## **Essential Tennis Podcast #84**

[music] Welcome to the Essential Tennis podcast. If you love tennis and want to improve your game, this podcast is for you! Whether it's technique, strategy, equipment--or the mental game-- tennis professional Ian Westermann is here to make you a better player.

And now, here's Ian. [music]

Ian: Hi, and welcome to the Essential Tennis podcast: your place for free expert tennis instruction that can truly help you improve your game.

Today on the show I'm going to have back Dr. Jack Kripsak, who is a sports medicine expert, and we're going to be joined by several listeners of the Essential Tennis podcast who have questions for him having to do with a wide variety of topics having to do with innjury; also weight-lifting and training for tennis; and other specific things as well.

So let's go ahead and get right to it. Sit back, relax, and get ready for some great tennis instruction. [music] [music] [music]

On today's podcast I'm going to have Dr. Jack Kripsak back on the show . It's always great to have you on the show Dr. Jack, and you've given us a lot of good information over several podcasts here on the Essential Tennis podcast. Welcome back to the show again.

Dr. Jack: Thank you very much Ian. It's always fun to be on the show.

Ian: And Dr. Jack and I, in doing our last episode, we were talking afterwords, and though t that it would be a lot of fun to have some listeners with us on the program that could actually interact with Dr. Jack and ask him follow-up questions--and also so Dr. Jack could ask them questions as well, because a lot of times it's difficult for Dr. Jack to give--really the best advice he can--without knowing some specifics from the person who's asking the question.

So we're both really looking forward to having several listeners on the show with us. And we're going to go through and give a brief introduction here. First of all we have Royce. And as we go down the list, I'd all of you guys to just briefly tell us your name; where you're located; and a brief history of your playing background. How long you've been playing, etc. So that everybody gets an idea of who we're talking to, and how we can kind of most closely relate to their own game.

So Royce--everybody knows a little bit of information about yourself--but why don't you go ahead and introduce yourself. Tell us how long you've been playing, and what your playing background is. Go ahead buddy.

Royce: I've b\_een playing for as long as I can remember. And my first experience on a tennis court, back when --actually as soon as I could walk, in diapers-- that I would be on the tennis court. I didn't have my first lesson until I was 8 though. Beyond that, just played some college tennis with you Ian, and frustrated you to no end. [laughter]

Ian: You did. Congratulations on that!

Royce: [laughter] I've got to get any cheap shot I can get in there. I've been teaching now for a little over 7 years, and just currently working out in Tacoma, Washington. Ian: Alright, good stuff. Next up is Angie. Angie, tell us a little bit about yourself. Angie: OK. I'm in Edmund, Oklahoma. I've just been playing a couple of years, really, just trying to get better.

Before that, I played just, oh occasionally. Pick up a tennis racket--somebody would say: 'Let's go play tennis.' But the last couple of years, I've been taking lessons, and then really just from probably around the first of the summer until now, I went from playing like, once a week then with a lesson, so twice a week to five times a week.

Ian : Awesome. [laughter]

Angie: Yeah. Getting into the leagues at the place where I play and doing some double strokes, so I've increased it quite a bit just in the past few months. So...and it's fun! Ian: Alright, great. Great to hear that you've really kind of got the bug, and you're starting to really get into it. Next up we have Joe. Joe, tell us about yourself. [silence] Ian: Joe, are you there? [silence] Ian: OK. [laughter] We'll try to come back to Joe. Next up, we've got John. John, what's up? John: Hi guys. I'm 47. I got dragged kicking and screaming into tennis about 5 years ago. And I wish I could

have Dr. Jack as my doubles partner--because I get all kinds of those little nagging injuries that we talk about on the forums. [laughter] I love playing doubles! Any time you want to hit, let's go! [laughter] The problem is: we're on opposite coasts.

Ian: I know. That's a shame. [laughter]

Ian: John, I didn't know you'd only been playing for 5 years. And what, you're playing at around a a 4.0 level right now? John: Yeah, I'm right on the border. I don't really know what my rating is.

Ian: OK. Great Good job. And Angie, what level would you put yourself at right now? Angie: Oh, right now, I just kind of... I just moved in to 3.0. Ian: OK.

[05:00] Angie: 3. 0, not real high, but you know, getting there. Ian: Awesome. And we'll try to go back to Joe. Joe, are you there?

