How chiropractic broke through at the 1980 Winter Olympics

Eugene Charles September 18, 2020
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Applied kinesiology played a large part in chiropractic becoming a part of the U.S. Olympic team, beginning with the 1980 Winter Olympics

Historically, chiropractors had been banned from serving on the U.S. Olympic Sports Medicine Committee, even though most of the athletes had been treated by these practitioners privately for years and wanted them as part of the medical team. Dr. George Goodheart, a second-generation doctor of chiropractic, successfully broke this barrier and was appointed as the first chiropractic physician to serve on the U.S. Olympic Medical Team at the 1980 Winter Olympics.

He succeeded in accomplishing this feat in a uniquely chiropractic fashion — by getting results.

The story

Irving Dardik, MD, a vascular surgeon, was the chairman of the United States Olympic Medical Committee for the 1980 Winter Olympics Games in Lake Placid, N.Y. Over the years, he had gone on record against the inclusion of chiropractic as part of the official Olympic medical service (this rejection of chiropractic being included on the Sports Medicine Committee was documented in the July 16, 1979 edition of Sports Illustrated). This all changed when he would witness firsthand the power of chiropractic — most specifically in the form of applied kinesiology (AK) procedures.

Dardik, a world-class runner himself, developed a problem with his leg sometime in 1978. He was unable to run more than two miles, at which point he would develop a painful cramping of his hamstring. He tried various medications and exercise regimens to no avail. As chairman of the U.S. Olympic Medical Committee he had access to some of the best sports doctors in the country, yet no one could figure out what the problem was. One of his colleagues suggested he contact Dr. Goodheart, a well-known doctor of chiropractic and the founder of applied kinesiology.

Applied kinesiology in action

Dr. Dardik was aware of this relatively new alternative discipline but remained skeptical. However, since he had run out of options regarding his mysterious leg cramping, plus the fact that America's best athletes were clamoring for an official team chiropractic physician, Dardik contacted Goodheart. Dardik wanted to learn more about this new discipline and its suitability for the Olympic team as well as to shed some light on his own condition.

Dr. and Mrs. Goodheart flew to New Jersey and met Dr. Dardik at his office. After a preliminary discussion, Dr. Dardik impressed upon Dr. Goodheart his mixed feelings about chiropractic in general and AK in particular. Not a stranger to this kind of attitude from the traditional medical community, Goodheart did his best to explain the science behind these two disciplines. Dardik was not convinced but was willing to learn more.

The meeting progressed from an interview to a consultation, when Dardik shared with Goodheart the additional reason he had contacted him — his leg pain. Goodheart listened intently and then explained how he would begin the examination, namely using the functional muscle testing procedures that he developed. Dardik, enthusiastic about this possibility, asked Goodheart if he could demonstrate and implement treatment immediately. Goodheart said it was irregular to administer a treatment without a more thorough examination, but he obliged.

In the office, Goodheart had Dardik lie on a large desk. Goodheart tested the hamstring muscle, and it tested strong. He proceeded to have Dardik flex the muscles of the opposite arm — as if he was running — and then immediately tested the hamstring again. This time it cramped and became dramatically weak (physiologically inhibited). In other words, the hamstring cramping was being caused by the contraction of the muscles on the opposite arm, which would naturally contract at the same time as the hamstring when walking or running. Often, running and even walking puts so much strain on all these muscles that cramping can occur if there is dysfunction anywhere in the system.

Goodheart diagnosed the symptoms as caused by a gait-mediated reactive muscle condition and explained the problem to Dardik, who predictably had never heard of this condition. A gait-mediated reactive muscle condition occurs when the contraction of certain muscles during walking or running causes excessive reciprocal inhibition in a different muscle, resulting in a weakness of that muscle —which only occurs during walking or running. In Dardik's case, the muscles and joint mechanoreceptors in the opposite shoulder were inducing the hamstring to become weak (physiologically inhibited), subsequently causing the hamstring to eventually cramp-up because it now had to work twice as hard without the help of the natural neurological stimulation provided by walking or running.

Corrective treatment

The thorough explanation seemed to make sense to Dardik, and he asked what the treatment would entail and would he be willing to perform the procedure. Goodheart explained that the treatment would involve the strict manipulation of the mechanoreceptors (sensory receptors that respond to mechanical pressure) located on the largest of the shoulder muscles — the latissimus dorsi. This would restore the synergistic relationship between the opposite arm and the problematic leg. Goodheart agreed to correct this muscular imbalance and, immediately following the treatment, Dardik was now able to perform the hamstring muscle test after contracting his opposite arm muscles without cramping. He said that he would try running the next day to test out the effectiveness of the treatment.

Dardik thanked him for his work and told him he would be sure to let him know if his condition improved. This meeting occurred on a Saturday and the following Monday he called Goodheart to report that he had run 10 miles the next day after the treatment and 10 miles again the following day, the day of the phone call, with no pain or cramping. Impressed with these dramatic results, Dardik said that as far as he was concerned, Goodheart "had the job."

Now that he had experienced for himself what a chiropractor using AK could achieve, he changed his position regarding the inclusion of chiropractic for the Olympics. However, Dardik still had to convince the other doctors who did not share his newfound enthusiasm for chiropractic and AK. After discussing it with the other members of the committee, Goodheart was invited to Colorado Springs to describe in detail and demonstrate

AK techniques to the other doctors on the United States Olympic Committee (USOC) Sports Medicine Council.

Welcome to the 1980 Winter Olympics team

After an initial bout of staunch resistance, the medical committee put aside any prejudices they may have been harboring and assessed the sheer logic of the chiropractic principles of AK together with Dardik's testimony about how Goodheart had cured him of his perplexing condition. The USOC voted unanimously to offer the position to Goodheart to be the United States' first official team chiropractic physician. He accepted the offer for the 1980 Winter Olympics, and the rest is history.

Chiropractors have had an official place in the Olympic Games and greater prominence on professional sports teams ever since.

The preceding excerpt is from "Journey to Healing: The Art and Science of Applied Kinesiology" by Eugene Charles, DC. "Journey to Healing" is available at Amazonand wherever books are sold.

Eugene Charles, DC, DIBAK, received his doctor of chiropractic degree from the Los Angeles College of Chiropractic in 1987 and in 1994 earned his diplomate degree in applied kinesiology. He teaches postgraduate chiropractic courses that are available for home learning at charlesseminars.com/doctorshome.