

Women's Sprinting – Therapeutic Considerations for Speed & Power Development

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- Developing Concerns and Norms for Women's Sprinters
- Prioritizing Neuromuscular Development
- Perceptual Grid & Analysis Tools
- Therapy Interventions & Overview

- Neuromuscular Development a Priority
- When identifying successful sprinters (speed-power athletes) we are primarily concerned with the athlete's ability to develop and *express* speed-power abilities in various ways
- "never let power output drop!"

- What about other training?
- We do it, it's important, but it has a different role.
- Our "General Training" is complimentary, supportive, prophylactic, and restorative

- Solid Training Design Key

- Sets, Reps, Distance, Progressions, Surfaces, Density all are important considerations

- Unique to your environment and situation

What do we evaluate?

- Posture

- Symmetry & Range of Motion

- Elasticity & Reflexivity

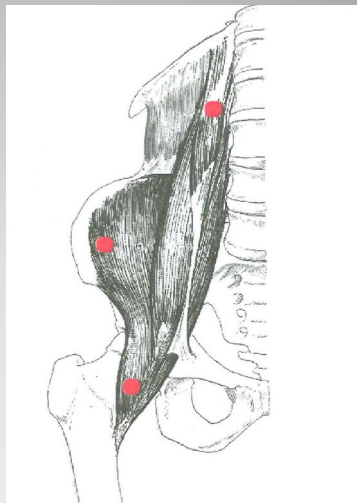
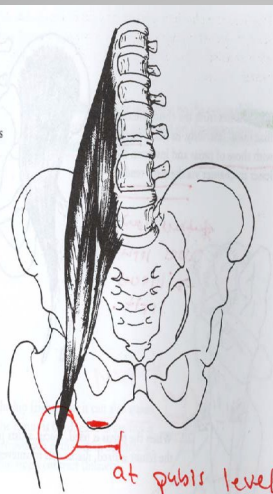
Foot/Lower Leg Issues

- Talus/Calcaneus, Cuboid
- Peroneals
- Tib Anterior
- ROM – flexion, extension, etc

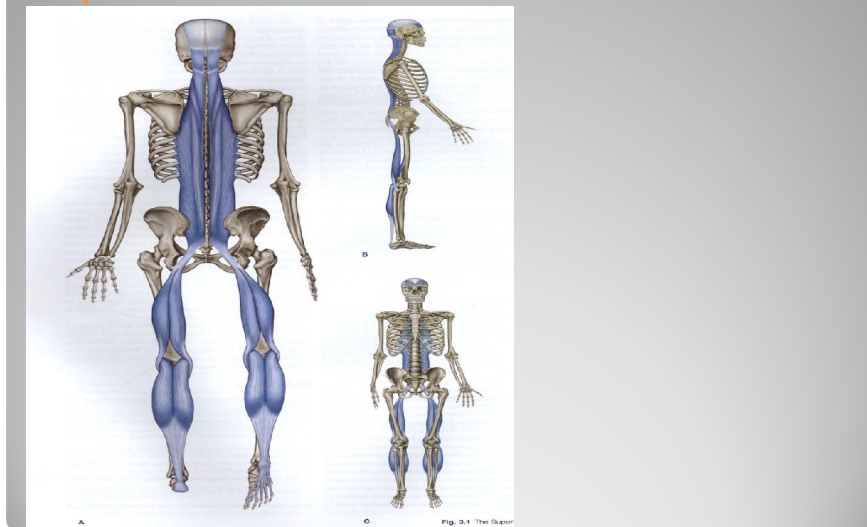
Psoas

Psoas major arises from the bodies of T12 through L5, and from arches of fascia which connect the bony parts of the vertebral bodies but do not attach to the intervertebral disks.

It runs anterior to the pelvis, posterior to the inguinal ligament, and inserts on the lesser trochanter.



Superficial Back Line



Deep Lateral Rotators

136 Fascial Release for Structural Balance

In terms of rotations, the more horizontal a muscle is when it crosses the line of joint action, the more potential it will have to rotate. When the pelvis is pulled to one side, for example, in a right rotation of the pelvis, then the pectineus may be short on the right but the lateral rotators on the left may also be short.