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Joe: Yeah. Can you hear me now?

Ian: Yeah. Yeah, sorry about that. Go ahead tell us where you are; where you've been playing; just a little bit about your playing background.

Joe: I live in Baton Rouge, Louisiana. I've actually only been seriously playing tennis since April, so about 5 or 6 months. But I have become totally obsessed with it, so... Trying really hard to get better. Before that, it was pretty much just some casual hitting around with my wife, and things like that.

Ian: OK. Awesome.

Well this really makes me happy. It's really cool to hear from such a wide range of player types. We've got Royce, who's actually a teaching professional. He's been playing his entire life. We have players who've been playing just a couple of years, and somebody who's just been playing a couple of months. The questions that these guys are going to ask are probably going to be very applicable to many people listening. And this is going to be a lot of fun.

So let's go ahead and go in that order that I introduced everybody. And we'll start off with Royce. Royce, go ahead and ask Dr. Jack your question and we'll go from there.

Royce: Alright. I guess, from a teaching perspective, that people tend to mimic what they see the pros doing. And you know, one thing that's becom ing more and more common are the pros using smaller grips to kind of allow the racket to whip through the strike zone. In essence, make the shots a little more 'wristy.' What impact do you really feel like this will have with the casual player developing a more serious wrist issues outside of just like the tendinitis, etc.? Stuff dealing with the ligaments. You know: TFCC tears, etc.

Dr. Jack: Well that's --that's interesting. There have actually been two studies that can address that.

The first one would show --or has shown--that the actual size of the grip, whether you use a larger or smaller grip than the measured grip that would expect to use, really won't make a difference in incidence of injuries to the wrist or forearm. So the actual grip size will not really matter.

What will matter is the type of grip. And I've told Ian about an article that was published a few months ago . And it compared Eastern grip; Western grip; semi-Western grip; and Continental grip; and a group of non-professional --relatively competitive-- tennis players in Italy. And it showed that the Western and semi-Western grips had the highest incidence of injury, mostly along the , or the pinky side of the wrist , as compared to Eastern injuries, which had a lower incidence of injuries along the radial, or thumb side of the wrist. And the Continental grip ended up not having any injuries.

Ian: Hmm.

Dr. Jack: Based upon this, based upon those two studies, I would say that it's your grip style more than your grip size that will dictate what type of injury that you have. And if you're concerned about the TFCC's injury, or the Triangular Fibrocarlogous Injuries, they weren't really that common, but did show up in, umm... Let's say 10% of the injuries that were there, and there was an overall 13% incidence of wrist injuries in a group of ..let's see, what do we have here... In a group of over 300 players.

So while you wouldn't think that wrist injuries are that common. They accounted for almost 1 out of every 10 players had a wrist injury. And the grip did have the biggest --the type of grip--had the biggest reflection of injury for that.

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Ian : So Royce --Royce, what type of grip do you use? How extreme is your forehand grip? Royce : Mine is about as close to a full Western as a semi-Western can get. Ian : Alright. So

you're pretty far over there. Royce : Yeah. Which could explain , you know, a little bit of the stress I... A little background that some people

know. This is actually going to be a follow-up question as well. Where within that, did it say where the injury was located on the ulnar side? Was it with the UT--the ulnar tri-ligament? Or where was that; the injuries located? specifically?

Dr. Jack: OK. With Western grip s, there were extensor [inaudible] injuries, 11 out of 30. You had [empty] 11 out of 50 injuries to the wrist were the intercorpialnaris, and then the triangular fibrocartilege. There was 3, and then there was 1 extensor --a common extensor injury. And with the semi-Western, the extensor corpial narist had 16 injuries, and it was 2 triangle fibrocatiloginous injuries, and 2 common extensor injuries. So there really were far more on that ulnar side of the wrist. Those were basically the 3 most common types.

