking on the lanes as I deliver my ball. I found that a sudden, unexpected stop is to be avoided. It hurts! What I've also learned is that with the right amount personal discipline, and with the help of others, like Dr. Vagners, it is possible to remain active, and to continue the things I enjoy especially bowling.

SECOND BOWLER Wayne Bertrand, a former knee replacement recipient from last season shared his story. He indicated ways you can rehab after a total knee replacement so you can go back to bowl after the surgery.

AFTER SURGERY

Rehabilitation is required. Why you should ask? To get maximum bend in your artificial knee (for sitting and standing and climbing), as well as getting a straight extension of your leg (to avoid a limp while walking).

Two simple exercises can be found on the following internet site. Please review this site for these exercises. Please make note that you **MUST** continue doing these exercises until you reached the goals your doctor or therapist have given you. Do not try and cut corners! There may be pain involved but do not give up!!!!

<https://www.youtube.com/watch?v=qnm7tuSZmI0>

Another good site to review can be found at

<http://www.healthline.com/health-slideshow/total-knee-replacement-surgery-exercercises-after>

Again I do stress, to please make note that you **MUST** continue doing these exercises until you reached the goals your doctor or therapist have given you. Do not try and cut corners! There may be pain involved but do not give up!!!!

Am I now ready for Bowling?

Your doctor or therapist will tell when you are ready to attempt to go back to Bowling. Once he or she has given you the okay to proceed, ease yourself back into Bowling. Do not go gun ho for your first two weeks of bowling. If you continue to experience pain, stop and see your doctor or therapist.

What aids or apparatus can I use when Bowling?

- One of the apparatus you may want to consider is a knee brace, (to prevent damage to you knee). You may have one already or your doctor can recommend one for you.
- Knee Supporter, to help support your knee while you bowl. Many types are available
- Reduction in bowling ball weight. Go to a lighter ball if that will help you.
- Foot Slider on your sliding foot to prevent sticking on the approach, (causing damage to the knee). You can use a wool sock as a foot slider or purchase a slider from the pro shop at your bowling establishment.
- Plastic foot covers for your bowling shoes, to help prevent foreign objects from getting on the bottom of your bowling shoes while walking on the concourse. The foreign objects may cause you to stick or fall. These covers are available from your pro shop at your bowling establishment
- A reduction in body weight, to prevent extra workload on your knee.

The above ideas are just some of the things you can do to help you ease your way back into bowling.

THIRD BOWLER is the writer of this article - Catherine Wilbur. I was a long distance runner for 43 years (from age 8 to 51) and did triathlons for 8 years (age 44-51). Running eventually did all kinds of damage to my knees because I took very few days to rest knees between bowling, training runs and races. By age 51 the damage to the joints was too great. Had to give up running altogether and just swim and bowl. One very important lesson learned here is that you need to REST YOURSELF between sports and take the time to STRETCH BEFORE and AFTER doing any sport.

I am 58 years of age and was waiting a very long time (many years) for a total knee replacement for the right knee. I started this process at age 51 and just had my knee replacement surgery February 2016. Orthopedic surgeon told me to not expect to be back to bowling until probably November or December of 2016.

Instead of just giving up bowling all together I decided to wear braces on my legs to bowl. The orthopedic surgeon indicated that it would be a while before surgery so I would have to shorten my approach on the lane between steps to preserve the knee until surgery and braces would help. I ended up using just a third of the lane for my shortened approach.

The shortened approach and the braces worked for about 7 years to support the knee but as the one knee got weaker the braces were no longer helping. I still wanted to continue to bowl, the year of my scheduled surgery, but I had to change my bowling approach because I could no longer lift my legs to walk or slide without losing my balance. With the help of a sports therapist we designed a cross country ski sliding step to continue to bowl right up until the week of my surgery.

I went to the foul line then turned around to face the ball return. I did 4 small ski sliding steps that simulated the four step approach on the lanes to release the ball. I then added another foot forward in case I needed to add additional ski sliding steps for balance to release the ball. I did as many ski slide steps that I found necessary to the foul line to maintain my balance and release the ball. It took 6 weeks to master the new way of bowling. My average dropped about 23 pins but I still wanted to bowl.

Since the surgery the orthopedic surgeon has me continuing with the following exercises

Note: long belt mentioned below is similar to a seat belt from car but it is much longer (given to bowler from physio place)

- Knee Range of Motion Using a **slider board** with a long belt wrapped around your foot to pull your knee up and down slider board on the bed. Keep your knee cap and toes pointing up, slide your heel towards your buttocks. Hold 5 seconds then push the back of your knee down into the board/bed. The belt around the foot give you extra range of motion sooner. If you do not have the belt you can still do this exercise without the belt. You can also do this exercise right on the bed without the slider board if you no longer have a slider board.
- Knee Range of Motion Work out on an **exercise bike** – 10 minutes forward then 10 minutes backward then 5 minutes forward then 5 minutes backward. When you first start do just 10 minutes then slowly build up to 30 minutes.
- Marching Hold onto counter for support, raise your surgical leg up in front of you as high as you can and bring it back to the ground by straightening your knee and pushing through your heel. Alternate legs.
- Heal Raises Hold onto counter for support, stand upright and keep your knees straight. Go up onto your toes by tightening the muscles in your legs. Hold 5 seconds.
- Mini Squats Hold onto counter for support, keep feet slightly more than shoulder width apart and slightly turned outward. Slowly bend at hips and knees like you are sitting in a chair. Keep your feet flat on floor and pull knees apart, never let your knees pass your toes when bending. Then stand upright, tightening the muscles in your legs.
- Partial or Full Step Up Stand facing step with your gait aid (cane/crutch for support). Place your surgical leg on the step, and try to use your surgical leg to bring your non surgical leg up on the step. Go down with surgical leg first.
- Build Up Core Do Exercises to **tighten core muscles** like stomach and buttocks which in turn minimises stress on leg/knee.
- Swelling get yourself a polar ice machine to deal with swelling as it can be very helpful. Simple ice packs will work too.
- Removing scar tissue Adhesion release from MassageByHeather.com (youtube explanation – 9 minutes long)
<https://www.youtube.com/watch?v=1vMvAJYikxo>

Orthopedic surgeon indicated losing weight would help to preserve the new knee. Nurses indicated diets usually do not work so try portion control. It works better and you do not have to cut out food groups. Nurse recommended new portion control containers to help measure portions that have been advertised. If you want to bowl well into your old age, then you need to protect your legs. The more weight you carry the more stress you put on those knee and hip joints. As it turns out the portions control has been a success for me. I am hoping not to need my other knee operated on if the weight comes off.

I wish to thank each of these bowlers for sharing their stories. It is hoped that this article will help those bowlers out there dealing with injuries get back to bowling and hopefully prevent further injury so you can bowl well into your golden years.

Catherine Wilbur