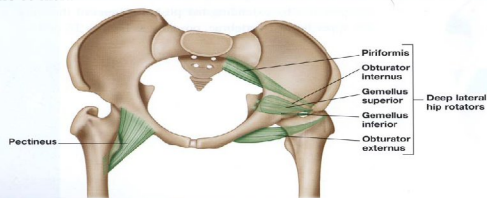
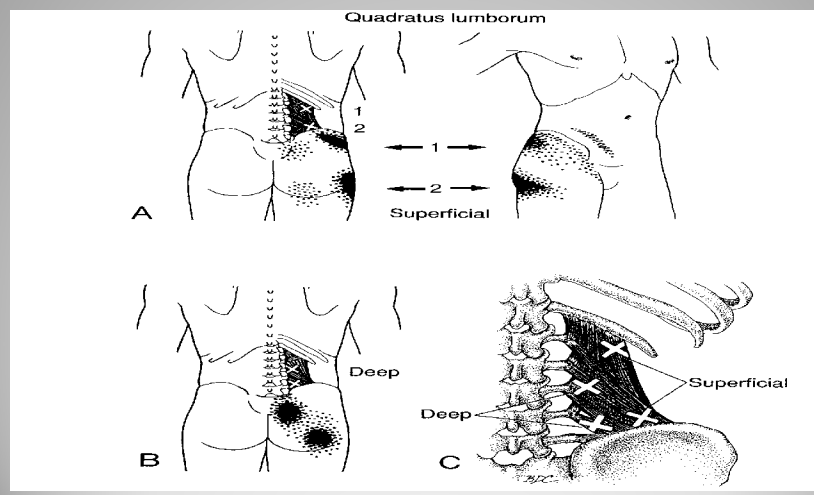


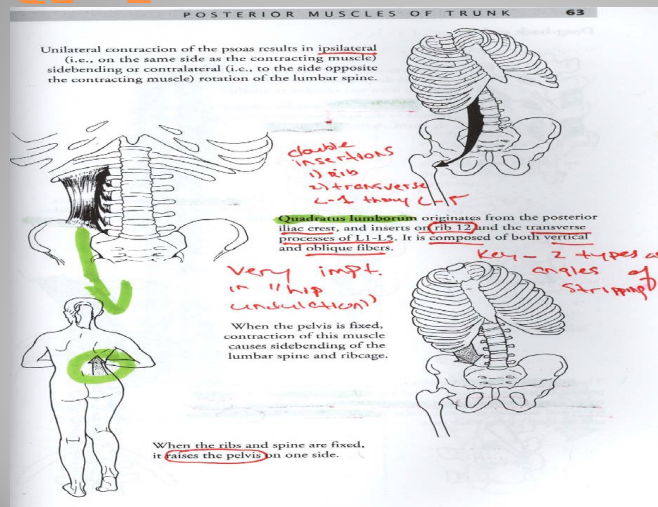
Figure 6.33: When the pelvis rotates to the right the pubic ramus will move closer to the right femur (shortening pectineus) and the left ischial ramus will move closer to the femur on the left (shortening all of the lateral rotators on the left).

The body balances via many of these inter-operating agonist/antagonist relationships that the thorough therapist must watch for, as many are not drawn from the classical anatomy textbooks and so may not always be as obvious as one would expect.

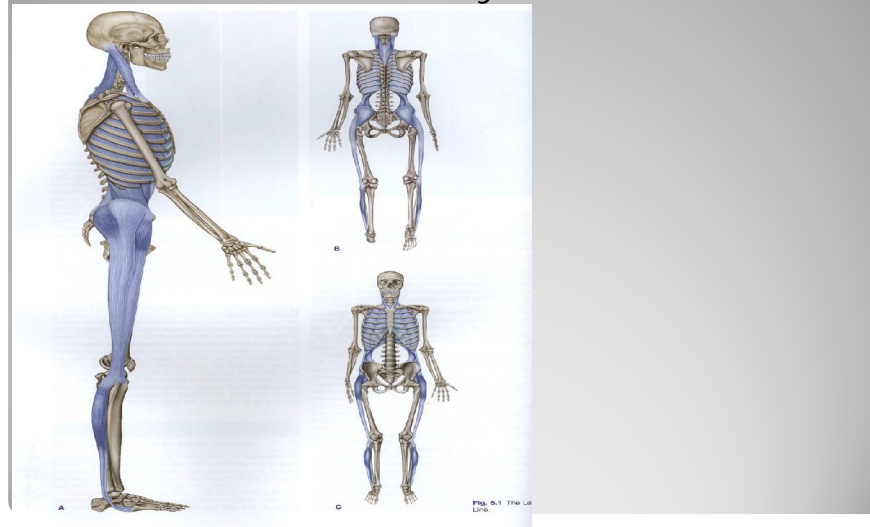
• QL – Quadratus Lumborum



QL - 2



- Lateral Line – Anatomy Trains



Major Championships



Major Championships

- Therapy Notebook
- NCAA Indoor 2010 – back
- NCAA Outdoor – ankle sprain

Video Analysis

- Sprint Drills
- Training Video

Sources for Additional Information

- Anatomy Trains, Thomas Myers
- Anatomy of Movement, Blandine Calais-Germain
- Soft Tissue Manipulation, Leon Chaitow
- Clinical Applications of Nueromuscular Techniques
- Touch for Health, James Thiel
- Movement, Gray Cook
- Myofascial Pain & Dysfunction, Travell & Simmons
- Fascia, Mark Lindsay
- Assess & Correct, Cressey & Robertson

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