Ian: I'm glad that I don't have to go down that list! [laughter] Dr. Jack: [laughter] Ian: Anything else, Royce? Royce: No--all I can tell you Ian is they are not fun. So be thankful! Ian: Yeah. Royce has had a real rough run of it. Physically in his playing career. How many wrist surgeries

specifically have you had, Royce? Royce: I've had --just wrist surgeries, I've had 3. Dr. Jack: Wow. Well you know Royce, this article if you want to Google it, it's called: Wrist Injuries in

Non-profession Tennis Players . It's from the American Journal of Sports medicine. This is Volume 37, number 4. I forget what month it was. It was less than a year ago. Royce : OK. Dr. Jack : Yeah. You should be able to find it through the American Journal of Sports Medicine. It should pop up. Royce : OK. Dr Jack : Alright.

Royce: Thank you. Dr. Jack: I think you'll find it very interesting. It's nice--they have a very nice pictorial about ... They take the butt handle of a tennis racket, and they assign numbers like that of an hour glass--not an hourgass, but on a clock face. And then they show you where on your base knuckle and heel pad of your hand, where to place it on different numbers to determine where your grips are. It's a very nice picture, and it has a nice breakdown of the different injuries and the different locations with some commentary on why they think this all happens. Not really much about treatment--it was more or less just a showing of what happens with these different kind of grips. It was supposedly the only study of its kind so far.

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Ian: Alright. Well good stuff, Royce. Thanks a lot for your question. And let's go ahead and move on to Angie, who I know has been having some problems with tennis elbow. Angie, go ahead and ask Dr. Jack your question.

Angie: OK. I actually just recently started having that problem

I had kind of changed my forehand, which I changed back to the one that doesn't hurt it. And when I was playing kind of really tight, I had a lot of pain. And so it kind of kept on , so I was wondering about going and practicing, and just having my smoother stroke, which doesn't hurt it. So I went ahead with it, but I was actually kind of worried about it, thinking:

Well, when do you decide when to sit out? Because obviously there's going to be sometimes when you play with pain, and occasionally with foot pain or with arm pain --but is there any way to tell when it's dangerous?

Dr. Jack: Sure. If you have a tennis elbow injury, when you go to make a fist or a grip or grab something, or pinch something between your fingers and your thumb--your four fingers and your thumb-- and that elicits a lot of pain on a regular basis just doing your activities in daily living, then this is something that's becoming something that's more of a progressive problem.

The two more common mechanisms of action for a tennis elbow are going to be on your backhand, where your wrist becomes weak and it flips backwards, so you don't have a god firm wrist on your backhand. Or, if you roll your wrist over on your forehand. Ian, anything else to throw into that as far as technique goes? Closing tennis elbow?

Ian: Well, in my experience, most people who experience tennis elbow are not properly making use of the kinetic chain; meaning: they're not radiating their strength or their power from their core outwards. They're not using the biggest parts of their body very well. Because of that, to create spin and power on their shots, they end up using the smaller parts of their body instead: their wrist or forearm are being predominantly used. And when you do that, over and over again, it's only a matter of time to get some kind of overuse injury.

[15:00]

Dr. Jack: Great. So Angie, what I would say to you, is you've got a pot of boiling water on the stove and you can't pick it up with one hand, it's time to start to go see --to think about seeing somebody. And that's reason enough to curtail your playing for awhile. If you're out playing on a tennis court and initially it's not bothering you, and it begins to both you more and more as the match goes on, then I think you're looking really at a technique problem, because you're obviously doing something that's going to aggravate. If you can't get out there and make one or two shots right off the bat--it's just going to get worse, and you'll really need some attention for that.

Angie: Yeah. Actually I played today, and I didn't hurt while I was playing. But I think maybe I'm fixing my technique. There is a little, still a little, kind of residual soreness.

Dr. Jack: When you shake someone's hand, does it hurt?

Angie: Umm... I don't shake that many people's hands! [laughter] No, not really.

Dr. Jack: Afraid of the Swine Flu, huh?

Angie: [laughter] If I grasp something, you know, kind of squeeze it, there's just a tiny little dull pain. Right now.

Dr. Jack: OK. And how long have you had this for?

Angie: It's just been about a month or so.

Dr. Jack: OK. So it's probably getting at that point, where it may not be a tendinitis anymore. It may becoming a tendonosis. You know, that flex bar that someone wrote in about recently is a great exercise. If you go read that New York Time's article that was posted, it involves the technique called E-centric Strengthening. So you're stretching the muscles -tendon junction as you're strengthening it.

By doing so, you break up some of the scar tissue that forms with the tendinitis. That is, it becomes arthritic and no longer inflamed. So that actually would be something that I, at this point, have you do, because that might be a really, really good exercise for you to prevent it from getting worse.

Angie: OK. And it's called the flex-bar?

Dr. Jack: Yes. You can find it online. Because I knew that people were asking about it; I did a little Google search. It came up, and there's one or two online stores, physical therapy stores, that you can get it at. I don't think it was very expensive. And that New York Times article does have a nice video on the proper technique on how to do the exercise.

It's very easy. It makes a lot of sense. We utilize that same principle. And I've talked about this on some of the other podcasts for Achiles tendinitis. Where you stand on your... You stand up on your toes, and then lift up one leg and slowly lower yourself down on the other leg so that your heel drops over the edge of a step.

That is stretching the tendon and muscle as you're strengthening it. And you do that like 15 times. In this instance, you're doing the same thing. You're loading up that tendon on the wrist, and then you're just relaxing it; stretching it; slowly and you strengthening it. So it's the same concept, and it works really, really nice.

Angie: OK. OK, thanks. I'll try that.

Dr. Jack: Sure. Good luck with that!

Ian: Alright. Angie, thank you very much. And let's move on to Joe now. Joe, what's your question for Dr. Jack?

Joe: Yeah, my question is regarding weight-training specifically for tennis. There's a lot of ways to weight-train depending on what your goals are: size, power, definition, etc. For instance, you can use more weight with less reps. Less weight with more reps. More time or less time between sets, etc. So I'm wondering which weight-training strategy would best complement training for tennis.

Dr. Jack: For tennis I want to make you the best athlete you can be. That's the most important thing. So as opposed to a football interior lineman, defensive or offensive lineman, where you're going to want to do those 3 sets of 6-8, maybe 10 reps, really pushing it hard to gain size and strength. Which even now is not as often utilized as it used to be.

Or as opposed to an endurance runner, where I might have you do 15-20 reps, one set each muscle group twice a week, because I just want to tone up your muscles. I would say I

wanted to see you on a good, well-rounded exercise program where you're doing some weight-training; some biometric training; some speed training. There's a lot that's important in becoming a good tennis player. There's a lot of different movements that you have to perform on a tennis court.

You have to be light on your feet. You've got to have quick feet; a lot of movements; have quick acceleration with your ... If you have a drop-shot that you have to attack or serve and volley. You need to explode off that volley and get to the net. You have to maintain good balance when you do that split-step so that you have to cut

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one way or the other to address a ball coming at you. So there's really a lot of things that you need to address in terms of your conditioning and training. That T90X thing that a lot of your guys have written in about is very nice. Another thing you can do is go to Nike and they have that spark program, [empty] speed, power, agility, your reaction to quickness.

Those are two good places you can go, and of course our website that we sponsor through Ian's tennis website summersetsportsperformance.com. You can get a lot of information there also as far as programming if you sign up for an online personal trainer.

But what you really want to do is you want to have a well-rounded program. You want to do some weight work; you want to do some biometric work; you want some speed and agility work and just keep things well-rounded. I would say if you did...

footwork; you want to do speed and agility work--j ust keep things well rounded. I would say if you did on your weights, 1 set, 12 reps, each muscle group. Always remembering to do antagonistic, or opposite muscle groups whenever you do your weights. That would be great.

Also always remember, you don't want to do the same thing every time you go to the gym or work out. Because you want to do different exercises to strengthen the same muscle groups just for variety so that your muscles don't get stale.

How many times have I seen people--and even myself--you go to the heath club 3 days a week for 2 months and you are showing an increase in strength then you go out and play a game of flag football or soccer with your kids . All of a sudden you are cutting and turning in different ways that you don't do a the health club , and you are sorer then the last month that you've been working out , even though you've been lifting more weights. It's a totally different movement patterns and recruitment of different muscles.

So you really have to try to do a lot of different things to get a very well rounded exercise. When you play good tennis, that's a pretty aggressive sport. I mean you see those guys going all out, and some of the balls that those guys track down at the US Open were just phenomenal. It's just amazing the shape that these athletes are in. And to be able to cut and twist and turn and your reaction speed--it's very important to be well-rounded with that. I hope that answers your question.

Joe: That sounds like a lot of work. I mean what if I just want to be an average tennis player? Do you have something for that?

Dr. Jack: Do you belong to a health club? Are you working out regularly?

Joe: No I was just kidding, but I used to work out but I had different goals in mind, so it's great trying to get back into it now so I'm wondering how I should be going about it. But I think that answered my question.

Dr. Jack: OK, basically if just want to stay in shape, and have fun with your tennis, go to go to the health club or work out at home? What are you going to do?

Joe: At home on weekdays.

Dr. Jack: Do you have any kind of aerobic activity like stationary bike, rowing machine, treadmill, something like that?

Joe: I have a jump rope.

Dr. Jack: A jump rope? OK well then here is what you do. You want to warm your muscles up a little bit. So start with maybe 25 or 30 jumping jacks. Spend a good 10 minutes stretching after that. There is a great book called Stretching by Bob Anderson that will teach you the correct way to stretch so you don't injure yourself in stretching in ways you shouldn't. And they have a nice routine for you based upon whatever sport you are going to play.

Then go ahead and hit your weights--do all your muscle groups. You always start with your largest muscle groups

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first, then your smaller groups second, so you might want to start with a leg extension followed by a leg curl. Maybe do a bench press, followed by a row type of exercise, a military press then a lat pull down then maybe some biceps and triceps and then after that, do some aerobic work.

You can then go a little faster on your rope or maybe you want to go out and do some running if the weather is nice or even if it's not if you don't mind going outside. Go out for a run and don't just jog at a steady pace, mix it up. Sometimes with a little-- throw some sprints in, do some backward running, do some side-to-side shuffles. Just kind of mix up your movements, so you don't become stagnant with what you do. How's that?

Joe: That's pretty good. So you're thinking instead of doing, for instance, weight training one day, then aerobic exercises the next day, you should mix it all up in one workout?

Dr. Jack: You can. You'd want to get at least 20 minutes of aerobic exercise in every day, if you can-- which is great. I mean that's just good for your health. The Surgeon General says you should do it twice per week but if you are going to be out there playing and being competitive, you probably should try to get something more often than that.

You can get everything in in one day. You can alternate also . A lot of it depends on your time --if you have two or three hours, yeah, do it all except for the weight training.

Although, I went to a course in Miami about 10 years ago and all the lecturers were NBA team doctors. And the guy from the Chicago Bulls said the reason Michael Jordan was in as good of shape as he was, was because he worked out every single day of his professional basketball career. Even on game days, he was in the weight room working out. Which is just amazing, but if you get into that type of mentality, and you can get into that great physical condition, then you can do it. Although all of us with jobs and family that might be next to impossible. So, I guess you just have to budget your time with whatever is best for your schedule and lifestyle.

Joe: Alright.

Ian: Any other questions Joe?

Joe: No, I think that covers it.

Ian: Alright, well thank you very much and let's go on last panelist who is John--and John had a couple different topics on his mind and was going to pick one. We'll see where he goes with this. John what do you think? What is your question for Dr. Jack?

John: Well I had about 16 questions, 15 of which Dr. Jack probably already answered for us. So, I'll go to the 16th and that is-- and bare with me here, like I said, I'm 47 years old. I've had lots of experience with lots of different injuries. I had 18 months of golfers elbow; I've had hip muscle problems that have kept me out for weeks at a time. Little bit of reoccurring knee tendinitis or tendinosis. I don't really know. So here is my question:

There are all kinds of sports injury information we get from all kinds of sources, and it starts on the courts. All of your friends seem to know exactly what is wrong with you when you tell them about your injury-- especially with tennis elbow. We have all kinds of information on the Internet, and as you said we can Google these articles , we can go on to websites like Ian's and talk to you Dr. Jack. We can go to our primary physician who usually only has about 15 minutes to spend--and their answer always seems to be stop playing tennis. Or you can go to a sports injury specialist or a physical therapist where they tend to take more time and really figure out your problem. And, as I get older, I have different degrees of injuries--a little nag here, or something that will keep me off the court for weeks at a time.

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With all this information Dr. Jack, how do we become informed, cautious, sensible consumers of this information? Because I know a lot of it is bad information.

Dr. Jack: OK, first of all, when you are talking to your arm-chair quarterback doctors on the tennis court--remember a little knowledge is dangerous. So that's my first piece of advice.

The second is, WebMD is a very reputable website and you can always go there to get reliable information. So to just look something up, you should be able to find some good information from WebMD. And that's a free website, there is plenty of advertising on it, which is why it's free. So that's a good source of information.

Then if you go to your primary care doctor and he is not all that well versed in sports injuries, ask for a consultation or a referral to a sports medicine specialist, and they will usually be more willing to spend the time and really tease out exactly what is wrong with you and I think you'd get a lot of information from there. I'd say that would be the approach to go with.

John: Well that was too easy..

Dr. Jack: Well it was real easy. And you know what? You can always just get a hold of me through the website which is fine. But everyone's had a little situation and what's good for Peter is not necessarily good for Paul-especially when it comes to injuries. You know, someone may have tendanitis, which is not a tendanosis, which is not a tendon tear. So a correct diagnosis is always paramount to the proper treatment..

John: Excellent, excellent. And I know what you mean about the court Doctors because anyone who has had tennis elbow will quickly learn that there 15 different silver bullet cures from fellow players.

Dr. Jack: And sure there is a lot of stuff out there and there is a lot of things that I have to use in my medical [inaudible] to treat someone based upon their severity; their duration of their injury; what I may see on a ultrasound. So there is a lot of different factors that come into play when it comes to treating someone. Are you going to give them an anti-inflammatory or is that not good because they have some sort of medical condition which would make that contra-indicative? Now there is topical anti-inflammatory jellies and patches, but if someone has a tendonosis where it's been a problem for months, then that's a waste of time--that's not going to work. You see people walking around with the tennis elbow bracelet, and that's relieving the pain but it's not really treating the problem, so there is a lot of things you have to consider before you make the cure-all statement.

John: And do you recommend that people really take the time to inform themselves, rather than just looking for a quick, easy fix? Because it can be frustrating when you are hurt and you are off the court and can't seem to find the solution to your problems.

Dr. Jack: Sure. I think if you go to a good sports medicine specialist, that you should be able to get right down to the proper diagnosis and get the treatment. I'm fortunate enough to have a [inaudible] ultrasound machine in my office, which is really--I told Ian about this about a year ago as it's my new favorite toy because I can get the answer on a [inaudible] injury that you'd pretty much get from an MRI scanner, and I can do it right in my office without having to have aggravation of doing the referral, and getting insurance authorization, and having the patience to waste the time to go get the MRI and then come back for immediate review... And there's a lot of time lost with that. As opposed to being able to just come in to a good history; a good physical exam; and that will pretty much tell you --give you a 99% certainty of what's going on . Then you can do an ultrasound , and you can see whether or not its tendonosis or a tear, and then go ahead with your treatment. So it really helps expedite the whole process.

So if you can find someone who's well versed in these kind of things, that's really going to help your cause, and

you're not going to be tied down with all these 'Ah, well somebody said to try this, or try that'. Or, you know: 'Put this certain rudiment on my elbow and it's going to heal it up in no time.' Or 'sleep with six clover leaves under my ear' and [inaudible]

Ian : [laughter]

Dr. Jack: You know, because you hear all kinds of things! But if you just get to a good specialist, then they can figure out what's wrong with you, and they can get you treated and on the way, and it will really help.

And sometimes there's--you just have a problem that's going to take awhile. Sometimes it's just [inaudible] of time, and you do have to shut down for awhile.

I'll never tell anyone to stop playing; in fact I had a patient that I saw just this past week who came into the office to see me for his yearly physically, and I walked into the room and he had a big grin. He said: 'You accomplished your goal!' I said: 'What was that?' He said: 'You got me back on the tennis court!'

And that he had had some arthritis in his hip, and was just really debilitating him, and he stopped playing tennis, and I said: 'Why aren't you... Why aren't you playing anymore?' Why did you stop?' He said: 'My hip's killing me!' I said: 'Well, we got to get after that. That's not an acceptable response.'

He went through a series of about five [inaudible] injections in his hip, And now he's 90% better, and he played most of this summer, and he's happy as a clam!

So you just have to somebody who's going to be on the same philosophical page with you, and really be a , you know, be a sports nut, kind of like myself, who is willing to get you back into the game --provided that it's safe for you to go back. There's people that will blow out there ACL and want to go skiing next week , and I say: 'Well you know, that's just not going to happen.' So you always have to be reasonable about things also.

Ian: Good stuff. Anything else John to follow up with that?

John: No, that's about as thorough an answer as I could expect, so thank you Dr. Jack.

Dr. Jack: Sure! it's my pleasure.

Ian: Alright. Great stuff. We're going to wrap up the show with that, and I first off want to thank very much our question asking panelists: John, Joe, Angie, and Royce. Thank you guys so much for spending time with myself and Dr. Jack. We really appreciate it, and I'm sure our listeners appreciate it very much as well. Especially those who may have had some of the same questions or same problems. This information will be very helpful to them.

And of course thank you Dr. Jack as well for coming on the show. Great to have you here as always, and I look forward to having you back on the show again soon.

Dr. Jack: Yeah. It was a great time. I really enjoyed it! Thanks everyone for joining in asking the questions. It was really a lot of fun, and I would just ask when you guys write questions to me on the form, you know, when you have your injuries, try to give me as much

information as possible. Things that are really important are: how long have you had the problem . Be as specific as you can as to where the pain is. What causes it; what makes it better; and that really helps me out. Some of you have asked me really questions, and I think we've been able to narrow down some problems, and it's been a lot of fun for me.

Ian: Yeah, everybody listening, if you have any specific injury questions--or anything having to do with sports medicine--Dr. Jack has his own section of the forums. Just go to essentialtennis.com. Click on Forum. You'll see

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his own section listed there. People ask him questions all the time, and Dr. Jack is kind enough to spend time there as well answering questions from listeners. [music] So Dr. Jack, thanks again, and take care. I'll talk to you soon.

Dr. Jack: Alright, thanks for having me.

[music] [music]

Ian: Alright, that brings Episode #84 of the Essential Tennis Podcast to a close. Thank you very much for joining me today, and again, thank you to my guests on the show this week: Dr. Jack as well as our panelists. In wrapping up today's episode, I want to do a couple of shout-outs and kind of recognitions here of members of the Essential Tennis forums as well as one other person.

As people continue to listen to this show, and participate in the forums, and other t hings that Essential Tennis does, they continue to improve. That's really the whole point of the show and the website. It's for people to get better at tennis . So I want to share a couple of success stories here.

First of all, Brian in Nebraska, he first joined the forums when.. . He was having some mental tennis issues, and had really never won a singles match before. This was several months ago.

Well, for the first time in his life, he not only just won a tennis match, but he double-bageled his opponent. He won 6-0, 6-0, which absolutely takes a great deal of concentration and mental toughness. So I wanted to say good job to Brian.

Also, I want to give a shout out to Rob, who lives in the U. K. He wrote on the forums and said: 'You may have read my previous posts about the set I won off a friend, who I couldn't win against come hell or high water . Well today I didn't just win one set-- I won in straight sets! I feel as though my consistency is improving greatly thanks to all of you guys who have been giving me help. Especially Ian with the podcast and mental toughness in avoiding choking. Thanks guys. '

Great job, Rob! Excellent work. And very encouraging to hear that this is somebody that he's played many, many times, and hadn't even taken a set from, and just beat in straight sets. That's awesome.

One more person, and that's Bibi, who just won her first tournament. It was a mixed 3.0/3. 5 tournament put on by the city where she lives. It wasn't a USTA tournament, so she doesn't

feel like it'syou know, it's quite official quote unquote. But still awesome that she was able to get out there and play other competitive players around her level and come away with first place. So that's great!

One more person. And this person is not on the forums, but I want to give him a 'thank you.' His name is Andrew Yoder in North Carolina. I did a racket giveaway about a week or two ago, and it turns out there were two Andrew Yoders who entered into that Babalot racket giveaway. And the Andrew Yoder in North Carolina was kind enough to withdraw. And could have really been in trouble since there were two Andrew Yoders with the exact same name who had actually entered, and there was some confusion there.

But he was kind enough to withdraw his name, and I'm going to be sending him some strings for his kindness. And congrats to Andrew Yoder in Ohio, who actually won the racket.

Alright. That does it for this weeks. Thanks very much for tuning in everybody. Take care, and good luck with your tennis! [music]